

PREDICTIVE ROLE OF PERFECTIONISM ON MARITAL ADJUSTMENT

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ABSTRACT

PREDICTIVE ROLE OF PERFECTIONISM ON MARITAL ADJUSTMENT

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This study aimed to assess the relationship between marital adjustment and the interpersonal nature of perfectionism. After controlling for depression and trait-anxiety, which were predicted to be linked with both marital adjustment and perfectionism, the relationship between marital adjustment; the dimensions of perfectionism (i.e. self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism); a specific aspect of perfectionism, perceived criticism (i.e. criticalness toward the spouse, and criticalness of the spouse); and the related demographic variables (i.e., age, education level, length of marriage, and whether having child) were covered in a sample of 210 (105 female and 105 male) Turkish married individuals who are in their first marriage. The participants completed inventories on dyadic adjustment (Dyadic Adjustment Scale – DAS),

perfectionism (Multidimensional Perfectionism Scale – MPS-H), perceived criticism (Perceived Criticism Measures – PCM), depression (Beck Depression Inventory – BDI), trait-anxiety (State-Trait Anxiety Inventory - Trait Anxiety Form – STAI-T), and also a demographic information form. In order to analyze the data, hierarchical multiple regression analyses were conducted for females and males separately. Altogether, the results for females revealed that higher levels of socially prescribed perfectionism, higher levels of depression and trait-anxiety, and having child were associated with lower levels of marital adjustment. Besides, if the woman thinks her husband is critical of her, then her marital adjustment score decreases. Moreover, the results for males showed that higher levels of socially prescribed perfectionism, and higher levels of depression were found to be associated with lower levels of marital adjustment. Furthermore, if the man thinks he is critical of his wife, then his marital adjustment decreases. The findings, and their implications with suggestions for future research and practice, were discussed in the light of relevant literature.

Keywords: Marital Adjustment, Perfectionism, Perceived Criticism, Depression, Trait-Anxiety, Demographic Characteristics.

ÖZ

MÜKEMMELİYETÇİLİĞİN EVLİLİK UYUMU ÜZERİNDEKİ YORDAYICI ROLÜ

Tuncay, Ece

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Bu çalışma, evlilik uyumu ile mükemmeliyetçiliğin kişilerarası bağlamda ilişkisini incelemeyi amaçlamıştır. Hem evlilik uyumu, hem de mükemmeliyetçilik ile bağlantılı olması beklenen depresyon ve sürekli-kaygı kontrol edildikten sonra, evlilik uyumu ile mükemmeliyetçiliğin boyutları (kendine yönelik mükemmeliyetçilik, başkalarına yönelik mükemmeliyetçilik ve başkalarınca belirlenen mükemmeliyetçilik); mükemmeliyetçiliğin bir başka yönü olarak, algılanan eleştiri (eşine yönelik eleştiri ve eşinden gelen eleştiri); ve ilişkili demografik değişkenler (yaş, eğitim düzeyi, evlilik süresi ve çocuğu olup olmadığı) arasındaki ilişki, ilk evliliğini sürdüren 210 kişiden oluşan (105 kadın ve 105 erkek) bir Türk örnekleminde incelenmiştir. Katılımcılar, evlilik uyumu (Çift Uyum Ölçeği – ÇUÖ), mükemmeliyetçilik (Çok Boyutlu Mükemmeliyetçilik Ölçeği – ÇBMÖ), algılanan

eleřtiri (Algılanan Eleřtiri leęi – AE), depresyon (Beck Depresyon Envanteri – BDE) ve srekli-kaygı (Durumluk-Srekli Kaygı Envanteri - Srekli Kaygı Formu – DSKE-S) lekleri ile birlikte demografik bilgi formunu tamamlamıřlardır. Verilerin deęerlendirilmesi amacıyla, kadınlar ve erkekler iin ayrı ayrı olmak zere, hiyerarřik oklu regresyon analizleri yapılmıřtır. Sonular bir btn olarak deęerlendirildięinde, kadınların bařkalarınınca belirlenen mkemmeliyetilik boyutundaki yksek puanları, depresyon ve srekli kaygısındaki yksek puanları ile ocuęunun olması, evlilik uyumundaki dřk puanlar ile iliřkilidir. Ayrıca, eęer kadın, eřinin ona karřı eleřtirel olduęu algısına sahipse, evlilik uyumu puanları dřmektedir. Bunların yanısıra, erkeklerin bařkalarınınca belirlenen mkemmeliyetilik ve depresyon puanları ykseldike, evlilik uyumu puanları dřmektedir. Ayrıca, eęer erkek eřine karřı eleřtirel olduęu algısına sahipse, evlilik uyumu azalmaktadır. Sonular ilgili literatr ıřıęında tartıřılmış, arařtırma ve uygulama baęlamında ileride yapılabilcek alıřmalar nerilmiřtir.

Anahtar kelimeler: Evlilik Uyumı, Mkemmeliyetilik, Algılanan Eleřtiri, Depresyon, Srekli-Kaygı, Demografik Bilgi.

Dedicated to my mom and dad,
with love...

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CHAPTER 1

INTRODUCTION

For many people, marriage is the most intimate close relationship that they enter. When marriage works, it can be the most meaningful aspect of life. A strong satisfying marriage provides a center of belonging to the spouses' lives, and a buffer against life's hardships. On the other hand, when marriage fails, it produces misery beyond expectation (Halford, Kelly & Markman, 1997). Consequently, the scientific study of marriage reveals a great deal about how relationships succeed or fail over time.

One of the things most people are concerned with in their lives is the quality of their relationships. As soon as people involve in a marriage, they regularly and carefully monitor their own and their spouse's feelings about their relationship. People spend considerable amounts of time, energy, and even money on relationship maintenance by thinking and talking about their relationship, dealing with relationship conflict and distress, and some of them seek marital therapy and counseling. Not surprisingly, marital adjustment, also labeled as marital satisfaction, marital quality, marital happiness, and marital success continues to be the most widely studied topic in the area of close relationships (Kluwer, 2000).

Research on marital adjustment continues to receive an attention in the psychology literature. Due to the fact that there are a variety of social, psychological, personal, and demographic factors related to the term, there is still an ambiguity on defining marital adjustment (Glenn, 1990; Robinson & Blanton, 1993). Furthermore, despite the evidence that the concept of adjustment does not have one clear definition, recent conceptualizations have added increased precision to the various definitions. On the contrary, because of the multiple uses of this concept, it is important for researchers and clinicians to clearly specify their particular definition of adjustment (Buehler, 1990). Accordingly, considering the wealth of definitions of marital adjustment, Spanier's definition was the one to be used in the current study. From his point of view, Spanier (1976) explains marital adjustment as a matter of degree in a continuing and ever-changing process.

Indeed, in the marriage literature it is suggested that the ultimate measurement of a successful marriage is the degree of adjustment achieved by the individuals in their marriage roles, and in the interaction with one another (Bell, 1971). Besides, it is claimed that marital adjustment is a general term, encompassing the concepts of marital satisfaction and happiness (Spanier & Cole, 1976; cited in Crane, Allgood, Larson & Griffin, 1990). With the light of this knowledge, in the present study, both the terms adjustment and success was used in essentially the same way to refer the degree of satisfaction with marriage.

One aspect of the marriage research area aims to identify the variables that predict which couples are prone to have relationship problems. On the same direction, much research in the area is conducted in order to identify the enduring vulnerabilities that contribute to marital adjustment and distress (Hewitt, Flett &

Mikail, 1995; Hamamcı, 2005). Marital adjustment gets the most attention in identifying the factors related to family dysfunction because there is an increasing recognition of the importance of marital adjustment as a mediator of adaptive or deficit functioning in the other areas (Fıfılođlu & Demir, 2000).

Although many variables have been studied in the context of marital adjustment, certain factors of potential importance have been subject of little investigation (Hewitt, Flett & Mikail, 1995). Studies using cross-sectional and longitudinal designs emphasized the importance of personality as being related to marital adjustment (Karney & Bradbury, 1995). Within this literature, despite theoretical and empirical work suggesting that the trait perfectionism is related to behaviors that are likely to affect the quality of intimate relationships (Hewitt & Flett, 1991a; 1991b; 1993), very few research (Hewitt, Flett & Mikail, 1995; Haring, Hewitt & Flett, 2003) have directly examined this association.

Perfectionism, which is defined as “the tendency to set rigidly high standards of performance and to evaluate oneself critically in relation to those standards” (Marten DiBartolo & Barlow, 1996, p.582), has long been a focus of theoretical and clinical interest to researchers (Burns, 1980; Pacht, 1984; Frost, Marten, Lahort & Rosenblate, 1990; Hewitt & Flett, 1991b; 1993). Originally seen as a unidimensional construct (Freud, 1959; Ellis, 1962; Hollender, 1965; Hamachek, 1978; Burns, 1980; Pacht, 1984), it is recently conceptualized as a complex, multidimensional phenomenon (Frost et al., 1990; Hewitt & Flett, 1990; 1991a; 1991b; 1993).

Frost, Marten, Lahort and Rosenblate (1990) were the first researchers to develop a measure designed specifically to assess the dimensions of perfectionism in

the clinical and non-clinical groups. Through a review of the existing literature on perfectionism, the authors hypothesized that the construct of perfectionism is comprised of six dimensions: (i) a tendency to react negatively to mistakes and to equate mistakes with failure (concern over mistakes), (ii) a tendency to doubt the quality of one's performance (doubts about actions), (iii) a tendency to set very high standards and place excessive importance on those for self-evaluation (personal standards), (iv) a tendency to perceive one's parents as having high expectations (parental expectations), (v) a tendency to perceive one's parents as being overly critical (parental criticism), and (vi) a tendency to emphasize the importance of order and organization (organization). The scale based on these dimensions was referred to as the Multidimensional Perfectionism Scale (MPS-F).

At about the same time period with Frost et al. (1990), Hewitt and Flett (1991a; 1991b; 1993) also developed a multidimensional measure of perfectionism and titled their scale as the Multidimensional Perfectionism Scale (MPS-H), which was indicated as having good reliability and evidence for validity (Hewitt, Flett, Turnbull-Donovan & Mikail, 1991; Flett, Hewitt, Blankstein & Mosher, 1995). The authors claimed that the existing views of perfectionism were too narrow, focusing only on self-criticism and ignoring the interpersonal situations in which perfectionistic standards might be activated. On account of this, they suggested that the construct of perfectionism is comprised of three trait dimensions: (i) a tendency to set unrealistic standards for oneself and to focus on flaws or failures in performance in conjunction with strong self-scrutiny (self-oriented perfectionism), (ii) a tendency to have unrealistically high standards for the behavior of significant others (other-oriented perfectionism), and (iii) a tendency to believe both that

significant others have unrealistically high standards for oneself, and that they engage in stringent evaluation of one's behavior (socially prescribed perfectionism). More specifically, Hewitt and Flett (1991a; 1991b; 1993) have conceptualized perfectionism, as a multidimensional construct that involves the motivational and interpersonal components in addition to often-mentioned cognitive components. According to this view, perfectionism involves both the content levels or traits, and the interpersonal behaviors that reflect the actual expression of those traits.

If it is not excessive, perfectionism may be linked to adaptive functioning. However, research findings indicated that it is a vulnerability factor in many psychological difficulties, including relationship maladjustment (Hewitt & Flett, 1991b; 1993), depression (Hewitt, Flett & Ediger, 1996), and anxiety (Hewitt & Flett, 1994/95; Dimitrovsky, Levy-Shiff & Schattner-Zaanany, 2002). In addition to stating that perfectionism is multidimensional, Hewitt and Flett (1991a) have also hypothesized that the dimensions of perfectionism are related to differentially to kinds of psychopathology. For instance, those who require perfectionism from themselves (i.e., self-oriented perfectionism) experience high levels of anxiety (Hewitt & Flett, 1991a; 1991b; 1993), and depression (Hewitt, Flett & Weber, 1994; Hewitt, Flett & Ediger, 1996). Perfectionistic demands that are perceived as coming from others in the individual's environment (i.e., socially prescribed perfectionism) are associated with depression (Hewitt & Flett, 1991b), state and trait-anxiety (Flett, Hewitt, Endler & Tassone, 1995), and social anxiety (Alden, Bieling & Wallace, 1994). Besides, the desire to be seen as perfect, independent of actual pursuit of perfection (i.e., perfectionistic self-representation) has also found to be related to emotional difficulties (Hollender, 1965; Burns, 1983; Hewitt & Flett, 1991b).

Although research addresses the relation between perfectionism and interpersonal functioning to a lesser extent than it does the relation between perfectionism and interpersonal pathology, theorists and researchers are beginning to suggest that perfectionists also experience interpersonal difficulties. In particular, perfectionism appears to involve high expectations experienced within oneself and/or from others and those expectations may interfere with the quality of relationships that a perfectionist experiences (Habke & Flynn, 2002). That is, a rigid preoccupation for meeting high standards may adversely impact a perfectionist's confront and flexibility when interacting with others. In addition, some individuals also appear to constantly evaluate the behavior and performance of others with respect to perfectionistic standards, which may also adversely affect interpersonal relationships (Hill, Zrull & Turlington, 1997).

As stated above, perfectionism involves both the content levels or traits, and the interpersonal behaviors that reflect the actual expression of those traits. Specifically, Hewitt and Flett (1991b; 1993) described the interpersonal dimensions of perfectionism as, other-oriented perfectionism, in which the person has perfectionistic expectations for close others, and socially prescribed perfectionism, in which the person feels as though others expect perfection from her/him. The research examining the interpersonal dimensions of perfectionism in relation to the other personality variables indicated that especially, socially prescribed perfectionism is associated with interpersonal features (Hewitt & Flett, 1991b; Flett, Hewitt & De Rosa, 1996; Blankstein, Flett, Hewitt & Eng, 1993).

In respect of their study, Hewitt and Flett (1991b) suggested that socially prescribed perfectionism is the dimension associated with social behaviors, such as

fear of negative social evaluation, need for approval from others and external locus of control; and also associated with self-criticism, overgeneralization of failure, self-blame and blaming others. Besides, another study (Flett, Hewitt & De Rosa, 1996) also underlined the interpersonal characteristics of socially prescribed perfectionism by indicating its association with a variety of psychological adjustment problems, such as greater loneliness, shyness, fear of negative evaluation, and lower levels of self-esteem. Still in another study (Blankstein, Flett, Hewitt & Eng, 1993) socially prescribed perfectionism was found to have an association with specific fears about failure, making mistakes, losing control, and feeling angry. This interpersonal dimension was also associated with fears reflecting social evaluative concerns such as being criticized and looking foolish to others, where, other-oriented perfectionism was not associated with any of specific fears.

On the other hand, when considering the importance of interpersonal dimensions of perfectionism to the adjustment difficulties, and the empirical evidence suggesting that perfectionists are criticizing others (Hewitt & Flett, 1991b; 1993), or are indeed the targets of criticism (Blankstein, Flett, Hewitt & Eng, 1993), to date no study has sought to obtain specific data directly from married individuals on this subject. The idea of the current study was developed on Hewitt and Flett's contention that perfectionism has its interpersonal aspects which are important in adjustment difficulties. Also, specifically concerning the definite aspect of perfectionism, perceived criticism, which is the criticism toward others and criticism from others (Hooley & Teasdale, 1989); the Hewitt and Flett's view approach to perfectionism was studied, in married individuals.

Despite theoretical and empirical work suggesting the trait perfectionism is related to the behaviors that are likely to affect the quality of marriage, recently very few research in the literature have directly examined this association. Initially, in their study, Hewitt, Flett and Mikail (1995) assessed whether social facets of perfectionism were associated with indexes of dyadic and family adjustment. In the mentioned study, a group of chronically stressed medical patients and their spouses completed the measures of perfectionism, relationship adjustment, depression, and pain. After controlling for depression, the results revealed that although patients' own perfectionism did not relate to adjustment, those with a partner who is high in other-oriented perfectionism had poorer dyadic adjustment, and a greater number of family difficulties than patients whose partners are not perfectionist. Moreover, participants with a partner high in other-oriented perfectionism also felt less supported by their partner. Although the patients' other-oriented perfectionism was not reflected in their partner's dissatisfaction, the authors suggested that the self-absorption needed to cope with pain and depression may result in less outward expression of expectations.

One other study specifically aiming to examine the relationships among perfectionism, marital coping, and marital functioning was designed by Haring, Hewitt and Flett (2003). In their study, a community sample of couples completed the measures of perfectionism, marital functioning, marital coping, depression, and neuroticism. Opposing the initial study mentioned above, after controlling for neuroticism and depression, the results suggested that socially prescribed perfectionism is an important predictor of marital adjustment for both husbands and wives. Levels of this dimension were found to be strongly negatively associated with

multiple indices of marital adjustment for the self. In addition, socially prescribed perfectionism was found to be predicting lower marital adjustment in the partner. In general, their results were consistent with the perfectionism theory, which indicates the belief that others require perfection of the self is associated with relationship problems (Hewitt, Flett & Mikail, 1995; Hewitt & Flett, 2002). Besides, the findings revealed that the use of negative coping strategies mediated the relationship between socially prescribed perfectionism and poorer marital functioning for both the self and the partner.

Overall, there are very few studies which have directly (Hewitt, Flett & Mikail, 1995; Haring, Hewitt & Flett, 2003), or indirectly (Marten DiBartolo & Barlow, 1996; Hill, Zrull & Turlington, 1997; Habke & Flynn, 2002) demonstrated that perfectionism is associated with a variety of interpersonally relevant behaviors which are likely to influence the quality of relationships perfectionists develop and maintain. It is important to note the evidence that perfectionism may be related to intimate relationships is provided by the work linking perfectionism-related constructs, behaviors, and outcomes to marital distress specifically (Haring, Hewitt & Flett, 2003). For instance, perfectionism is associated with depression (Hewitt, Flett & Ediger, 1996) which in turn is associated with marital distress for both depressed individuals, and their partners (Fincham & Bradbury, 1992; cited in Haring, Hewitt & Flett, 2003). Likewise, similar associations have been found for anxiety as well. Perfectionism is associated with anxiety (Hewitt, Flett & Ediger, 1996; Halford & Bouma, 1997; Dehle & Weiss, 2002), which in turn is associated with marital distress for both anxious individuals and their partners (Dehle & Weiss, 2002). Consequently, several studies have suggested that factors such as depression

and trait-anxiety are needed to be controlled when assessing the personality or cognitive variables, and the relationship adjustment (Fincham, Beach & Bradbury, 1989; cited in Hewitt, Flett & Mikail, 1995; Kawamura, Hunt, Frost & Marten DiBartolo, 2001). Thus, in order to understand fully a relation between marital adjustment and perfectionism, it was decided as necessary to determine if perfectionism makes a unique contribution in light of such important variables; depression and trait-anxiety. The current study aimed to assess this predicted unique contribution.

1.1. Purpose of the Study

In light of the literature presented above, the primary purpose of the present study was to gain an understanding of the association between marital adjustment and the dimensions of perfectionism, among a Turkish non-clinical sample to make a contribution to both marriage and perfectionism literature. Given the importance of perfectionism to the marital adjustment, a specific aspect of perfectionism, perceived criticism, was also investigated specifically. For all these, depression and trait-anxiety, which were predicted to be interpersonal problems linked with both marital adjustment and perfectionism were controlled. Furthermore, the study purposed to examine whether marital adjustment can be predicted by the demographic variables; age, education level, length of marriage, and whether having child(ren).

More specifically, in a sample of Turkish married females and males separately, this study examined the questions mentioned below:

- (i) Whether the dimensions of perfectionism (i.e., self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism) predict marital adjustment after controlling for depression and trait-anxiety?
- (ii) Whether perceived criticisms (i.e. criticalness toward the spouse, and criticalness of the spouse) of the married individuals predict marital adjustment?
- (iii) Whether certain demographic variables (i.e., age, education level, length of marriage, and whether having child) predict marital adjustment?

1.2. Importance of the Study

In the current study, the association between marital adjustment and perfectionism was studied through its three stable and consistent trait dimensions that encompass individual and interpersonal facets, namely, self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism.

This research is the first study in the literature investigating the association between marital adjustment and the dimensions of perfectionism, after controlling for both depression and trait-anxiety, which were also considered to have associations between both marital relationships and perfectionism. By investigating the relative contribution of perfectionism in marital adjustment deeply, this study expected to provide an increased understanding of the role of this trait in marriage. Gaining a more understanding of such a trait has a great importance in

understanding, and preventing marital dissatisfaction. Thus, clarifying how marital adjustment and perfectionism relate to each other for the clinicians, it was hoped to be helpful to the couples in the therapeutic process, in every respect.

Considering the importance of perfectionism to marital adjustment and the empirical evidence suggesting that perfectionists are criticizing others or are indeed the targets of criticism, it is surprising that no study to date has sought to obtain data directly from married individuals concerning an important and specific aspect of perfectionism, perceived criticism. Studying this important issue specifically, and for married females and males separately, will contribute a great deal to this gap in marital adjustment, perfectionism, and perceived criticism literature.

This research is the first study in Turkish literature investigating an association between marriage and perfectionism. Turkish literature widely examines marital adjustment (Hatipoğlu, 1993; Yıldırım, 1993; Fışiloğlu & Demir, 1999; 2000; Malkoç, 2001; Ertan, 2002; Hamamcı, 2005), and perfectionism (Oral, 1999; Dinç, 2001; Yorulmaz, 2002) separately. Due to the fact that there have been no studies in Turkish literature studying the association of these variables, to reach a wider knowledge on the area was necessary for Turkish clinicians in their theoretical and practical studies. Consequently, this study will be helpful to both the scientists and the practitioners, in both the Turkish and cross-cultural literature. Based on this valuable information, clinicians will be able to tailor their therapeutic approaches accordingly, and hopefully will be able to reach more promising results.

Moreover, the current study is the first study in the literature that is examining whether perfectionists in the marital context would differ by the

demographic variables, mentioned above. Although the marriage literature provides information about these variables (Hatipoğlu, 1993; Fışiloğlu & Demir, 1999; 2000; Hamamcı, 2005), covering them in terms of their relation with perfectionism, hopefully helped to fill the research gap existing in both marriage and perfectionism literature. Since it might be useful to gain a better understanding of these variables and the interrelations among them, the findings of the present study were expected to provide a valuable contribution to the scientists and moreover to the practitioners who conduct therapies of any approach.

When the growing body of research on marriage and perfectionism is taken into account, proving steps for further studies related to the dimensions of perfectionism, and consequently the interpersonal nature of perfectionism with regard to its association with marital adjustment will hopefully be effective.

CHAPTER 2

LITERATURE REVIEW

2.1. Marital Adjustment

2.1.1. Definition and Characteristics of Marital Adjustment

For many people, marriage is the ultimate expression of an intimate relationship; a public vow of the intention to establish a lifelong partnership (Brehm, 1991). Marriage has been described as the most important and fundamental human relationship, because it provides the primary structure for establishing a relationship and rearing the next generation (Larson & Holman, 1994). According to Aldous (1996; cited in Rosen-Garden, Myers & Hattie, 2004), a good marriage provides individuals with a sense of meaning and identity in their lives. A variety of studies have demonstrated that people are generally happier and healthier when they are married (Kelly & Conley, 1987). Yet, while marriage seems to be a highly desirable relationship, statistics indicated that marital adjustment is not easily achieved. One has only to consider the chronically high rates of divorce in order to appreciate the magnitude of this problem (Rosen-Garden, Myers & Hattie, 2004). In Turkey, the ratings of divorce are lower when compared to Western countries, but still, there is a significant amount of increment in the recent years (i.e., In Turkey, in 1996; number of divorce = 29552, divorce rate = 0.048%, and in 2002; number of divorce = 51096, divorce rate = 0.053%), (T.C. Başbakanlık, Aile ve Sosyal Araştırmalar Genel

Müdürlüğü, 2006). While the study of marital adjustment has a long and well-documented history, it is clear from the consistently high divorce rates that still too little is known about the ways to achieve and maintain a sufficient level of marital adjustment (Schvaneveldt & Young, 1992).

Although marital adjustment has been a key variable in the family literature for many years, the term has been criticized for lacking conceptual clarity because of marked confusion in terminology and the idiosyncratic definitions and operationalizations (Fıfıloğlu & Demir, 2000). Taking precedence, it would be essential to define what adjustment is. Webster (1965; cited in Buehler, 1990, p.493) defines to adjust as “to settle; resolve; adapt; regulate; to bring to a more satisfactory state; and to conform oneself”, and defines adjustment as “the act or process of adjusting; the state of being adjusted; and a means by which things are adjusted one to another”. Indeed, the concept of adjustment is applied to many aspects of social behavior. It may be used in reference to the individual being adjusted to external social expectations or to the internal relationship between personal desires and socially expected behavior. Because all human behavior is social, the patterns for adjustment either within or between individuals, which were originally external to the individual, had to be internalized through the process of socialization. Adjustment is of importance in both the social and psychological sense. Social refers to the interactional role of relationships between individuals, and psychological refers to the relationship of internalized social roles and the personality desires operating for the individual (Bell, 1971). Correspondingly, in reference to the marital relationship, Sabatelli (1988; cited in Buehler, 1990, p.494) defines adjustment as

“those processes that are presumed to be necessary to achieve a harmonious and functional marital relationship”.

Despite the fact that there is no consensus on the definition of the concept of marital adjustment, Spanier (1976) explains marital adjustment as a matter of degree in a continuing and ever-changing process. More specifically, Spanier considers marital and dyadic adjustment as a process of movement along a continuum, which can be evaluated in terms of proximity to good or poor adjustment. From a different point of view, marital adjustment implies that “the individual or the pair has a good working arrangement with reality, adulthood, and expectations of others” (Waller & Hill, 1951; cited in Bell, 1971, p.294). In this definition the authors pointed out the individual and paired nature of marital adjustment. More clearly, one may be adjusted in one area, but not the other. For instance, a person may fill her/his role demands in her/his relationship to the role of the other, but may feel personal frustration while filling the role (Bell, 1971). Still from another point of view, Hoult defines (1969; cited in Fıfılođlu & Demir, 2000, p.214) marital adjustment as “a set of complex factors such as amount of conflict, shared activities associated with happiness or success of marriage”.

It is clear from these definitions, and from an examination of the literature on family functioning, stress, and divorce, the concept of adjustment has been used in a variety of ways to mean a variety of things (Buehler, 1990). These variables are caused by the social, psychological, personal, and demographic factors related to the marital adjustment of any married couple (Fıfılođlu & Lorenzetti, 1994; Fıfılođlu & Demir, 2000).

In family adjustment, there are four definitional issues that are particularly interesting and influential (Buehler, 1990). The first issue centers on adjustment conceptualized as a current level of functioning, as well as a response to change. According to this issue, being adjusted means doing well and being in a healthy state, and being unadjusted means doing poorly and being in some sort of pathological state. Moreover, the conceptualizations within this perspective were centered on the regulation and calibration aspect of adjustment. Particularly, well-adjusted families are suggested to return to a steady state of functioning after the changes occur where poor-adjusted families do not. The second issue defines adjustment as both a process and an outcome - or a state. The third issue that influences the definition of adjustment is the recommendation that assessments should be made at the individual, dyadic, and family levels (Cromwell & Peterson, 1981; cited in Buehler, 1990). In some measures like, The Family Assessment Measure (FAM-III), (Skinner, Santa-Barbara & Steinhauer, 1983), the same measures are reported to be used for each level. However, it is inappropriate to assume that the concepts of individual, dyadic, and family adjustment are identical or similar. Consequently, in this approach, it is advised to take great care while conceptualizing adjustment at each level of the system. Finally, the last issue is about the recent trend toward defining adaptation; adjustment by inference, as the system-environment fit (Antonovsky & Sourani, 1988; cited in Buehler, 1990). According to this view, a well-adjusted family would be defined by a good fit with its environmental surrounding, whereas a poorly adjusted family would be defined by a significant lack of fit.

A lot is known about what couples do, that is associated with sustained relationship adjustment. One well identified characteristic of marital adjustment is the high rates of positivity in marital interaction. Happy couples spend more time together, do more mutually enjoyable things together, and behave more positively toward one another, than do unhappily married couples (Weiss, Hops & Patterson, 1973; cited in Halford, Kelly & Markman, 1997). Furthermore, relative to unhappy couples, happy couples are more likely to respond positively even when their partner is being negative to them (Jacobson, Folette & McDonald, 1982; cited in Halford, Kelly & Markman, 1997). The second well identified characteristic of marital adjustment is the effective communication and the management of conflict. When discussing problem issues, maritally distressed couples are having more destructive behaviors, and having more conflict avoidance than non-distressed couples (Halford, Hahlweg & Dunne, 1990). The third characteristic of marital adjustment is having positive thinking about the partner. Unhappy couples think about their partners in negative ways compared to happy couples; and maritally distressed people selectively tend to attend their partner's negative behavior. Moreover, they tend to attribute such negative behaviors to stable, blameworthy, and global personality traits (Eidelson & Epstein; 1982). The forth and the final characteristic of marital adjustment is about the relationship schemata. Over time, people develop relationship beliefs which are defined as the generalized perceptions of their partners and their relationships. The relationship beliefs, or schemata, that partners in happy couples develop are characterized by shared, positive perceptions of the relationship and its history (Osgarby & Halford, 1996a; cited in Halford, Kelly & Markman, 1997). Conversely, in unhappy couples the partners' schemata are characterized by

negative sentiment about the relationship, and its history. As a matter of fact, all the couples tend to perceive and remember the relationship events in a way consistent with their schemata (Osgarby & Halford, 1996b; cited in Halford, Kelly & Markman, 1997).

That is to say, whether or not a marriage is well adjusted, is determined by the interaction between the two partners over the time span of their marriage. Accordingly, a marriage is not simply the sum of the two individuals that make it up, but rather it is the unity of two interacting personalities (Bell, 1971). On the basis of marital adjustment literature, Halford, Kelly and Markman (1997) defined a well-adjusted marriage as, a developing set of interactions between partners which promotes the individual well-being of each partner and their offspring, assists each partner to adopt to life stresses, engenders a conjoint sense of emotional and sexual intimacy between the partners, and which promotes the long-term sustainment of the relationship within the cultural context in which the partners live. Overall, this definition seems to cover most of the aspects of marital adjustment, mentioned so far.

2.1.2. Measurement of Marital Adjustment

The most popular way to study marital relationships has been to ask people about their experiences; to collect self-reports. Researchers have used a variety of formats to obtain self-report data: asking participants to fill out questionnaires, conducting interviews with participants, having participants make detailed self-recordings of their behavior in their home environment, and the like (Brehm, 1991). Because of its economy, face validity, and ease of making group

comparisons self-reports are mostly preferred by the clinicians (Weiss & Heyman, 1997). In the concept of marital quality, there have been three basic approaches to measurement and a number of self-report assessment approaches bearing on the aspects of marital adjustment.

Firstly, originated before 1975, there are several self-report assessment devices consisting of a variety of items that are measuring different concepts through the scales. These scales exclusively use total score measures and they are called composite measures of marital quality. An important advantage of using global evaluations of relationship adjustment is that they ease interpretation and provide higher internal consistency. Moreover, they are not limited to objective descriptions of a behavior, but they measure one's attitudes towards the relationship (Fincham & Bradbury, 1987). The Locke-Wallace Marital Adjustment Test, (MAT), (Locke & Wallace, 1959; cited in Schumm, 1990), which was designed to assess the levels of satisfaction and accommodation of husbands and wives to each other, is a typical example of well-known composite measures. The MAT is one of the most widely used and adapted scales in the family literature. Through the years, it has served as the standard by which authors of new instruments have tended to validate their work (Schumm, 1990).

The second approach, which was more popular in 1970s and early 1980s, is to assess marital quality by assessing several well-defined subconcepts. The advantage of these scales is that they provide a more specific view over partners in order to distinguish the adjusted and poorly adjusted areas of their relationships (Vaughn & Baier, 1999). Spanier's Dyadic Adjustment Scale, (DAS), (1976), which includes the subscales of dyadic satisfaction, dyadic consensus, dyadic cohesion, and

affectional expression in order to assess the quality of dyadic relationships, is one of the best known instruments in this approach. As regards, consensus refers to agreement on matters of finances, recreation, religious matters, friendships, proper behavior, philosophy of life, ways of dealing with in-laws, agreement on aims and goals, agreement on time spent together, decision making, division of household labor, leisure activities, and career decision (Spanier & Lewis, 1980). Besides, cohesion refers to the degree to which an individual feels connected to or separate from the marital relationship system; and affectional expression pertains to demonstrations of affection and sexual relations (Spanier & Lewis, 1980).

Finally, the third approach that is recommended recently is to assess global perception of marital quality as a dependent variable, using related and more specific concepts as predictor variables of the global perception. Norton's Quality Marriage Index, (QMI), (1983; cited in Schumm, 1990) is one of the most popular examples of this approach. The QMI assesses the variables that determine the quality of marital relationships. All the items of QMI are in the form of statements and are phrased in terms of positive aspect of the marriage. The QMI was reported as being a useful material in both research and clinical settings, and with both individuals and marital partners (Schumm, 1990).

Overall, all of these self-report devices are widely reviewed in the literature so far, and they are all found to be clinically useful in their own sense for assessing marital adjustment.

2.1.3. Predictors of Marital Adjustment

2.1.3.1. Demographic Variables and Marriage

The study of marriage has become relatively advanced in its ability to identify the factors that predict marital outcomes, in terms of both marital quality and stability (Halford & Bouma, 1997). Within this literature, several demographic variables; such as gender, socio-economic status (SES), length of marriage, age, and whether having child, have shown to predict marital stability and adjustment.

Despite the wealth of research on gender as a predictor of marital adjustment, the results are inconclusive and often contradictory. Although in most of the studies (Lee, 1999; Gökmen, 2001) husbands were reported having greater satisfaction than wives, in some other (Dökmen & Tokgöz, 2002; Hünler & Gençöz, 2005) no gender differences could be investigated. Still, in general, women are suggested as reporting more problems in their marital relationships than do men, and female dissatisfaction with a relationship is suggested as being a better predictor of whether the relationship will end (Brehm, 1991). There are also gender differences in the specific types of problems. For instance, women emphasize basic unhappiness and incompatibility more than men do, while men are more likely than women to blame the end of a relationship on their partner's sexual involvement with another person (Brehm, 1991). Likewise, there is empirical evidence that the influence of shared values on marital adjustment may be different for women and men. More specifically, women who are satisfied with the traditional gender roles, satisfied with the level of conflict management in their marriage, and satisfied that they and their spouses share a common set of values tend to be adjusted in their marriage. Contrary to this, even men are satisfied with the values shared in their marital relationships;

this satisfaction does not necessarily lead to marital adjustment (Rosen-Garden, Myers & Hattie, 2004).

Socio-economic status (SES) has also been associated with marital outcome, couples with less education and less income being at higher risk for poorer quality marriages and divorce (Elder & Caspi, 1988; Kurdek, 1993; cited in Lindahl, Malik & Bradbury, 1997). Accordingly, employment and income have shown to predict marital outcomes, although the results depend on whether husbands' or wives' data are considered. Whereas husbands' employment and income tend to be positively related to marital outcomes, wives' employment tend to be related negatively. Nevertheless, as Lindahl, Malik and Bradbury (1997) discussed, it cannot be determined whether a dual income merely makes divorce easier to contemplate or whether marriages in which the wife has achieved some level of financial independence less satisfying. In addition, with respect to education level differences, in their study, Dökmen and Tokgöz (2002) found a positive relationship between marital adjustment and education level. That is, people with a university degree tended to report higher marital adjustment when compared to their counterparts with high-school degree.

Research on the length of a marriage has emphasized two different possibilities. Some researchers suggested a linear decline in marital adjustment over time (Blood & Wolfe, 1960; Cimbalo, Faling & Mousan, 1976; cited in Brehm, 1991). On the other hand, some other researchers suggested that after an initial decline, marital adjustment begins to increase; creating a U-shaped relationship between time and adjustment (Burr, 1970; Rollins & Cannon, 1974; cited in Brehm, 1991).

In several studies, greater age at marriage has shown to be associated with increased marital stability (Lindahl, Malik & Bradbury, 1997). Much of the marriage literature points out that in the later years of life, especially after the children leave home, married couples tend to be at their highest level of marital adjustment (Dickson, 1997). On the same direction, older couples' communication commonly found to demonstrate communal themes such as togetherness and interaction (Sillars, Burggraf, Yost & Zietlow, 1992). The longer the couples have been together, the more communal themes emerge in their communication. Moreover, older couples are proved to be more independent and conventional than their younger counterparts (Sillars et al., 1992). On the other hand, as Karney and Bradbury (1995) suggested, the effect of age is confounded with the duration of marriage, thus the unique importance of age has to be determined, for a better understanding.

Parenthood is a popular institution with the majority of couples having children. Although having children reduces the overall risk of marital breakdown, at least for a couple's first marriage, it is not a guarantee of marital harmony (Fergusson, Horwood & Lloyd, 1990). As parenthood is demanding and stressful, it can threaten the individual psychological well-being of individual marital partners as well as a couple's relationship (Sanders, Nicholsan & Floyd, 1997). Accordingly, childless couples report greater satisfaction than couples with children. This negative effect of children appears stronger for wives than for husbands, and is mostly pronounced for the lower income mothers who are employed full-time. Besides, children are less likely to have a negative effect on marital adjustment when parent-child relationships are good (Brehm, 1991).

To summarize, numerous studies have been conducted to identify the relationship between demographic variables and marital adjustment. Although the existing research has accounted a great deal of the variance in explaining marital adjustment, there is still a need for studies of more complex models to explain how multiple demographic factors influence, and are related to marital adjustment.

2.1.3.2. Individual Psychopathology and Marriage

Due to the fact that, marriage is the most intimate relationship for most adults, it is not surprising that significant individual psychological disorders both influence and are influenced by the marital relationship, and the adjustment with it (Halford & Bouma, 1997). As supported by the empirical work, in community samples, married men and women are less likely to have diagnosable psychiatric disorders, than those who are separated or divorced (Halford & Bouma, 1997). Furthermore, being in a marriage rated as high in intimacy and adjustment is associated with low risk for psychiatric disorders. Married people also have a lower rate of presentation to outpatient mental health services (Bachrach, 1975; cited in Halford & Bouma, 1997), and are less likely to be admitted to psychiatric hospitals (Milazzo-Sayre, 1977; Bebbington, 1987b; cited in Halford & Bouma, 1997). On the other hand, it is inaccurate to conclude that simply being married conveys protection against a psychological disorder (Halford & Bouma, 1997).

There have been suggestions that while marriage is associated with better mental health in men, this may not be true for women (Halford & Bouma, 1997). There are some studies suggesting marriage as being harmful to the mental health of

women (Hafner, 1986; Weissman & Klerman, 1987; cited in Halford & Bouma, 1997). Such generalizations are inaccurate and do not take into account of the quality of the marriage. Overall, the consistent finding is that both men and women in satisfying marriages are at lower risk for psychiatric disorders than other segments of the population (Halford & Bouma, 1997).

A distressed couple's relationship is a very strong predictor of the risk of developing depression, particularly among women. The relative risk for developing depression in unhappily married women is approximately 25 times that for happily married women (Weissman, 1987; cited in Halford & Bouma, 1997). Both marital discord and depression are negative affective states, and there is a correlation between the levels of marital adjustment and depression which increases in magnitude over the first few years of marriage (Beach & O'Leary, 1993; cited in Weiss & Heyman, 1997).

In general, as reviewed by Halford and Bouma (1997) distressed marital interaction can interact with the characteristics of individual partners to inadvertently maintain depression. Characteristics of individuals which predispose them to develop depression can interact with the characteristics of their spouses and couples' interactional styles to maintain depression. An important clinical implication of these findings emerged as; when a couple present with marital problems, depression should be assessed in the individual partners. Conversely, when the presenting concern of married person is depression, then assessment of the marital relationship is needed (Halford & Bouma, 1997).

Whisman (1999) suggested that there are several mechanisms by which poor marital adjustment may impact, and be impacted by psychiatric disorders, including psychological, cognitive, behavioral, stress, and interpersonal (i.e., communication) pathways. On account of this, there were many researches conducted in order to evaluate the association between marital adjustment and psychiatric disorders that was based on representative community samples (Whisman, Sheldon & Goering, 2000). For instance, McLeod (1994) compared marital adjustment among couples in which either, one or both spouses met the criteria for an anxiety disorder in a representative sample of couples living together. In his study, poor marital adjustment was associated with phobias, panic, and generalized anxiety. Likewise, Whisman (1999) evaluated the association between poor marital adjustment and 12-month prevalence rates of mood, anxiety, and substance-use disorders in married participants and found poor marital adjustment as being associated with the presence of any mood disorder, any anxiety disorder, and any substance-use disorder. Besides, results from Whisman, Sheldon and Goering (2000) study indicated that after controlling the quality of other social relationships (i.e., not getting along with relatives and/or friends), not getting along with one's spouse was related to six disorders, with the strongest association found for generalized anxiety disorder, major depression, panic, and alcohol problems. Moreover, in Dehle and Weiss's study (2002), the aim was to examine the role of state anxiety on intimate relationships, highlighting the importance of proximal affect states in couple functioning. The findings indicated that husbands' anxiety can predict their own and their wives' subsequent reports of marital adjustment, where

wives' anxiety can not predict their own and their husbands' subsequent reports of marital adjustment.

The limitations in functioning of someone with an anxiety disorder may lead to marital distress. For instance, in a study (Chakrabarti, Kulhara & Verma, 1993), families of patients with different types of anxiety disorders are found to report anxiety as disrupting their family interactions and routines, restricting leisure, impacting negatively upon family finances, and disrupting the marital relationship. In addition, Baucom and Eipstein (1990) identified anxiety specifically as one of four negative emotions believed to play an important role in marital distress. The authors suggested that not only can anxiety disrupt marital functioning, but poor marital functioning may elicit symptoms of anxiety.

Altogether, the presented literature demonstrated an association between anxiety and marital problems. However, the association is complex and is moderated by the gender of the person with the disorder, the type of anxiety disorder, and whether the partner also has an anxiety disorder (Halford & Bouma, 1997). The causal connections between anxiety and marital problems are far from being certain. Nevertheless, there is some evidence that marital distress increases the risk of development of anxiety in vulnerable people. Once established, anxiety symptoms may be exacerbated by marital distress (Halford & Bouma, 1997).

With respect to the issues mentioned above, in studying the association between psychopathology and the marital adjustment, researchers have generally adopted one of the two perspectives (Whisman, Uebelacker & Weinstock, 2004). From the first perspective, researchers have evaluated the association between one person's level of psychopathology and her/his own level of relationship adjustment

(i.e., actor effects). For instance, researchers have studied the actor effects to test the hypothesis that marital adjustment is causally related to psychopathology, insofar as people develop symptoms of psychopathology in response to (e.g., Beach, Sandeen & O’Leary, 1992), or as method of coping with (e.g., Eidelson & Epstein, 1982) the problems in their relationships (Whisman, Uebelacker & Weinstock, 2004). A second perspective on the association between psychopathology and marital adjustment has evaluated the association between psychopathology in one person and relationship adjustment in the partner (i.e., partner effects). For instance, partner effects have been studied to evaluate the perspective that there are burdens associated with being in a relationship with someone with mental health problems and that these burdens may result in lower marital adjustment for the partner (e.g., Chakrabarti, Kulhara & Verma, 1993). Results from prior studies have found the presence of psychopathology in one person as being associated with lower marital adjustment in the partner (e.g., Hewitt, Flett & Mikail, 1995; Whisman, Uebelacker & Weinstock, 2004).

In brief, there is a growing literature linking marital adjustment with the adult psychological disorders. When all the issues mentioned above are considered, despite the fact that the interaction of anxiety and marital distress needs more research, when considering the high rates of covariation of anxiety with depression (Leahy & Holland, 2000); individuals should be assessed for all marital distress, depression and anxiety when one of them is the presenting concern (Halford & Bouma, 1997).

2.1.4. Marital Adjustment in Turkish Literature

Because of the fact that marital adjustment has been a key variable in the marriage literature, it is also clear from the Turkish literature that most marriage studies focus on marital adjustment and satisfaction issues.

Initially, in Turkish marriage literature, the roles of certain demographic variables, expansion and frequency of marital conflict in marital satisfaction of husbands and wives were investigated by Hatipoğlu (1993). The findings of her study revealed that different variables effect husbands' and wives' marital satisfaction. More clearly, in her study expansion of marital conflict found to appear as significant predictor of husbands' marital satisfaction whereas, expansion of marital conflict and education level found to appear as a significant predictors of wives' marital satisfaction. Findings also indicated that education level and marital satisfaction correlated positively, where other demographic variables; namely, age, education level, family type, length of marriage, number of children, and the total income failed to predict the marital satisfaction in a Turkish sample.

Furthermore, Yıldırım (1993) investigated the relationship between the adjustment level of married spouses and the other variables existing in wife-husband relationship (i.e., mutual sharing of feelings and opinions, satisfaction in sexual life, refusal in sexual wishes of wife/husband, and giving a thrashing of wife/husband) The findings indicated a significant positive relation between mutual sharing of feelings and opinions and the adjustment level, and between a satisfied sexual life and adjustment level. In addition, the findings indicated a significant negative relation between refusal of sexual wishes of wife/husband and the adjustment level, and between giving a thrashing of wife/husband and adjustment level.

In 2000, Fıfılođlu and Demir investigated the Turkish version of the reliable and well-validated measure of marital adjustment; Spanier's (1976) the Dyadic Adjustment Scale, (DAS). In their study, the findings indicated the DAS as being a reliable and valid measure of marital adjustment for Turkish sample, as well. With the light of this knowledge, Fıfılođlu and Demir (1999) explored the relationship between loneliness and marital adjustment in Turkish couples. Their results showed a significant and negative relation between loneliness and marital adjustment. In addition, self-selected marriage was found to result in lower loneliness scores and higher marital adjustment scores than the arranged type of marriage; and marital adjustment was found to increase parallel to an increase in the degree of acquaintance before marriage.

In another study (Malkoç, 2001), the relationship between marital spouses' communication patterns and marital adjustment was assessed. The findings indicated a significant relationship between the communication patterns and marital adjustment of spouses. That is, a significant negative relation was found on each communication pattern and marital adjustment. Accordingly, the spouses low on marital adjustment scale was found to use more destructive communication patterns than spouses high on the marital adjustment scale.

Ertan (2002) examined the marital adjustment and comparison of the certain partner pairing's marital adjustment in different stages of marriage according to individuals and their spouses' attachment style. Her findings indicated that the most common marital dyad was dual insecure couples, who showed higher affectional expression when they are in non-critical marriage stage than while in critical marital stage. Findings also showed that in both critical and non-critical

stages, existing of at least one secure spouse in marital dyad had positive impact on dyadic satisfaction. Moreover, the highest dyadic adjustment scores were found to be obtained from dual secure couples in both the stages.

Furthermore, Hünler and Gençöz (2005) conducted a study and focused on the effects of religiousness on marital satisfaction, and also tested the mediator role of perceived marital problem solving between religiousness and marital satisfaction in a Turkish sample. Their findings indicated that after controlling for the effects of duration of marriage, marital style, education level, hopelessness, and submissive acts; religiousness had a major effect on marital satisfaction for Turkish married individuals (Hünler, 2002; Hünler & Gençöz, 2005).

In addition to issues mentioned above, Hamamcı (2005) investigated the association between dysfunctional relationship beliefs and marital relationships in a Turkish sample. In her study, findings revealed that married individuals with low dyadic adjustment had significantly more dysfunctional relationship beliefs than did those with high dyadic adjustment. Findings also showed that dysfunctional relationship beliefs, especially including beliefs concerning being very close to others in their relationships causing negative consequences, had a negative and moderate level correlation with the marital adjustment of males, and mind-reading beliefs had a positive correlation with the marital adjustment of females.

Overall, a review of related Turkish marriage literature pointed out that the studies as recently developing. Nevertheless, they are promising, and the need for further research on the variables that are likely to influence marital adjustment is apparent.

2.2. Perfectionism

2.2.1. Perspectives on Perfectionism

Perfectionism, or “the tendency to maintain or aspire to unremittingly high standards” (Hill, Zrull & Turlington, 1997, p.81), has been described and referenced in psychological theories for many decades. This personality factor has been a topic of interest for many scientists from early personality theoreticians (Freud, 1959; Ellis, 1962; Hollender, 1965; Hamachek, 1978; Burns, 1980; Pacht, 1984), to recent researchers (Frost, Marten, Lahort & Rosenblate, 1990; Hewitt & Flett, 1991a; 1991b; 1993; 2002; Hill, Zrull & Turlington, 1997). Despite the fact that there are a number of theoreticians and researchers interested in this special topic, it is not possible to conclude on a commonly accepted definition or conceptualization of the construct. In the perfectionism literature, the most popular way that the conceptualizations differ from one another is whether perfectionism is viewed as a unidimensional or a multidimensional construct (Hewitt & Flett, 2002).

2.2.1.1. Perfectionism from the Unidimensional Perspective

In the initial explanations, perfectionism was investigated from the unidimensional perspective, which was focusing on the role of self definitions and self standards for the achievements. The well-known personality theorist, Freud (1959) was the first theoretician who started the studies about perfectionism. Having its roots in psychoanalytic perspective, perfectionism was viewed as a common symptom of obsessional neurosis where a harsh and punitive superego makes demands for superior achievement and conduct. Blatt (1995) claimed that the harsh

and punitive superego may encourage high achievement, but may also result in some maladaptive consequences including inevitable frustration with accomplishments, self-criticism, a vulnerability to failure, and an increased risk for depression and suicide.

In the initial conceptualizations, perfectionism was seen as focusing on the cognitions and thoughts, as well. From the cognitive point of view, Ellis (1962) was the theoretician who studied perfectionism by pointing out its irrational and self-defeating nature. Ellis placed perfectionism among the eleven irrational beliefs which are causing and maintaining the emotional disturbances. Later on, Burns (1980) and Pacht (1984) also stated that there are some distortions in perfectionistic thinking. For the etiology of perfectionism, the mentioned theoreticians view the parental connection as the core of perfectionism. According to them, perfectionism develops in a family environment where children were provided with non-approval and/or inconsistent or conditional approval (Burns, 1980; Pacht, 1984).

The systematic scientific studies on perfectionism were initiated with Burns' studies in 1980. Burns defined perfectionists as the ones who set themselves unreasonable standards and goals which are beyond accomplishment. The author claimed that people who have perfectionist tendencies evaluate their self-worth according to their productivity and accomplishment; eventually, this drive becomes only a self defeating behavior rather than self improving behavior. Burns (1980) also suggested that perfectionists have all or none thinking patterns and have the tendency to view the events as either black or white. Accordingly, all or none thinking causes them to fear mistakes and to over react to them.

Having a unidimensional perspective, Burns typically focused on self-directed cognitions. The 10-item Perfectionism Scale was his empirical effort to measure perfectionism, which in fact measured self-oriented perfectionism (Hewitt, Mittelstaedt & Wollert, 1989). That is to say, the researchers measuring perfectionism using this device were handling perfectionism as a unidimensional concept, thus as a self-related perfectionistic tendency concept. Accordingly, at that time, the research between perfectionism and psychological problems were investigated in terms of self-related perfectionistic behaviors (Frost & Marten, 1990).

Pacht (1984) viewed perfectionism as a kind of psychopathology based on his experiences with the perfectionist clients, and concluded that perfectionism is an unchangeable and debilitating goal that kept people in turmoil and led to develop a number of psychological problems and physical disorders, while striving to reach. As to Pacht, perfectionists have no win scenarios and their goals are far from being attainable. For that reason, it is unreasonable to expect them to be successful. He also suggested that perfectionists over generalize their failure, and minimize their success and see themselves as unsuccessful.

Still from the unidimensional perspective, Hamachek (1978) characterized perfectionism as being normal when an individual derives pleasure from striving for excellence, provided that s/he recognizes and accepts the individual limitations. The author claimed that normal perfectionists set realistic standards for themselves, had pleasure from the painstaking labors, and could be less precise in certain situations. This encourages them to improve their work. On the other hand, neurotic perfectionists strive for unattainable goals, see their efforts as unsatisfactory when pursuing these goals, and had a serious difficulty in easing their standards.

When doing work, normal perfectionists feel excitement and confidence about their work, whereas neurotic perfectionists feel a fear of failure (Pacht, 1984; Frost & Marten, 1990). Hence Hill, McIntire and Bacharach (1997) suggested that perfectionism may benefit individuals who pursue high standards with consciousness, but may also impair individuals who are never satisfied with their accomplishments, and are prone to self-criticism and a lack of satisfaction with themselves.

When looking from its developmental course, it is not until 1990s that the perfectionism is also searched for its interpersonal dimensions. Nevertheless, from the unidimensional viewpoint, it was Hollender (1965) who made the implicit references to other dimensions while defining perfectionism. He suggested perfectionism as having a demand of oneself or others a higher quality of performance than was required for the situation.

In brief, until 1990s, the definitions and conceptualizations of perfectionism were unidimensional, focusing only on self-directed perfectionistic cognitions and thoughts. At that time, the empirical efforts to measure perfectionism actually measured self-oriented perfectionism (Hewitt, Mittelstaedt & Wollert, 1989), which is a term constructed within the multidimensional perspective and will be studied in the upcoming section.

2.2.1.2. Perfectionism from the Multidimensional Perspective

As mentioned above, early conceptualizations of perfectionism were unidimensional, in which they focused exclusively on self-directed cognitions (Burns, 1980; Pacht, 1984), with only implicit references to other dimensions (Hollender, 1965). Recently, in the perfectionism literature, there are two multidimensional approaches explaining the different aspects of perfectionism. Frost, Marten, Lahort and Rosenblate (1990), and Hewitt and Flett (1990; 1991b; 1993) independently constructed two separate Multidimensional Perfectionism Scales (MPS) that share the same name. Despite the fact that the two multidimensional approaches differed from one another, the urge to differentiate facets of perfectionistic behavior, the recognition of restrictiveness of focusing solely on the cognitive component, and thus the need to consider the interpersonal and motivational factors are suggested to be the common motives (Hewitt & Flett, 2002).

2.2.1.2.1. Frost, Marten, Lahort and Rosenblate's Approach to Perfectionism

Frost et al. (1990, p.450) defined perfectionism as “the tendency to set excessively high standards and engage in overly critical self-evaluations”. They developed a Multidimensional Perfectionism Scale (MPS-F) and conceptualized perfectionism under six dimensions: Concern over mistakes, doubts about actions, personal standards, parental expectations, parental criticism, and organization (Frost et al., 1990; Frost & Marten DiBartolo, 2002; Kawamura, Frost & Harmatz, 2002).

In their reliable MPS-F, which also has the evidence for validity, all the subdimensions were found to be highly correlated with one another and with Burns'

(1980) perfectionism scale, except the organization dimension. Organization was portrayed as the weakest pattern of intercorrelations with the other dimensions, thus was perceived as ancillary to the other five primary dimensions (Frost & Marten DiBartolo, 2002). Besides, concern over mistakes was indicated as being central to the concept of perfectionism, and among the five primary dimensions as the most closely related to psychopathological symptoms (Frost et al., 1990).

Concern over mistakes reflects the negative reactions to mistakes, the tendency to equate mistakes with failure, and the tendency to believe that failure will result in the loss of respect of others. This dimension is found to correlate positively with depression (Frost, Heimberg, Holt, Mattia & Neubaer, 1993), and anxiety (Brown, Heimberg, Frost, Makris, Juster & Leung, 1999). Doubts about actions reflect the degree of confidence people had about their ability to complete the tasks (Frost & Marten DiBartolo, 2002; Kawamura, Frost & Harmatz, 2002). Like concern over mistakes, doubts about actions were found to be associated with maladaptive perfectionism, and with also psychopathology and dysfunction (Frost et al., 1990). Personal standards reflect the extent to which people establish excessive standards, and evaluate themselves on the basis of the accomplishment of those standards (Kawamura, Frost & Harmatz, 2002). Personal standards indicating adaptive perfectionism, was found to be related to positive, but not negative affect. Accordingly, they are found to be correlated mostly with positive mental health issues like better academic performance and/or lower levels of academic procrastination with regard to severity and frequency (Frost et al., 1990). Parental expectations and parental criticism reflect one's perceptions about one's parents setting extremely high standards, and being highly critical while evaluating one's

performance. It is suggested that those with maladaptive perfectionistic styles describe their parents as being more demanding and more critical than do those with more adaptive perfectionistic styles (Rice, Ashby & Preusser, 1996). Finally, organization reflects the tendency to place importance on organization and orderliness (Frost & Marten DiBartolo, 2002). Like personal standards, organization was also found to be associated with positive mental issues. More specifically, organization was indicated to correlate positively with self-esteem, and negatively with anxiety and depression (Cheng, Chong & Wong, 1999).

Considering the construct perfectionism as a whole, as to Frost et al. (1990) perfectionists hold very high standards for performance and are intolerant to fail to meet these standards. Accordingly, they tend to discount positive feedback towards themselves, whereas tend to overgeneralize the negative effects of a single failure to their overall self-concepts. As regards, unlike the MPS-H of Hewitt and Flett (1991b), which will be discussed in the next section, the MPS-F of Frost et al. (1990) was reported as focusing on perfectionistic evaluations individuals direct towards themselves while also differentiating between maladaptive and adaptive components of perfectionism (Kawamura, Frost & Harmatz, 2002).

2.2.1.2.2. Hewitt and Flett's Approach to Perfectionism

Considering both the intraindividual and interindividual aspects, Hewitt and Flett (1991a; 1991b; 1993) focused on the major trait components that constitute perfectionism. Having evidence that the perfectionism construct has distinct personal and social components (Hewitt & Flett, 1990; 1991a), the authors developed a

reliable and valid Multidimensional Perfectionism Scale (MPS-H) and conceptualized perfectionism under three dimensions: self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism. In their conceptualization, perfectionism dimensions not only involve an attitudinal component (e.g., believing that making mistakes is unacceptable), but also include both a motivational component (e.g., an insatiable need to be perfect), and a behavioral component (e.g., requiring that one's work, or others' work is flawless). As to the authors (1990; 1991a; 1991b; 1993) each of these dimensions is the essential component of the overall perfectionistic behavior.

Self-oriented perfectionism involves the self-directed perfectionistic behaviors described in the unidimensional viewpoint of perfectionism. Hewitt and Flett stated that self-oriented perfectionism includes not only the formulation of Burns (1980), but also a motivational component that is reflected primarily by striving to attain perfectionism in one's endeavors as well as striving to avoid failures. Self-oriented perfectionism is suggested to be associated with adaptive characteristics including having high standards, positive achievement striving, self-esteem, and self-actualization (Hewitt & Flett, 1991a; 1991b; 1993; Flett, Hewitt, Blankstein & Mosher, 1991; Hill, Zrull & Turlington, 1997); and with maladaptive characteristics such as self-blame, self-criticism, guilt, and anger (Hewitt & Flett, 1991b). Besides, the distinguishing characteristics of self-oriented perfectionism are suggested to include strong motivation to be perfect, setting and holding unrealistic self-standards, and motivation to be infallible (Beck, Rush, Shaw & Emery, 1979; Hewitt & Flett, 1991b; 1993).

Other-oriented perfectionism involves the beliefs and expectations about the capabilities of the others. According to their theory, the other-oriented perfectionists have unrealistic standards for significant others, place importance on other people being perfect, and stringently evaluate others' performance. Hewitt and Flett (1990; 1991a; 1991b; 1993) suggested that this behavior is essentially the same as self-oriented perfectionism, but the perfectionistic behavior is directed outward. Accordingly, self-oriented perfectionism is predicted to lead to self-criticism and self-punishment. Conversely, other-oriented perfectionists are predicted to lead to other-directed blame, lack of trust, and feelings of hostility towards others. Furthermore this dimension is stated to be related to interpersonal frustrations, such as cynicism and loneliness, and to marital or family problems (Hollender, 1965; Burns, 1983; Hewitt & Flett, 1991b).

Socially prescribed perfectionism involves the perceived need to attain standards and expectations prescribed by significant others. Since the standards imposed by significant others are perceived as being excessive and uncontrollable, failure experiences and emotional states, such as anxiety and depression are relatively common (Hewitt & Flett, 1991b; 1993). These negative emotions are predicted to result from a perceived inability to please others and/or the belief that others are being unrealistic in their expectations. Individuals with high levels of socially prescribed perfectionism are concerned with meeting other's standards. Consequently, they are predicted to exhibit a greater fear of negative evaluation and place greater importance on obtaining the attention but avoiding the disapproval of others (Hewitt & Flett, 1991b).

The primary difference among the trait dimensions conducted by Hewitt and Flett (1990; 1991a; 1991b; 1993) is not the general tendencies and behaviors displayed, but the object to whom the perfectionistic behavior is directed (e.g., self-oriented vs. other-oriented perfectionism) or to whom the perfectionistic behavior is attributed (e.g., socially prescribed perfectionism). Although perfectionism for the self is indicated as an essential component of the construct, it is the authors contention that perfectionism also has its interpersonal aspects and that these aspects are important in adjustment difficulties (Hewitt & Flett, 1991a; 1991b). As a matter of fact, the authors specifically described two interpersonal dimensions of perfectionism as; other-oriented perfectionism, in which the person has perfectionistic expectations for the close others, and socially prescribed perfectionism, in which the person feels as though others expect perfectionism from her/him.

As to Hewitt and Flett (2002) the perfectionism dimensions might either play a role on the onset of psychopathology directly or through their interaction with stress as moderators or mediators. They can act as moderators in producing psychopathological states by enhancing or aggravating the aversiveness of experienced/perceived stressors or failures. On the other hand, they can also act as mediators in their relations to psychopathology by influencing the generation of stressful failures, and the anticipation of future stressors and failures. Particularly, perfectionism has seen as a factor in predisposing, precipitating, and prolonging depression among both the normal population and psychiatric patients (Hewitt & Flett, 1990; 1991a; 1991b; 1993; 2002; Flett, Hewitt, Blankstein & Gray, 1998; Kawamura et al., 2001; Sherry et al. 2003).

In general, self-oriented and socially prescribed perfectionism are consistently and differentially found to be related to depression in psychiatric patients and university students (Chang, 2000; Chang & Sanna, 2001). Self-oriented and socially prescribed perfectionism are pointed out to influence depression through both a direct relationship, and a moderational model involving ego-threatening events (i.e., events that are appraised as important and experienced as stressful). The rigid self-expectations, punitive self-rapprochement, and harsh self-evaluations that typify self-oriented perfectionism; and the excessive need for approval, intense interpersonal sensitivity, and extreme fear of evaluation that accompany socially prescribed perfectionism were found to be directly influencing depression (Hewitt & Flett, 2002). It is also claimed that the strength of association between self-oriented perfectionism and depression is moderated by the presence of ego-threatening achievement events, whereas the strength of the relationship between socially prescribed perfectionism and depression is moderated by the presence of ego-threatening interpersonal events (Hewitt, Flett & Ediger, 1996).

Perfectionism is also found to be related to general symptoms of anxiety in non-clinical samples (Minarik & Ahrens, 1996), in mixed groups of psychiatric patients (Hewitt & Flett, 1993), and in samples of individuals with depression and anxiety disorders (Hewitt & Flett, 1991b). In their study, examining the association between dimensions of perfectionism and state and trait-anxiety, Hewitt and Flett (1994/95) indicated that socially prescribed perfectionism is the dimension linked most closely with the components of state and trait-anxiety, especially under conditions of ego threat. Actually, it is important to note that widely used measures like Spielberger, Gorgush and Lushene's (1970) State-Trait Anxiety Inventory

(STAI), were empirically supported to have a significant depressive component (Bieling, Antony & Swinson, 1998; cited in Kawamura et al., 2001). For this reason, the relationship of anxiety to perfectionism may also be due to variance shared between anxiety and depression (Kawamura et al., 2001).

In fact, with regard to studies examining the direct association between the dimensions and other mental health issues, socially prescribed perfectionism was determined to be the dimension which is closely and broadly related to the psychological symptoms and disorders. Socially prescribed perfectionism was found to be correlating positively with depression (Hewitt, Flett & Ediger, 1996), state and trait-anxiety (Hewitt & Flett, 1994/95), anger (Hewitt & Flett, 1991b), hopelessness (Chang & Rand, 2000), suicide ideation (Hewitt, Flett & Turnbull-Donovan, 1992), and self-criticism (Donaldson, Spirito & Farnett, 2000); and negatively with perceived self-control (Hewitt & Flett, 1991a), and self-esteem (Hewitt & Flett, 1991b).

In the studies investigating the impact of perfectionism on interpersonal relationships, the associations between perfectionism and the personality disorders are explored (Habke & Flynn, 2002). In such studies, it becomes obvious that perfectionism is linked to a variety of personality disorders that may lead to different interpersonal problems. To specify, other-oriented perfectionism is associated with others, in which the perfectionistic person plays a domineering and exploitive role. On the contrary, the socially prescribed perfectionist is characterized by both odd-eccentric and anxious-fearful cluster traits. Owing to this, it is likely that s/he will avoid social contact and conflict. Finally, although self-oriented perfectionism is not as clearly connected to the rigid styles of any particular personality disorders, some

findings indicated that the interpersonal behavior of self-oriented perfectionists can create conflict, through the display of mildly narcissistic characteristics (Hewitt & Flett, 1991a; 1991b; Habke & Flynn, 2002).

In a study (Hill, Zrull & Turlington, 1997), which was designed to investigate the relation between perfectionism and interpersonal relationships, the relation between perfectionistic characteristics and interpersonal experiences were identified. The findings indicated that self-oriented perfectionism was associated with assertive, adaptive interpersonal qualities for men and women; other-oriented perfectionism was associated with arrogant, dominant, and vindictive characteristics for men and women but little interpersonal distress; and socially prescribed perfectionism was associated with arrogant, socially distant characteristics for men and diverse interpersonal maladjustment and distress for women. More specifically, self-oriented perfectionism was found to be associated with relatively positive or successful interpersonal characteristics, especially for women; other-oriented perfectionism was associated with more negative interpersonal characteristics but little interpersonal distress; and socially prescribed perfectionism was associated with interpersonal distress and an experience of interpersonal maladjustment for men and women. Altogether, the findings of the mentioned study suggested that, perfectionistic tendencies appeared to have diverse interpersonal associations dependent on the kind of perfectionism experienced (Hill, Zrull & Turlington, 1997).

Nevertheless, perfectionists were suggested to interpret therapeutic interaction as threatening and to engage in self-protective behaviors, although the pattern varies with the different dimensions (Habke & Flynn, 2002). Accordingly, other-oriented perfectionism seemed to be reflected in hostile-dominant behavior,

and socially prescribed perfectionism seemed to be reflected in attitudes and behaviors that are self-critical and self-protective (Habke & Flynn, 2002). Provided by the empirically validated work mentioned above, entirely, it seems reasonable to conclude perfectionism as being related to difficult interpersonal styles and interpersonal problems, including distressed interpersonal relationships, which will be mentioned deeply in the upcoming sections.

2.2.2. Perfectionism in Turkish Literature

As mentioned previously, perfectionism is a vulnerability factor in many psychological difficulties. Studies in this area paid great attention to understand, and to clarify the role of perfectionism in adjustment difficulties. On the other hand, a review of Turkish literature showed that studies in Turkey are recently developing and there have been very few researches on perfectionism existing in Turkish psychology literature, so far.

Initially, Oral (1999) translated and conducted the reliability and validity study of the Multidimensional Perfectionism Scale (MPS-H), (Hewitt & Flett, 1991b) and investigated the dimensions of perfectionism in a Turkish sample. Furthermore, she studied the relationship between the dimensions of perfectionism, stressful life events, and depression. Her findings indicated self-oriented and other-oriented perfectionism as being negatively, and socially prescribed perfectionism as being positively related to the depression scores of the participants.

In a following study, Dinç (2001) examined the moderating role of negative life events in the predictive role of perfectionism on depressive symptoms

and anger in a Turkish university sample. The findings of her study showed that both self-oriented and other-oriented perfectionism interacted with achievement related life events in predicting depressive symptoms. On the contrary, the association between socially prescribed perfectionism and depression symptoms was not moderated by social life events.

Furthermore, Yorulmaz (2002) investigated the effects of the responsibility attitudes, dimensions of perfectionism, and their interactions on obsessive-compulsive symptomatology in a Turkish university sample. His findings revealed that the responsibility attitudes, self-oriented, other-oriented and socially prescribed perfectionism were significantly and positively associated with obsessive-compulsive symptoms.

More recently, Sun Selşik (2003) aimed to examine the association between perfectionism and helpless explanatory style as a function of gender in a Turkish university sample. The findings of her study indicated that there were no significant associations between perfectionism and helpless explanatory style as a function of gender.

In brief, all the studies mentioned above were conducted with college students. In the Turkish literature, there were no studies encountered with the community sample, consequently with married individuals existing in perfectionism literature. Overall, although the issue of perfectionism is very recent in Turkish literature, the studies are promising, and needs to be further developed.

2.3. Relationship between Marital Adjustment and Perfectionism

Considering the adjustment in relationships, as to Habke and Flynn (2002) the most obvious conclusion must be, perfectionists are prone to poor-quality relationships. On the other hand, in spite of the theoretical and empirical work indicating that perfectionism is related to behaviors that are likely to affect the quality of intimate relationships (Hewitt & Flett, 1991b), very little research has directly examined this association.

Initially Hewitt, Flett and Mikail (1995) aimed to assess whether social facets of perfectionism were associated with dyadic and family adjustment. In their study, a group of chronically stressed medical patients and their spouses completed the measures of perfectionism, relationship adjustment, depression, and pain. After controlling for depression, the results revealed that although patients' own perfectionism did not relate to adjustment, those with a partner who was high in other-oriented perfectionism had poorer dyadic adjustment, and a greater number of family difficulties than patients whose partners were not perfectionist. Participants with a partner high in other-oriented perfectionism also felt less supported by their partner. Although the patients' other-oriented perfectionism was not reflected in their partner's dissatisfaction, the authors suggested that the self-absorption needed to cope with pain and depression may result in less outward expression of expectations.

Similarly, Marten DiBartolo and Barlow (1996) purposed to examine the relationship among perfectionism, marital satisfaction, and male sexual functioning. In their study, a sample of men with DSM-III-R erectile disorder and their spouses completed the measures of perfectionism, and dyadic adjustment. Additionally, physician ratings of organic contribution to the sexual dysfunction, as well as

clinician ratings reflecting the degree to which dysfunctional males' sexual difficulties were due to psychogenic factors were assigned. The findings indicated that dyadic adjustment scores for both dysfunctional men and their spouses were unrelated to clinician psychogenic ratings and physician organic ratings with the exception of a significant positive relationship between men's dyadic adjustment scores and their organic ratings. In addition, it was revealed that women's but not men's, perfectionistic tendencies affect both their own and their spouses' marital adjustment whereas dysfunctional men's overall level of perfectionism did not adversely affect marital adjustment.

Besides, Habke, Hewitt, Fehr, Callender and Flett (1997) conducted a research to examine the relations between perfectionism, relationship adjustment, and relationship interactions. For that purpose, they administered the MPS designed by both group of researchers (i.e., Frost et al.'s MPS- F, 1990; Hewitt & Flett's MPS-H, 1990; 1991a; 1991b; 1993), and a measure of dyadic adjustment. Their findings pointed out the dimension socially prescribed as an important predictor of relationship satisfaction. For both women and men, dyadic adjustment was found to be uniquely predicted by self and partner ratings of perceived expectations. That is, those who were dissatisfied in their relationship were more likely to feel that their partner expected a lot from them and to have a partner who believed the same thing. Besides, in their study, self-oriented perfectionism was indicated to be important, as a predictor of positive marital adjustment. In other words, for both women and men, having high expectations for the self appeared as a unique predictor of greater satisfaction. Finally, unlike the studies mentioned above, other-oriented

perfectionism did not play a particularly important role in adjustment (Habke et al., 1997).

In addition, Habke, Hewitt and Flett (1999) sought to provide information on the relation between perfectionism, perfectionistic self-presentation and sexual satisfaction, which is a factor highly related to global ratings of marital adjustment in married couples (Cupach & Comstock, 1990). In their study, a sample of married or cohabiting couples completed the measures of perfectionism, perfectionistic self-presentation, sexual satisfaction, dyadic adjustment, and depression. Their results showed the interpersonal dimensions of perfectionism as being negatively related to general sexual satisfaction and sexual satisfaction with the partner for both husbands and wives. More specifically, the husband's sexual satisfaction was significantly and negatively correlated with his own socially prescribed perfectionism and with his wife's ratings of other-oriented perfectionism. Furthermore, the wife's satisfaction was significantly and negatively correlated both with her husband's socially prescribed perfectionism and with her own socially prescribed perfectionism, other-oriented perfectionism, and perfectionistic self-presentation. In conclusion, the results suggested that perfectionistic expectations have an important role to play in sexual satisfaction in married couples.

Furthermore, Flett, Hewitt, Shapiro and Rayman (2001/02) examined the extent to which dimensions of perfectionism were associated with indices of relationship beliefs, behaviors, and dyadic adjustment in two separate studies. In their first study, university students in dating relationships completed the measures of perfectionism, positive and negative relationship behaviors, and global measures of liking and loving. In their second study, same participants completed the measures of

dyadic adjustment and limerence (i.e., intense, obsessive love with fears of rejection). Collectively, individuals with high levels of self-oriented and other-oriented perfectionism were found to have stronger relationship beliefs in the areas of communication, trust, and support; suggesting that these perfectionists have high relationship standards in these particular areas. Although socially prescribed perfectionism had little association with specific relationship beliefs, this dimension was associated with a tendency to display destructive relationship responses, lower dyadic adjustment, and various aspects of limerence, including obsessive preoccupations and emotional dependence on the dating partner. Overall, the results suggested interpersonal aspects of perfectionism as being associated with self-defeating tendencies in dating relationships.

Besides, Dimitrovsky, Levy-Shiff and Schattner-Zaanany (2002) examined the two dimensions of depression (i.e., anaclitic & introjective), (Blatt, 1974; cited in Dimitrovsky et al., 2002), dimensions of perfectionism, and the relationship between these and marital satisfaction in married women in their first pregnancy and married women who had not yet experienced pregnancy. The findings indicated that pregnant and non-pregnant women did not differ in the level of marital satisfaction or in any dimensions of perfectionism. For both groups, introjective depression was positively correlated with socially prescribed perfectionism and negatively correlated with marital satisfaction. Self-oriented perfectionism was positively related to introjective depression and negatively related to marital satisfaction for non-pregnant women. Lastly, for the pregnant women, there was a negative relationship indicated between socially prescribed perfectionism and marital satisfaction.

In addition to the studies mentioned above, Haring, Hewitt and Flett (2003) designed a study to examine the relationships among perfectionism, marital coping, and marital functioning. In their research, a community sample of couples completed the measures of perfectionism, marital functioning, marital coping, depression, and neuroticism. After controlling for neuroticism and depression, the results suggested that socially prescribed perfectionism is an important predictor of marital adjustment for both husband and wives. Levels of this dimension were found to be strongly negatively associated with multiple indices of marital adjustment for the self. In addition, socially prescribed perfectionism was found to predict lower marital adjustment in the partner. In general, the findings of the study were consistent with the perfectionism theory, which suggests the belief that others require perfection of the self is associated with relationship problems (Hewitt, Flett & Mikail, 1995; Hewitt & Flett, 2002). Moreover, the results showed the use of negative coping strategies as mediating the relationship between socially prescribed perfectionism and poorer marital functioning for both the self and the partner.

As mentioned above deeply, the multidimensional model (Hewitt & Flett, 1990; 1991a; 1991b; 1993) of perfectionistic behavior and maladjustment that incorporates both intraindividual as well as interpersonal components of perfectionism identified three independent dimensions of perfectionism. Each of these dimensions was thought to influence maladjustment by increasing the frequency of failure or stressful events and by influencing the negative impact of extant stressors (Hewitt & Flett, 1993; Hewitt, Flett & Mikail, 1995). It is important to consider the fact that although the individual with perfectionistic expectations for others might endorse some difficulties in marital relations; it is also her/his spouse

who is the target of the perfectionistic expectations and who should endorse more severe difficulties and dissatisfaction with the relationship due to the lack of acceptance, levels of disagreeableness, and criticism expressed by their perfectionistic partners (Hewitt, Flett & Mikail, 1995). Moreover, the potential role of perfectionism in marital maladjustment was suggested by the fact that the individual who perceives her/his spouse as imposing unrealistic expectations should endorse dissatisfaction with her/his relationship. The belief in one's inability to meet her/his spouse's demands and expectations may not only produce negative self-directed affect but may also produce general dissatisfaction and/or anger with the individuals who are perceived as demanding perfection (Hewitt, Flett & Mikail, 1995).

Similarly, looking to marital relationships from cognitive approach, Creamer and Campbell (1988) pointed out the role of interpersonal perception, more specifically the way people perceive themselves and their partners, as being an important indicator of marital adjustment. According to the authors, three factors might be taken into consideration in this regard: (i) the judge's self-description, (ii) the self-description of the person who is being judged, and (iii) the judge's prediction of the other's self description.

Since Ellis (1962) considered the role of expectations in distressed relationships, the cognitive approach to marital adjustment and therapy has received increasing attention (Möller & Van Zyl, 1991). The main focus of this approach is on how individuals in a relationship construe reality. Cognitive therapy posits that the way in which people think, as well as the content of their thoughts exerts an influence on their adjustment within a relationship. Correspondingly, irrational

thinking is seen to effect poor adjustment, while more rational or functional thinking is seen to effect better adjustment. Accordingly, for a marital dyad to be well adjusted, both partners need to think rationally and functionally (Ellis, 1986; Ellis & Harper, 1975; Möller & Van Zyl, 1991).

Much of the current research from this perspective provided support for the notion that certain types of cognitions (Fincham, Beach & Kemp-Fincham, 1997) and large interpersonal cognitive discrepancies (Johnson, Fine, Polzella & Graetz, 2000) are negatively associated with relationship adjustment. The two cognitive factors that are commonly addressed in marital therapy are unrealistic expectations and causal attributions (Baucom & Epstein, 1990). According to Ellis and Harper (1975), marital problems come about when a person's unrealistic expectations for perfection on the part of her/his spouse are disconfirmed by the actual behavior of that individual. This disconfirmation leads to irrational and catastrophic thoughts about the self (e.g., "I must be worthless for her/him to act like this."), or the partner (e.g., "S/he is a terrible, vicious person to act like this."), (Brehm, 1991). Such thoughts trigger an intense emotional reaction of rage and despair, as well as an escalating level of irrational behavior toward the partner (Ellis & Harper, 1975).

Given the importance of perfectionism to the marital adjustment and the empirical work suggesting that married individuals are indeed the targets of their spouse's criticism or vice versa, it is perhaps surprising that no study to date has sought to obtain data directly from married individuals concerning an important and specific aspect of perfectionism, perceived criticism, that is their perceptions of criticism toward their spouses or their spouses of them.

Hooley and Teasdale (1989) had this point of view, when they administered the perceived criticism measures, asking how critical the patients perceived their spouses to be of them and they are to their spouses, in their study with unipolar depressives. More specifically, the authors designed to assess the perceived criticism concurrently with marital satisfaction using scales that reflected (i) how critical the patients considered themselves to be of their spouses (i.e., criticalness toward the spouse), and (ii) how critical the patients considered their spouses to be of them (i.e., criticalness of the spouse). The results of their study suggested that asking depressed individuals how critical they believe their partners are, may facilitate the identification of individuals at high risk for relapse.

Taken together, the studies mentioned above support earlier work on the impaired interpersonal relationships that occupy perfectionists and provide some insight into some of the mechanisms by which such impairments might occur.

2.4. Connection between the Literature Review and the Purpose of the Study

As mentioned previously, the findings of numerous studies suggested the trait perfectionism and its dimensions as being relevant to the quality of intimate relationships. But still the necessity for further examination of the relationship between marital adjustment and the dimensions of perfectionism was apparent. Firstly, the current study sought to extend previous work by controlling the effects of trait-anxiety and depression which were added to the study as measures of personality traits independent from any specific situation or time. As argued above, since all marital discord, depression, and anxiety are negative affective states, and

there is an association between the levels of marital adjustment, depression, and trait-anxiety (Beach, 1992; Dehle & Weiss, 2002), by controlling both trait-anxiety and depression, this study aimed to be a more stringent test of association between marital adjustment and the trait perfectionism.

Secondly, taking the importance of perfectionism to the marital adjustment into account, this study directly intended to investigate an important and specific aspect of perfectionism, perceived criticism.

Thirdly, for a better generalization, this study purposed to examine whether perfectionism was related to marital adjustment in a non-clinical population, for married females and males separately, rather than a university sample as the most studies mentioned above.

Lastly, despite research existing in Turkish marriage and perfectionism literature separately, the association between these important constructs had not investigated yet. Thus, this study aimed to contribute to the Turkish literature in understanding Turkish perfectionists in the marital context.

CHAPTER 3

METHOD

3.1. Participants

The participants of the study were 210 (105 female and 105 male) Turkish non-clinical married individuals, who are in their first marriage. Participation to the study was voluntary and the participants were selected through snowball sampling procedure (Kaptan, 1981; Kumar, 1996), who are living in the four largest cities in Turkey: İstanbul, Ankara, İzmir, and Bursa. Although about 300 questionnaires were distributed, 225 of them returned (return rate = 75%). The participants who are not in their first marriage ($n = 6$), and the cases who were not appropriate for the statistical analysis ($n = 9$) were excluded. Therefore, 210 cases were decided as appropriate for the analysis and the purpose of the study.

The female participants' age ranged from 19 to 63, with a mean age of 37.4 ($SD = 11.1$); and their length of the marriage ranged from 1 year to 42 years, with a mean of 13.3 years ($SD = 11.4$). Besides, the male participants' age ranged from 24 to 65, with a mean age of 39.0 ($SD = 9.2$); and their length of the marriage ranged from 1 year to 42 years, with a mean of 11.8 years ($SD = 9.5$).

The socio-demographic characteristics of the sample are presented in Table 1.

Table 1. Socio-Demographic Characteristics of the Sample (N = 210).

Variable	Female (<u>N</u> = 105)			Male (<u>N</u> = 105)			Total (<u>N</u> = 210)		
	M	SD	f	M	SD	f	M	SD	f
Age	37.4	11.1		39.0	9.2		38.2	10.1	
Education Level									
Primary School			12			4			16
Secondary School			9			5			14
High School			27			22			49
University (2 or 4 years)			46			61			107
Graduate			11			13			24
Length of Marriage (years)	13.3	11.4		11.8	9.5		12.6	10.3	
Number of Children									
None			32			27			59
1			35			38			73
2			30			33			63
3 or more			8			7			15

3.2. Instruments

Six instruments were applied to all the participants in the current study. They were administered Dyadic Adjustment Scale (DAS), for evaluating their marital adjustment (see Appendix A); Multidimensional Perfectionism Scale (MPS-H), for assessing their individual differences in perfectionism (see Appendix B); Perceived Criticism Measures (PCM), for examining the perceived severity of their criticism toward their spouse and the perceived severity of spouses' criticism toward them (see Appendix C); Beck Depression Inventory (BDI), for assessing their intensity of emotional, somatic, cognitive, and motivational symptoms of depression (see Appendix D); State-Trait Anxiety Inventory-Trait Anxiety Form (STAI-T), for examining their relatively stable individual differences in anxiety proneness as a personality trait (see Appendix E); and finally Demographic Information Form for collecting information related to their various demographic characteristics (see Appendix F).

3.2.1. Dyadic Adjustment Scale (DAS)

Spanier's (1976) 32-itemed DAS, which includes the subscales of dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression, was developed in order to assess the perceived marital relationships and marital quality of the married individuals. Although Spanier indicated that the DAS can be utilized in assessing various types of committed couple relationships, including unmarried cohabitation, over 90% of the more than 1000 reported studies using the DAS have involved married couples (Schumm, 1990).

The DAS, which is a likert-style questionnaire, primarily utilizes the 5-, 6- and 7-point response formats. There are also two items that are answered either “yes” or “no”. The majority of items use a 6-point format, with options scored from 0 to 5, ranging from either “always agree” to “always disagree” or “all the time” to “never”. The total score obtained from the DAS ranges from 0 to 151, higher scores reflecting a higher perception of the quality of the relationship (Spanier, 1976). Each of its items was also reported to discriminate between married and divorced couples. Mean scale scores reported by Spanier (1976) for married and divorced samples were 114.8 and 70.7, respectively. Despite the fact that Spanier suggested the possible use of the subscale scores, the DAS is generally used with the total score obtained which reflects the general satisfaction measure in an intimate relationship. Consequently, in the present study, the total scores obtained from the DAS were computed.

Cronbach’s α s were reported to be 0.96 for the overall DAS, and to range from 0.73 to 0.94 for the four subscales (Spanier, 1976), and test-retest reliability was reported as 0.87 (Carey, Spector, Lantinga & Krauss, 1993). Items were initially evaluated by three judges for its content validity. All the items in the final version were judged appropriate by these judges. Moreover as for its criterion validity, the correlation between the DAS and a similar instrument, the Locke-Wallace Marital Adjustment Scale was reported to be 0.86 among marital couples, 0.88 among divorced respondents, and 0.93 among the combined sample (Spanier, 1976).

The DAS has been translated into several languages for use with various nationalities and cultural groups (Schumm, 1990). Its translation into Turkish and reliability and validity study was conducted by Fıfılođlu and Demir (2000). The

mean of the DAS for the Turkish sample was 104.5 ($SD = 18.6$), with means of 103.7 ($SD = 18.8$) for males, and 105.2 ($SD = 18.4$) for females. For the entire scale, the internal consistency reliability was computed using Cronbach's α and was 0.92; and the split-half reliability coefficient α was 0.86. Besides, for the evaluation of criterion validity the translated Locke-Wallace Marital Adjustment Test was used. The correlation between the DAS and Locke-Wallace Marital Adjustment Test was 0.82. In general, Fıfıloğlu and Demir's study indicated that the Turkish DAS has sufficiently high reliability and construct validity to justify its use as a measurement of marital adjustment by Turkish researchers and clinicians.

3.2.2. Multidimensional Perfectionism Scale (MPS-H)

Hewitt and Flett's (1991a; 1991b) 45-itemed MPS-H, which includes three different dimensions; namely, self-oriented perfectionism (i.e., unrealistic standards and perfectionistic motivation for the self), other-oriented perfectionism (i.e., unrealistic standards and perfectionistic motivations for others), and socially prescribed perfectionism (i.e., the belief that significant others expect oneself to be perfect), was developed in order to assess individual differences in perfectionism. Factor analyses have confirmed that the MPS-H has the three factors mentioned above and that the factor structure is congruent across clinical and subclinical populations (Hewitt & Flett, 1991b). Additional research has revealed that the MPS-H dimensions have an adequate degree of reliability and validity, and are relatively free from response biases (Hewitt, Flett, Turnbull-Donovan & Mikail, 1991).

The MPS-H, which is a likert-style questionnaire, primarily utilizes the 7-point response format, ranging from 1 (i.e., “strongly disagree”) to 7 (i.e., “strongly agree”). Each dimension in the MPS-H is represented in a subscale and higher scores on the subscales reflect greater perfectionism. Each subscale includes 15 items.

Initially developed with a college student population, the MPS-H was found to be a useful measure for various patient groups, as well (Hewitt, Flett, Turnbull-Donovan & Mikail, 1991). With the college students, Cronbach’s α was 0.86 for self-oriented, 0.82 for other-oriented, and 0.87 for socially prescribed perfectionism. Item to subscale score correlations ranged from 0.51 to 0.73 for self-oriented, 0.43 to 0.64 for other-oriented, and 0.45 to 0.71 for socially prescribed items (Hewitt & Flett, 1991b). For the factor structure, Hewitt and Flett (1991b) found that the items of self-oriented perfectionism were converged under the first factor with item loadings between 0.45 and 0.66, the items of socially prescribed perfectionism were converged under the second factor with the item loadings between 0.39 and 0.69, and the items of other-oriented perfectionism were converged under the third factor with the item loadings between 0.38 and 0.63. Following studies indicated that the respective coefficients α ’s were 0.88, 0.74 and 0.81 for self-oriented, other-oriented and socially prescribed perfectionism, in a sample of psychiatric patients (Hewitt & Flett, 1991b). The factor analyses of the original scale conveyed the factor structures being quite similar across the two groups except for a few items measuring other-oriented perfectionism.

The MPS-H’s translation into Turkish and reliability and validity study was conducted by Oral (1999). The factor structure obtained in her pilot study was very similar to the factor structure obtained in the original study. In her reliability

analysis of Turkish version of the MPS-H, for overall MPS-H scale, coefficient α was 0.91 and the respective α 's were 0.91, 0.80 and 0.73 for self-oriented, socially prescribed and other-oriented perfectionism. In addition, the item-total-subscale correlations were from 0.20 to 0.75 for self-oriented, 0.22 to 0.60 for socially prescribed, and 0.31 to 0.52 for other-oriented perfectionism.

Later on, Dinç (2001) and Yorulmaz (2002) also conducted pilot studies to test the reliability and validity of translated MPS-H by Oral (1999). The α reliability of the full scale was 0.82 in Dinç's study (2001), with the scores 0.90, 0.83 and 0.74 for self-oriented, socially prescribed, and other-oriented perfectionism, respectively. Likewise the α reliability of the full scale was 0.70 in Yorulmaz's study (2002), with the α scores 0.88, 0.78 and 0.71 for self-oriented, socially prescribed, and other-oriented perfectionism, respectively. Overall, both Dinç and Yorulmaz found similar factor structures to both the original study (1991b) and Oral's study (1999). Taken together, the studies indicated that the translated MPS-H by Oral (1999) is a reliable and valid measure for assessing the individual differences in perfectionism of Turkish population, as well.

3.2.3. Perceived Criticism Measures (PCM)

Developed by Hooley and Teasdale (1989), the PCM consists of two items, each rated on a 1-10 likert-style scale (i.e., 1 = "not at all", 10 = "very"): (1) "How critical do you think you are of _____ (relative)?" (i.e., severity of individual's criticism toward relatives); (2) "How critical do you think _____ (relative) if of you?" (i.e., severity of relatives' criticism toward the individual).

In their study, considering the reliability of PCM, Hooley and Teasdale (1989) found the test-retest reliability coefficient as 0.75 in a sample of depressed patients assessed over a period approximately 20 weeks, and 0.81 in the current sample over a period of 2 weeks prior to treatment. Among patients with major depressive disorder, the correlation between patients' PCM ratings of the severity of criticism from relatives and the high/low expressed emotion (EE) status of these relatives was 0.51 (Hooley & Teasdale, 1989).

Later versions of the PCM (White, Strong & Chambless, 1998) included two more items measuring the individuals' self-reported distress when criticized by the relatives, and individuals' perceptions of how distressed their relatives become when criticized by the individuals: (1) "When _____ (relative) criticizes you, how upset do you get?" (i.e., individuals' distress from relatives' criticism); (2) "When you criticize _____ (relative) how upset does s/he get?" (i.e., relatives' distress from individuals' criticisms).

Taking the purpose of the study into consideration, initially developed PCM items (1) "How critical do you think you are of your spouse?" (i.e., criticalness toward the spouse); and (2) "How critical do you think your spouse is of you?" (i.e., criticalness of the spouse) were translated into Turkish, in order to find out the individuals' own assessments of the levels of criticism to which they are exposed to.

3.2.4. Beck Depression Inventory (BDI)

Beck's 21-itemed BDI, which measures emotional, somatic, cognitive, and motivational symptoms of depression, was developed in order to assess the intensity of depressive symptoms during the past week. The BDI includes the items related to self-blame, feelings of punishment, body image, pessimism, loss of appetite, disturbance of sleep, fatigue, feelings of exhaustion, aggressiveness, feelings of guilt, and loss of sexual impulse (Beck, Rush, Shaw & Emery, 1979; Hisli, 1988). All the items in the scale have 4 options that are scored from 0 to 3. The subjects respond to the items by choosing the best option considering their last week. The total score obtained from the BDI ranges from 0 to 63, representing varying levels of depressive symptoms. The total scores between 0 to 9 indicate "nondepressed"; 10 to 18 "mildly depressed"; 19 and 25 "moderately depressed" and 26 and above "severely depressed" individuals (Beck, Rush, Shaw & Emery, 1979).

Initially developed in 1961 and then revised in 1978 (Beck, Rush, Shaw & Emery, 1979), the BDI has satisfactory internal consistency ranging from 0.73 to 0.95. Besides, the test-retest reliability was reported as ranging from 0.60 to 0.63 for non-psychiatric patients, and as ranging from 0.48 to 0.86 for psychiatric patients (Beck, Steer & Garbin, 1988).

There are two adaptation studies of the BDI performed independently in Turkey. The first study was conducted by Teğin in 1980, and the second study by Hisli in 1988. The only difference between these two adaptations is in the wording of the items (Savaşır & Şahin, 1997). Both of the adaptations have similar reliabilities; 0.78 with a university students sample (Teğin, 1980), 0.61 with a depressive sample (Teğin, 1980), and 0.74 with a normal sample (Hisli, 1989). Furthermore, the

criterion validity of Turkish version of BDI was found to be ranging from 0.65 to 0.68 with a university sample (Hisli, 1989). The concurrent validity, when correlated with the Minnesota Multiphasic Personality Inventory Depression Scale, was found to be 0.63 with a psychiatric sample (Hisli, 1988), and 0.50 with a university students sample (Hisli, 1989). Thus, as statistical findings supported, the BDI is a reliable and valid instrument to assess the symptoms of depression of the Turkish individuals as well. In this respect, Hisli's (1989) adaptation of BDI was the one to be used in the current study.

3.2.5. State-Trait Anxiety Inventory – Trait Form (STAI)

Spielberger, Gorgush and Lushene's (1970) 40-itemed STAI, is a self-report scale having two parts: State-Anxiety and Trait-Anxiety, each consisting 20 items. Developed in 1970, STAI aims to measure the level of State-Anxiety (i.e., situational - how a person feels at that moment) and Trait-Anxiety (i.e., continual - how a person feels in general independently from any specific situation or time) of normal individuals and individuals who have psychological problems. As Spielberger (1972) specified, the State-Anxiety refers to concurrent anxiety state when a person perceives a particular stimulus or situation as potentially harmful, dangerous or threatening; and the Trait-Anxiety refers to a relatively stable individual difference in anxiety proneness as a personality trait.

The STAI is a likert-style questionnaire, which utilizes the 4-point response format. In State-Anxiety, participants rate the intensity of their feelings on a

range from 1 (i.e., “not at all”) to 4 (i.e., “very much”); and in Trait-Anxiety, the frequency on a range from 1 (i.e., “almost never”) to 4 (i.e., “most always”).

The STAI has satisfactory test-retest reliability with α ranging from 0.16 to 0.54 for the State-Anxiety Inventory and with α ranging from 0.73 to 0.86 for the Trait-Anxiety Inventory (Spielberger, Gorgush & Lushene, 1970). Moreover, the internal consistency reliability was reported as 0.90 (Spielberger & Sydeman, 1994). In terms of validity, it has high correlations with Anxiety Scale Questionnaire, and Manifest Anxiety Scale; ranging from 0.73 to 0.85 (Spielberger & Sydeman, 1994).

The STAI’s translation into Turkish and its reliability study was conducted by Öner & LeComte in 1985. In their study, for the State-Anxiety, the test-retest reliability was found to range from 0.26 to 0.68, and the internal consistency from 0.94 to 0.96. Besides, for the Trait-Anxiety, the test-retest reliability was found to range from 0.71 to 0.86, and the internal consistency from 0.83 to 0.87. The validity of the Turkish version of STAI was also investigated. State-Anxiety scores showed variations depending on the presence of a stressful event whereas Trait-Anxiety scores showed no changes depending on the presence of the stressful event (Öner & LeComte, 1985). Accordingly, the STAI was reported as being a reliable and valid measurement for assessing Turkish individual’s feelings of anxiety as well.

As mentioned previously, how an individual feels in general independently from any specific situation or time was considered to be important for the current study. Consequently, in order to test its research questions, STAI Trait-Anxiety Form consisting 20 items, was used in the present study.

3.2.6. Demographic Information Form

Demographic information form was developed by the researcher in order to receive information on gender; age; education level; length of marriage; whether having child, and if any, the number of child(ren); and whether being first-married or remarried. The form was constructed with questions in both the open-ended (e.g., “What is your current age?”) and the close-ended (e.g., “What is your education level?”) formats.

3.3. Procedure

The instruments were administered in the four largest cities in Turkey, namely in İstanbul, Ankara, İzmir, and Bursa, between January 2006 and April 2006, to Turkish non-clinical married individuals, who are in their first marriage. The sample was selected through snowball sampling procedure (Kaptan, 1981; Kumar, 1996).

After the verbal instructions, the instruments were given either directly by the researcher, or by the personal acquaintances of the researcher and/or the participants. The Demographic Information Form was also attached at the beginning of the instruments that was containing necessary information regarding the purpose of the study, the important points in filling the scales, and their confidentiality (see Appendix G). Additionally, each scale applied was having its own instructions. Taken together, the total administration time of all the instruments was about forty-five minutes.

3.4. Data Analysis

For the evaluation of the research questions, all the analyses were performed by using a computer program for the multivariate statistics; Statistics Package for the Social Sciences (SPSS), version 13 for Windows.

Initially, descriptive statistics (Tabachnick & Fidell, 2001) were used for the data analysis, in order to find out the general characteristics of the sample. Then, for females and males separately, hierarchical (sequential) multiple regression analyses (Tabachnick & Fidell, 2001) were conducted to examine whether the dimensions of perfectionism predict marital adjustment, controlling for the effects of depression, trait-anxiety, and certain demographic variables, namely, age, education level, the length of marriage, and whether having child(ren). Specifically, the criterion variable in these analyses were marital adjustment and the predictors in the first step were demographic variables; in the second step the depression and trait-anxiety scores; in the third step perceived criticism measures; and finally, in the forth step, three dimensions of perfectionism.

CHAPTER 4

RESULTS

4.1. Screening the Data Prior to the Analyses

In the current study, prior to the analyses, the criterion variable marital adjustment and predictors in the first step, demographic variables (i.e., age, education level, length of marriage, and whether having child); in the second step, personality traits (i.e., depression, and trait-anxiety); in the third step, perceived criticism measures (i.e., criticalness toward the spouse, and criticalness of the spouse) ; and finally in the forth step, three dimensions of perfectionism (i.e., self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism) were examined through SPSS DESCRIPTIVES and SPSS FREQUENCIES for the accuracy of data entry, missing values, and the fit between their distributions and the assumptions of multivariate analysis (Tabachnick & Fidell, 2001). Altogether 219 variables were examined.

The missing data were detected for all the variables in each scale, and the problem was dealt by using mean replacement. Five cases with large amounts of missing values were deleted from the sample, leaving 214 cases. Pairwise linearity was checked using within-group scatter plots, and found to be satisfactory.

In the scales, trait-anxiety, criticalness toward the spouse, and criticalness of the spouse; three, one, and three univariate outliers were found respectively. By

using Mahalanobis distance with $p < .001$, four cases (about 2%) were identified as multivariate outliers in their own groups. Three of these multivariate outliers were also found to be univariate outliers, thus deleted. Despite the fact that the other multivariate outlier was not a univariate outlier, it was very high on Mahalanobis, therefore also decided to be deleted. With all four outliers, and five cases with missing values deleted, 210 cases remained in the study.

4.2. Descriptive Statistics of the Variables

After screening the data, and before conducting the analyses, descriptive characteristics of the sample were investigated. Descriptive statistics for the population ($N = 210$) of the current study are presented in Table 2.

Table 2. Means, Standard Deviations, and Ranges of the Sample (N = 210).

Variable	Female (<u>N</u> = 105)			Male (<u>N</u> = 105)			Total (<u>N</u> = 210)		
	M	SD	Range	M	SD	Range	M	SD	Range
Marital Adjustment Score	105.4	18.4	44-144	107.8	17.3	54-140	106.5	17.9	44-144
Perfectionism Scores									
Self-oriented Perfectionism	72.1	14.8	31-105	74.6	15.5	33-102	73.3	15.2	31-105
Other-oriented Perfectionism	59.9	10.8	32-97	62.8	12.3	34-98	60.4	11.6	32-98
Socially Prescribed Perfectionism	56.5	11.3	29-98	58.4	9.9	31-103	57.5	10.6	29-103
Perceived Criticism Measures									
Criticalness toward the spouse	5.3	1.7	1-9	5.4	1.9	1-9	5.3	1.8	1-9
Criticalness of the spouse	5.4	2.3	1-9	5.1	2.2	1-9	5.2	2.2	1-9
Depression Score	7.4	5.7	0-23	7.1	6.7	0-27	7.2	6.2	0-27
Trait-Anxiety Score	42.6	8.1	22-61	40.8	7.0	26-58	41.6	7.5	22-61

4.3. Regression Analyses: Predictors of Marital Adjustment

The research questions of the present study were tested through hierarchical (sequential) multiple regression analyses, by using SPSS REGRESSION, for female and male married individuals separately. The total score of the Dyadic Adjustment Scale (DAS) was used as the predicted variable. The demographic variables; personality traits; perceived criticism measures; and the dimensions of perfectionism were used as predictors, thereupon were entered in various steps in these analyses. In order to test the research questions specifically, all the variables were entered as blocks in four separate steps hierarchically, as presented in Table 3.

Table 3. The Sequence of the Variables Entered in the Regression Analyses.

Predictor Variables
Block 1: Demographic Variables
age
education level
length of marriage
whether having child
Block 2: Personality Traits
depression score
trait-anxiety score
Block 3: Perceived Criticism Measures
criticalness toward the spouse
criticalness of the spouse
Block 4: Perfectionism Scores
self-oriented perfectionism
other-oriented perfectionism
socially prescribed perfectionism

4.3.1. Correlation Coefficients among the Variables used in the Regression Analyses

Prior to the regression analyses, pearson correlation coefficients of all the variables were computed for females (see Table 4), and males (see Table 5), separately.

As can be seen from the table, correlations among the measures of the present study revealed that for females, marital adjustment significantly and negatively correlated with socially prescribed perfectionism ($r = -0.51, p < .01$). That is, females who reported high on socially prescribed perfectionism, reported lower levels of marital adjustment, or vice versa; females who reported low on socially prescribed perfectionism, reported higher levels of marital adjustment. Marital adjustment of females also correlated with their perceived criticism measure, criticalness of the spouse ($r = -0.33, p < .01$), indicating that the woman who reported that her husband is critical of her, she is less maritally adjusted. Additionally significant negative correlations were obtained between marital adjustment and depression ($r = -0.63, p < .01$), and marital adjustment and trait-anxiety ($r = -0.50, p < .01$). As for demographic information, females who have child(ren) reported less marital adjustment than those who do not have any ($r = -0.23, p < .01$).

Furthermore, correlations for males indicated that marital adjustment significantly and negatively correlated with socially prescribed perfectionism ($r = -0.56, p < .01$). That is, males who reported high on socially prescribed perfectionism, reported lower levels of marital adjustment; and males who reported low on socially prescribed perfectionism, reported higher levels of marital adjustment. Marital adjustment also correlated with their criticalness toward the

spouse scores ($r = -0.46, p < .01$), indicating that when the man reported that he is highly critical to his wife, he is less martially adjusted. Moreover, marital adjustment also correlated with criticalness of the spouse scores ($r = -0.26, p < .05$), meaning that when the man reported that his wife is highly critical to him, he is less martially adjusted. Besides, as for personality traits, significant negative correlations were obtained between marital adjustment and depression ($r = -0.48, p < .01$).

Table 4. Intercorrelations among the Predictors and Criterion Variable of Females

	1	2	3	4	5	6	7	8	9	10	11	12
1	1.00											
2	-0.12	1.00										
3	0.90**	-0.27**	1.00									
4	0.58**	-0.26**	0.62**	1.00								
5	-0.01	-0.20*	0.05	0.11	1.00							
6	-0.03	-0.31**	0.02	0.06	0.50**	1.00						
7	0.06	-0.10	0.04	0.11	0.24*	0.43**	1.00					
8	0.01	-0.23*	0.03	0.20	0.17	0.42**	0.57**	1.00				
9	-0.01	-0.15	0.05	-0.01	0.12	0.16	0.35**	0.15	1.00			
10	0.14	-0.22	0.18	-0.03	0.11	0.23*	0.40**	0.21*	0.47**	1.00		
11	-0.04	-0.24**	-0.01	0.03	0.47**	0.51**	0.60**	0.56**	0.30**	0.32**	1.00	
12	-0.09	0.16	-0.11	-0.23**	-0.63**	-0.50**	-0.09	-0.33**	-0.18	-0.12	-0.51**	1.00

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

Note: **1:** Age (years), **2:** Education level (1: primary school, 2: secondary school, 3: high school, 4: university, 5: graduate), **3:** Length of marriage (years), **4:** Whether having child? (1: no, 2: yes), **5:** Depression, **6:** Trait-anxiety, **7:** Criticalness toward the spouse, **8:** Criticalness of the spouse, **9:** Self-oriented perfectionism, **10:** Other-oriented perfectionism, **11:** Socially prescribed perfectionism, **12:** Marital adjustment.

Table 5. Intercorrelations among the Predictors and Criterion Variable of Males

	1	2	3	4	5	6	7	8	9	10	11	12
1	1.00											
2	-0.32**	1.00										
3	0.88**	-0.35**	1.00									
4	0.47**	-0.27**	0.47**	1.00								
5	0.02	-0.05	0.05	0.01	1.00							
6	0.01	-0.20*	0.01	0.16	0.41**	1.00						
7	-0.02	-0.15	0.06	0.29**	0.15	0.41**	1.00					
8	0.05	-0.13	0.10	0.36**	-0.05	0.48**	0.56**	1.00				
9	-0.02	0.11	0.03	0.21*	-0.04	0.08	0.34**	0.26**	1.00			
10	-0.12	0.14	-0.05	0.11	0.03	0.09	0.46**	0.22*	0.65**	1.00		
11	0.13	-0.24*	0.13	0.48*	0.23**	0.52**	0.67**	0.66**	0.29**	0.30**	1.00	
12	-0.06	0.06	0.03	-0.18	-0.48**	-0.44**	-0.46**	-0.26**	0.05	-0.05	-0.56**	1.00

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

Note: **1:** Age (years), **2:** Education level (1: primary school, 2: secondary school, 3: high school, 4: university, 5: graduate), **3:** Length of marriage (years), **4:** Whether having child? (1: no, 2: yes), **5:** Depression, **6:** Trait-anxiety, **7:** Criticalness toward the spouse, **8:** Criticalness of the spouse, **9:** Self-oriented perfectionism, **10:** Other-oriented perfectionism, **11:** Socially prescribed perfectionism, **12:** Marital adjustment.

4.3.2. Predictors of Marital Adjustment for Females: Dimensions of Perfectionism, Perceived Criticism, Depression, Trait-Anxiety, and Demographic Variables

As mentioned earlier, for the main analyses of the present study, two separate hierarchical multiple regression analyses were conducted (i.e., one for female and one for male married individuals), to examine whether the dimensions of perfectionism would predict marital adjustment above and beyond the effects of perceived criticism measures, personality traits, and the demographic variables.

Table 6 displays the correlations between the variables, the unstandardized regression coefficients (B) and intercept, the standardized regression coefficients (β), the semipartial correlations (sr_i^2), and R , R^2 , and adjusted R^2 after entry of all the predictors, for married females. R was significantly different from zero at the end of second, third and forth step. After step four, with all the predictors in the equation, $R = 0.76$, $F(11, 104) = 11.63$, $p < .05$.

After step one, with the demographic variables in the equation, $F(4, 104) = 1.73$, $p > .05$. After step two, with depression scores and trait-anxiety scores added to the prediction of marital adjustment by the demographic variables for married females, $R^2 = 0.47$ (adjusted $R^2 = 0.45$), $F_{inc}(2, 104) = 38.64$, $p < .001$. Then, after step three, with perceived criticism measures added to the prediction of marital adjustment by the demographic variables, and the personality traits, $R^2 = 0.53$ (adjusted $R^2 = 0.49$), $F_{inc}(2, 104) = 5.70$, $p < .01$. Finally, after step four, with perfectionism dimensions added to the prediction of marital adjustment by the demographic variables, depression and trait-anxiety scores; and the perceived criticism measures, $R^2 = 0.58$ (adjusted $R^2 = 0.53$), $F_{inc}(3, 104) = 3.43$, $p < .05$. The

findings indicated that criticalness of the spouse ($\beta = -0.33$) contributed to the equation at the 0.001; socially prescribed perfectionism ($\beta = -0.32$), and trait-anxiety ($\beta = -0.23$) at the 0.01; and depression ($\beta = -0.37$), and having child(ren) ($\beta = -0.19$) at the 0.05 significance levels. In the overall model, this result proved that the dimensions of perfectionism, perceived criticism, depression, trait-anxiety, and demographic variables together accounted for a significant proportion, approximately 58%, of the variance in the marital adjustment of females.

Altogether, these findings indicated that higher levels of socially prescribed perfectionism; higher levels of depression, and trait-anxiety; and having child(ren) were associated with lower levels of marital adjustment for females. Moreover, the findings revealed that if the woman thinks that her husband is critical of her, then she has lower levels on her marital adjustment.

Table 6. Hierarchical Regression of Demographic Variables, Depression and Trait-Anxiety Scores, Perceived Criticism Measures, and Perfectionism Scores on Marital Adjustment of Females.

Steps	Variables	B	β	sr ² (incremental)
1	age	-0.09	-0.05	-0.02
	education level	-2.42	-0.12	-0.11
	length of marriage	0.20	0.11	0.04
	whether having child	-10.24	-0.23	-0.18
2	age	-0.29	-0.16	-0.08
	education level	-0.83	-0.04	-0.05
	length of marriage	0.28	0.16	0.08
	whether having child	-7.41	-0.17	-0.18
	depression	-1.78	-0.50	-0.51***
	trait-anxiety	-0.64	-0.26	-0.29**
3	age	-0.10	-0.05	-0.03
	education level	-0.36	-0.01	-0.02
	length of marriage	0.19	0.12	0.05
	whether having child	-10.31	-0.23	-0.25**
	depression	-1.66	-0.46	-0.50***
	trait-anxiety	-0.61	-0.24	-0.26**
	criticalness toward the spouse	-3.34	-0.28	-0.29**
	criticalness of the spouse	-2.28	-0.25	-0.27**
4	age	-0.12	-0.07	-0.03
	education level	-0.64	-0.03	-0.04
	length of marriage	0.12	0.07	0.03
	whether having child	-8.51	-0.19	-0.22*
	depression	-1.32	-0.37	-0.42*
	trait-anxiety	-0.56	-0.23	-0.26**
	criticalness toward the spouse	-2.17	-0.18	-0.18
	criticalness of the spouse	-3.03	-0.33	-0.36***
	self-oriented perfectionism	-0.04	-0.03	-0.04
	other-oriented perfectionism	0.15	0.07	0.09
	socially prescribed perfectionism	-0.57	-0.32	-0.31**

Intercept = 118.14

$\underline{R}^2 = 0.58$
Adjusted $\underline{R}^2 = 0.53$
 $\underline{R} = 0.76^*$

*** $p < .001$

** $p < .01$

* $p < .05$

4.3.3. Predictors of Marital Adjustment for Males: Dimensions of Perfectionism, Perceived Criticism, Depression, Trait-Anxiety, and Demographic Variables

As for the main analysis of the present study, the second hierarchical multiple regression analysis was conducted for married males in order to examine whether dimensions of perfectionism would predict their marital adjustment, above and beyond the effects of perceived criticism measures, personality traits, and the demographic variables. The variables entered in each step were presented in Table 3.

Table 7 presents the correlations between the variables, the unstandardized regression coefficients (B) and intercept, the standardized regression coefficients (β), the semipartial correlations (sr_i^2), and R , R^2 , and adjusted R^2 after entry of all the predictors for married males. R was significantly different from zero at the end of second, third and forth step. After step four, with all the predictors in the equation, $R = 0.73$, $F(11, 104) = 9.68$, $p < .001$.

After step one, with the demographic variables in the equation, $F(4, 104) = 1.38$, $p > .05$. After step two, with depression scores and trait-anxiety scores added to the prediction of marital adjustment by the demographic variables, $R^2 = 0.34$ (adjusted $R^2 = 0.30$), $F_{inc}(2, 104) = 21.62$, $p < .001$. Then, after step three, with perceived criticism measures added to the prediction of marital adjustment by the demographic variables and depression and trait-anxiety scores, $R^2 = 0.43$ (adjusted $R^2 = 0.39$), $F_{inc}(2, 104) = 7.65$, $p < .001$. In the end, after step four, with the dimensions of perfectionism added to the prediction of marital adjustment of married males by the demographic variables, personality traits, and the perceived criticism measures, $R^2 = 0.53$ (adjusted $R^2 = 0.48$), $F_{inc}(3, 104) = 6.71$, $p < .001$. Accordingly,

the findings showed that socially prescribed perfectionism ($\beta = -0.45$) contributed to the equation at the 0.001; and depression ($\beta = -0.29$), and criticalness toward the spouse ($\beta = -0.30$) contributed to the equation at the 0.01 significance levels. In the overall model, approximately 53% of the variability in the males' marital adjustment was found to be predicted by knowing their scores on the dimensions of perfectionism, perceived criticism, depression, trait-anxiety, and demographic variables.

Taken together, in respect of the results, higher levels of the socially prescribed perfectionism, and higher levels of depression were found to be associated with lower levels of marital adjustment for males. Furthermore, the findings suggested that if the man thinks that he is critical of his wife, than he has lower levels on his marital adjustment.

Table 7. Hierarchical Regression of Demographic Variables, Depression and Trait-Anxiety Scores, Perceived Criticism Measures, and Perfectionism Scores on Marital Adjustment of Males.

Steps	Variables	B	β	sr ² (incremental)
1	age	-0.16	-0.08	-0.03
	education level	-1.36	-0.05	-0.05
	length of marriage	0.45	0.22	0.11
	whether having child	-10.80	-0.23	-0.21
2	age	-0.23	-0.11	-0.05
	education level	-0.80	-0.03	-0.04
	length of marriage	0.49	0.24	0.14
	whether having child	-9.04	-0.19	-0.21*
	depression	-1.12	-0.39	-0.40***
	trait-anxiety	-0.68	-0.25	-0.25**
3	age	-0.51	-0.25	-0.15
	education level	-0.52	-0.02	-0.03
	length of marriage	0.68	0.34	0.20*
	whether having child	-4.84	-0.11	-0.11
	depression	-1.14	-0.40	-0.40***
	trait-anxiety	-0.32	-0.12	-0.11
	criticalness toward the spouse	-3.58	-0.35	-0.34***
	criticalness of the spouse	-0.05	-0.01	-0.01
4	age	-0.22	-0.11	-0.07
	education level	-2.15	-0.09	-0.11
	length of marriage	0.36	0.18	0.12
	whether having child	-1.48	-0.03	-0.04
	depression	-0.83	-0.29	-0.32**
	trait-anxiety	-0.24	-0.09	-0.09
	criticalness toward the spouse	-3.12	-0.30	-0.28**
	criticalness of the spouse	1.43	0.16	0.15
	self-oriented perfectionism	0.22	0.18	0.19
	other-oriented perfectionism	0.15	0.10	0.10
	socially prescribed perfectionism	-0.87	-0.45	-0.34***

Intercept = 128.93

$\underline{R}^2 = 0.53$
Adjusted $\underline{R}^2 = 0.48$
 $\underline{R} = 0.73^{***}$

*** $p < .001$

** $p < .01$

* $p < .05$

CHAPTER 5

DISCUSSION

This study aimed to investigate the association between marital adjustment and perfectionism in a sample of Turkish non-clinical married individuals. The predictors were conceptualized as the dimensions of perfectionism (i.e., self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism), perceived criticism (i.e., criticalness toward the spouse, and criticalness of the spouse), depression, trait-anxiety and the related demographic variables (i.e., age, education level, length of marriage, and whether having child).

5.1. Predictors of Marital Adjustment

Considerable theory and research has been focused on the prediction of marital adjustment over the last few decades. As regards, one such factor was suggested to be the trait, perfectionism (Hewitt & Flett, 1991a; 1991b; 1993; Hewitt, Flett & Mikail, 1995). Accordingly, the prediction of marital adjustment from different aspects of perfectionism was the focus of the current study. Consistent with the previous findings (Hewitt, Flett & Mikail, 1995; Haring, Hewitt & Flett, 2003), the present study investigated that socially prescribed perfectionism is an important predictor of marital adjustment for both females and males. More specifically, the

current findings showed that higher levels of socially prescribed perfectionism contributed to poor marital adjustment in the self.

This finding provided general support from the perfectionism literature, which pointed out the belief that others require perfection of the self, is associated with the relationship problems (Hewitt & Flett, 1991b; Hewitt, Flett & Mikail, 1995; Habke, Hewitt, Fehr, Callender & Flett, 1997; Hill, Zrull & Turlington, 1997; Habke, Hewitt & Flett, 1999). As Hewitt and Flett (1991a; 1991b; 1993) suggested, because of the fact that the individuals who scored high in the dimension socially prescribed perfectionism have the tendency to perceive the standards imposed by the significant others as being excessive and uncontrollable, failure experiences and emotional states are relatively common in their marital relationships. These negative emotions could result from the perceived inability to please their spouses, the belief that their spouses are being unrealistic in their expectations, or both. Because individuals with high levels of socially prescribed perfectionism are concerned with meeting others' standards, they have the tendency to exhibit a greater fear of negative evaluation, and place greater importance on obtaining the attention but avoiding the disapproval of others. Furthermore, Hewitt, Flett and Mikail (1995) determined that the belief in socially prescribed perfectionists' inability to meet others' demands and expectations may not only produce negative self-directed affect, but may also produce general dissatisfaction or anger with the individuals who are perceived as demanding perfection. Consequently, the finding of significant negative correlation between socially prescribed perfectionism and marital adjustment is quite consistent with the statement that socially prescribed perfectionism is an important interpersonal dimension that reflects individual concerns about being the target of unrealistic

expectations (Hewitt & Flett, 1991a; 1991b). Individuals with high levels of socially prescribed perfectionism were expected to be highly sensitive to criticism and have a strong need for approval (Hewitt & Flett, 1991a; 1991b), yet they receive that approval is not forthcoming from significant others because perfection is expected (Flett, Hewitt, Shapiro & Rayman, 2001/02).

Maladaptive coping style that involves avoidance and low problem-solving confidence, inherent in socially prescribed perfectionism has been regarded as a reflection of a general sense of helplessness and hopelessness that stems from the realization that it is difficult to obtain approval from others because it is impossible to be perfect (Flett, Hewitt, Shapiro & Rayman, 2001/02). With regard to these, socially prescribed perfectionism was indicated to be related to impatience and competitiveness, as well as other directed blame (Hewitt & Flett, 1991b; Habke & Flynn, 2002). In addition, socially prescribed perfectionism was significantly related to tendencies to be over-controlled and overly responsible in relationships, both of which may require a considerable degree of directiveness or disagreeableness. Socially prescribed perfectionists, however, also have problems being too submissive and nonassertive in relationships and resent with social anxiety and withdrawal. These individuals fear negative evaluation, and desperately seek the approval of others (Flett, Hewitt, Blankstein & Dynin, 1994; Habke & Flynn, 2002).

Providing support for the link between marital adjustment and socially prescribed perfectionism, this investigation did not find support for a relationship between marital adjustment and other-oriented perfectionism. That is to say, the results indicated that neither females' nor males' other-oriented perfectionism scores were correlated with their marital adjustment. Consistent with some support from the

study (Hewitt, Flett & Mikail, 1995; Marten DiBartolo & Barlow, 1996; Habke, Hewitt, Fehr, Callender & Flett, 1997), having unrealistic standards for significant others, placing importance on other people being perfect, and stringently evaluating others' performance (i.e. other-oriented perfectionism), were proved to be unrelated to personal ratings of marital adjustment.

Correspondingly, the findings showed that individuals' marital adjustment and the intrapersonal dimension of perfectionism, self-oriented perfectionism are different. As mentioned earlier, self-oriented perfectionism was suggested to be associated with adaptive characteristics including having high standards, positive achievement striving, self-esteem, and self-actualization (Hewitt & Flett, 1991a; 1991b; 1993; Flett, Hewitt, Blankstein & Mosher, 1991; Hill, Zrull & Turlington, 1997). Self-oriented perfectionism was also associated with maladaptive characteristics such as self-blame and self-criticism, guilt and anger (Hewitt & Flett, 1991b). In addition to personal difficulties, the dimensions of perfectionism were shown to be negatively related to the ability to function in interpersonal relationships. Whereas self-oriented perfectionism was proved to be related to competitiveness, this form of perfectionism consistently showed no relation to measures of social functioning and interpersonal difficulties (Hewitt, Flett & Mikail, 1995; Habke, Hewitt & Flett, 1999).

In Hewitt, Flett and Mikail's (1995) study, which sought to assess whether social facets of perfectionism were associated with indexes of dyadic and family adjustment in a group of chronically stressed medical patients and their spouses, the findings suggested that partners' other-oriented perfectionism was a strong predictor of patients' lower levels of marital adjustment and poorer family

functioning. On the other hand, partners' other-oriented perfectionism was not related to their own relationship satisfaction, suggesting that it is the target of the unrealistic expectations who suffers, not the individuals high in other-oriented perfectionism. Moreover, patients' level of other-oriented perfectionism were not significantly related to their partners' marital adjustment, indicating that a target who is chronically stressed and has perfectionistic spouse may be at most risk. Although in the mentioned work, other-oriented perfectionism was not associated with the individual's own adjustment to her/his marriage, one finding that did emerge from Haring, Hewitt and Flett (2002) study was quite interesting that other-oriented perfectionism in females was associated with their own reports of marital problems. On the other hand, other-oriented perfectionism in males was not associated with their marital adjustment.

For the main purpose of the study, perceived criticism measures were added as controls in order to focus specifically upon the spouse rather than generalized others, since how critical the individuals considered their spouses to be of them, and how critical the individuals considered themselves to be of their spouses, were of primary interest of the study. In this respect, for females, criticalness of the spouse; and for males, criticalness toward the spouse had significant contributions on their lower levels of marital adjustment. These findings revealed that if the woman thinks that her husband is critical of her, then she has lower levels in her marital adjustment. Contrary to this, if the man thinks that he is critical of his wife, then he has lower levels in his marital adjustment.

Olsan's (1982) concerns about the women's social freedom provided evidence of this finding. That is to say, husbands and wives tend to have their own

perceptions of both the men's dominance and women's autonomy, and social freedom within their own spheres. Husbands tend to see themselves as having more control over what their wives do, and as being more restrictive in what they permit their wives to do. Correspondingly, wives see their husbands as intruding more into their lives and as being less permissive in what they allow their wives to do.

At this point, it would be essential to note that in descriptions of husband-wife relationships in Turkey, the predominant model is the one in which the family is seen as evolving from a "traditional" form characterized by a patriarchal structure, to a "modern" form characterized by an egalitarian structure. More specifically, (i) a traditional family structure composed of an extended family which is headed by an authoritarian patriarch and characterized by a high degree of sexual segregation and feminine submission, to (ii) a modern family structure composed of a nuclear family in which husband and wife have an egalitarian relationship, characterized by a high degree of communication and companionship between spouses and by joint decision-making (Olsan, 1982). A great deal of research in both rural and urban context has focused on women's roles in Turkey (Kağıtçıbaşı, 1981; 1982; Okman Fişek, 1982; Olsan, 1982). Despite all the changes, these all showed women's status as clearly lower than that of men (Kağıtçıbaşı, 1981; 1982). In Turkey, the "second class status" of women in the Middle East is also seen, to varying degrees for all subgroups within the larger society, from migrant communities, to villages, to cities (Kağıtçıbaşı, 1982; Okman Fişek, 1982). Accordingly, male decision making in the family is widespread; communication and role sharing between spouses are limited, indicating well differentiated and non-overlapping sex roles (Kağıtçıbaşı, 1981; 1982). Furthermore, this pattern was noted

as also extending even into urban areas (Kağıtçıbaşı, 1981; 1982), where the sample of the current study derived from.

This status difference is reflected in a stereotypic definition of sex roles, as well as the custom of physical and social segregation. The women's arena is the home, domestic labor and child care, while the man deals with the external world and there is little opportunity of role-sharing (Kağıtçıbaşı, 1981; Okman Fişek, 1982). Social change has led to some attitudinal change so that younger couples tend to favor a more individualistic, independent and egalitarian approach to marital life. However, all this has not yet made a clear impact on women's role (Timur, 1972; cited in Okman Fişek, 1982). Hence, while economic necessities and women's demands may lead to more role-sharing, they may also lead to more stress on the husbands, and, therefore, family conflict (Okman Fişek, 1982).

From a different point of view, providing support for the findings of the current study, Baucom and Epstein (1990) described perceptions as individual's views of what does occur in her/his own relationship. The authors suggested perceptions as can be problematic for intimate relationships because they are susceptible to human error. Perceptions are not the mere sum of the information presented to an individual, but rather are those aspects of the available information that the individual actually notices and categorizes in a meaningful way (Baucom & Epstein, 1990; Baucom, Epstein, Rankin & Burnett, 1996). Given that some aspects of the available information will be ignored by the individual, the resulting perceptions may, at times, inaccurately represent reality. Besides, inaccurate perceptions may be problematic for intimate relationships because perceptions comprise an individual's reality, regardless of their accuracy (Johnson, Fine, Polzella

& Graetz, 2000). For instance, as the findings of the present study suggested, regardless of the husbands' intent, the wives may be repeatedly receiving messages that are negative, which may lower their overall level of adjustment with their relationships over time.

In particular, this study aimed to be more stringent test of the evaluation of the assumption by controlling depression and trait-anxiety, which were suggested as being interpersonal problems that influence marital adjustment (Halford & Bouma, 1997; Whisman, Sheldon & Goering, 2000; Whisman, Uebelacker & Weinstock, 2004). The important point in the current study was to test whether perfectionism is a predictor of marital adjustment independent of its associations with depression and/or with trait-anxiety. Inevitably, according to the findings, the association between marital adjustment and socially prescribed perfectionism is not an artifact of the associations between depression and/or trait-anxiety. Besides, the model of the current study allowed for further information; and consistent with the recent literature supported the relationships between marital adjustment and depression (Halford & Bouma, 1997; Weiss & Heyman, 1997); and marital adjustment and trait-anxiety (Baucom & Epstein, 1990; Dehle & Weiss, 2002).

The present study also purposed to determine whether the demographic variables; namely, age, education level, length of marriage, and whether having child(ren) were the predictors of marital adjustment of Turkish non-clinical married individuals who are in their first marriage. The results revealed that only the variable, having child(ren) is a crucial predictor of marital adjustment for females, indicating, women with children having poorer marital adjustment. This finding is consistent with the literature demonstrating that childless couples exhibit higher levels of

marital adjustment (Schumm & Bugaighis, 1986; Schumm, 1990). To investigate this issue, researchers (e.g., Schumm & Bugaighis, 1986; Schumm, 1990) have compared married couples who have children with childless couples married for similar lengths of time. The reduction in marital adjustment associated with having children seemed to be stronger for wives than for husbands (Tucker, James & Turner, 1985; cited in Brehm, 1991). Accordingly, as Schumm and Bugaighis (1986) pointed out, the quality of life is an important moderating factor and having children is associated with a severe decline in marital adjustment especially among women.

As Karney and Bradbury (1995) claimed, much of what is known about predicting marital outcomes derives from one particular segment of society and may not hold true outside that group. Demographic variables have been the most frequently replicated predictors of marital outcome (Karney & Bradbury, 1995). In light of the demographic homogeneity of many of the samples, Karney and Bradbury (1995) warned to be cautious about generalizing findings beyond the specific groups examined. On account of this, it is safe to decide, for Turkish non-clinical married females who are in their first marriage, having no children are related to their marital adjustment significantly and positively.

Taken together, it is clear from the findings that socially prescribed perfectionism is an important predictor of marital adjustment. Besides, socially prescribed perfectionism is also proved to be a significant predictor of marital adjustment, even after controlling for depression and trait-anxiety. For both females and males, dyadic adjustment is uniquely predicted by self-ratings of perceived expectations. That is to say, those who are dissatisfied in their relationships are more likely to feel that their partner expected a lot from them. Marriages that are

particularly distressed may be characterized by poor communication patterns that leave each partner with assumptions about their spouse's expectations. Indeed, as suggested by Habke and Flynn (2002), to the extent that socially prescribed perfectionism is related to a desire to self-present in a protective manner, such perfectionists' marriages may be less intimate.

5.2. Clinical Implications of the Findings

Taken together, the previous literature and the findings of the current study suggested perfectionist individuals as making difficult mates. Not only they are likely to be emotionally distressed, but also the qualities of their intimate relationships are likely to be impaired (Habke, Hewitt & Flett, 1999). In general, unrealistic expectations for the spouse or the relationship, were associated with marital distress and poorer marital adjustment. One possible mechanism through which this may work is through criticism arising from failures to reach such standards. Accordingly, as also proved to be in the present study, spousal criticism is a consistent predictor of relationship difficulties (Fincham, Beach & Kemp-Fincham, 1997; Fincham & Bradbury, 1988),

The current findings may have treatment implications for couples dealing with various issues including poor adjustment. It seems likely that perfectionism is a personality trait that should be addressed in the assessment and treatment of couples. Developing treatment approach, for dealing specifically with the perfectionistic behavior may be beneficial in dealing with marital issues. Especially, it would be

helpful to focus on the importance of clearly understanding one's self and other expectations and how these expectations are developed.

Given the preliminary evidence of the study that both females' and males' perfectionistic standards are related to their marital adjustment, this area might also be targeted for treatment in marital therapy in order to help to increase the spouse's marital adjustment. As Weeks and Brunner (1992) pointed out, the ideas perfectionist spouses or couples would seek involves the thinking that there is right or perfect solution to every problem, and it must be found or the results would be catastrophic. In fact, there is no perfect solution and the desire for perfectionism only results in not seeing the alternative solutions. Such spouses or couples were suggested as being not capable of generating alternative solutions or of being creative, thinking the right answer must be somewhere. As in Pacht's description (1984, p.386),

“To be perfect would require an individual to be an automaton without charm, without character, without vitality and almost without any redeeming qualities ... The human quality in each of us comes from our imperfections, from all of those “defects” that give us our unique personalities and make us real people. Without those “defects” we are cold, sterile, and, indeed, unlovable. ”

From the mentioned point of view, Weeks and Brunner (1992) recommended that the way to avoid this problem is to discard right and wrong thinking, replacing it with likes, preferences, needs, opinions, and the like. For instance, the goal of therapy would be to reduce perfectionists' striving for personal power and to assist the clients in finding means of appropriate and useful striving. Therapists may need to help clients gain insight into the developmental influences of their perfection (Rice, Ashby & Preusser, 1996).

One other implication arising from this study is that practitioners should seek to understand their clients' perfectionism, not as a unidimensional entity that is exclusively manifested in terms of just self-related attitudes and cognitions. Rather they should interpret it as a multidimensional entity that is embedded within a social context, and expressed in terms of both self-related and socially based attitudes, cognitions, behaviors, and motivations. Moreover, the results also revealed that therapists who work with perfectionist clients might consider the type of perfectionism presented by the client and not necessarily presume that perfectionism is restricted to maladaptive aspects of individual and interpersonal functioning (Halgin & Leahy, 1989). In providing further research on marital adjustment and the trait perfectionism with the current study, it is hoped to have increased both scientists' capacity to understand and practitioners' ability to alleviate perfectionism linked to marital adjustment.

5.3. Limitations of the Study and Directions for Future Research

Altogether, the findings of the current study provided evidence that at least one of the interpersonal dimensions of perfectionism, socially prescribed perfectionism, is relevant to poor marital adjustment. Nevertheless, there are some limitations of the study and areas that warrant attention in the future.

Firstly, although the findings provided some support for a link between perfectionism and marital adjustment, the extent to which it generalizes to the broader population is not known. Particularly, homogeneity of the sample limited the range of all the predictors and the criterion assessed in the current study. Most of the

individuals assessed in the research were living in the largest cities in Turkey (i.e., İstanbul, Ankara, İzmir, and Bursa); and the socio-economic status (SES) of the present sample was high. In accordance with the responses of such a population, the findings can be generalized only to the samples which have similar characteristics. Research examining a wider range of variables may yield associations different from those obtained in the current study. Furthermore, the generalizability of the results should be examined in a more diverse sample of individuals; like in lower SES groups, in employed women and housewives, and with divorced individuals, remarried individuals and clinical populations. On a related note, in the future research, it would be important and useful to include both partners. With regard of the issues mentioned above, the trait perfectionism has to be examined in the future studies with more heterogeneous sample of married individuals and/or couples.

Secondly, although the sample size in the current study compared favorably with other studies of marriage, a larger size would have provided greater power to highlight the importance of perfectionism in the interpersonal domain.

Thirdly, the findings reported are all based on self-report measures. Thus, replication with other methods of data collection (i.e., diaries, observer ratings and the like) would be beneficial. Likewise, because of the fact that all the measures used in this study involved self-report, some of the observed relations could have been due to shared variance. To whatever extent possible, in the future research of this type, it might be useful to obtain information through such measures as behavioral observations. That is to say, examining the association between marital adjustment and perfectionism in behavioral interactions between the spouses would be an area that can be addressed by future investigators.

Lastly, these findings were primarily based on cross-sectional data as the extensive literature on marriage is based upon. Although the findings would be accepted as valuable in several respects, this work reveals little about how marriages may become more or less adjusted and more or less stable over time. As Karney and Bradbury (1995) suggested, an understanding of marital development is best achieved with data collected in longitudinal research designs. On account of this, further research is needed to investigate more fully an understanding of the perfectionists' marriages and how they develop, succeed, and fail; via longitudinal data.

Overall, despite the fact that several shortcomings should be addressed by future investigators, the data from the present study suggested that further research of descriptive and treatment issues regarding the effects of perfectionism on marital relationships are warranted.

Taken together, the findings with socially prescribed perfectionism are in the same way with the literature suggesting that individuals' personality traits may affect their experiences of the marriage (Bradbury & Fincham, 1988; 1992). Particularly, the findings are consistent with recent literature indicating the personality factors influencing how partners perceive each other and interpret marital events (Bradbury & Fincham, 1988; 1992; Haring, Hewitt & Flett, 2002). Accordingly, it can be concluded that personality traits may lead spouses to distort events in their marital relationships negatively, on account of this, be less adjusted in their marriages. Hence, the present study provided evidence that perfectionism, more specifically its socially prescribed dimension, may be such a trait.

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APPENDICES

APPENDIX A

Dyadic Adjustment Scale

(Çift Uyum Ölçeği)

Örnek maddeler:

- Aşağıda ilişkinizdeki farklı mutluluk düzeyleri gösterilmektedir. Orta noktadaki “mutlu” birçok ilişkide yaşanan mutluluk düzeyini gösterir. İlişkinizi genel olarak değerlendirdiğinizde mutluluk düzeyinizi en iyi şekilde belirtecek olan seçeneği lütfen işaretleyiniz.

- ☐ Aşırı mutsuz
- ☐ Oldukça mutsuz
- ☐ Az mutsuz
- ☐ Mutlu
- ☐ Oldukça mutlu
- ☐ Aşırı mutlu
- ☐ Tam anlamıyla mutlu

- Siz ve eşiniz ev dışı etkinliklerinizin ne kadarına birlikte katılırsınız?

Hepsine	Çoğuna	Bazılarına	Çok azına	Hiçbirine

Geliştiren:

Spanier, G.B. (1976). Measuring Dyadic Adjustment: A New Scale for Assessing the Quality of Marriage and Similar Dyads. *Journal of Marriage and Family*, 38, 15-28.

Çeviren/Uyarlayan:

Fırsıoğlu, H. & Demir, A. (2000). Applicability of the Dyadic Adjustment Scale for Measurement of Marital Quality of Turkish Couples. *European Journal of Psychological Assessment*, 16, 3, 214-218.

APPENDIX B

Multidimensional Perfectionism Scale (Çok Boyutlu Mükemmeliyetçilik Ölçeği)

Aşağıda kişilik özellikleri ve davranışlarına ilişkin bir dizi ifade bulunmaktadır. Her ifadeyi okuduktan sonra o maddede belirtilen fikre katılma derecenizi 7 (kesinlikle katılıyorum) ve 1 (kesinlikle katılmıyorum) arasında değişen rakamlardan size uygun olanı işaretleyerek belirtiniz.

Bu ölçek kişisel görüşlerinizle ilgilidir, bunun için “doğru” ya da “yanlış” cevap vermek söz konusu değildir. Önemli olan işaretlediğiniz rakamın sizin gerçek düşüncenizi yansıttmasıdır.

- 1: hiç katılmıyorum
- 2: katılmıyorum
- 3: biraz katılmıyorum
- 4: kararsızım
- 5: biraz katılıyorum
- 6: katılıyorum
- 7: tamamen katılıyorum

Örnek maddeler:

- Bir iş üzerinde çalıştığımda iş kusursuz olana kadar rahatlayamam.
- Benim için önemli olan insanlardan beklentilerim yüksektir.
- Ailem benden mükemmel olmamı bekler.

Geliştiren:

Hewitt, P.L. & Flett, G.L. (1991b). Perfectionism in the Self and Social Contexts: Conceptualization, Assessment and Association with Psychopathology. *Journal of Personality and Social Psychology*, 60, 456-470.

Çeviren/Uyarlayan:

Oral, M. (1999). The Relationship between Dimensions of Perfectionism, Stressful Life Events and Depressive Symptoms in University Students: A Test of Diathesis-Stress Model of Depression. *Unpublished Master's Thesis, Middle East Technical University, Ankara.*

APPENDIX C

Perceived Criticism Measures (Algılanan Eleştiri Ölçeği)

Maddeler:

- Siz eşinizi ne kadar eleştirirsiniz?

Hiç eleştirmem

Çok eleştiririm

1	2	3	4	5	6	7	8	9	10
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- Sizce eşiniz sizi ne kadar eleştirir?

Hiç eleştirmez

Çok eleştirir

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Geliştiren:

Hooley, J.M. & Teasdale, J.D. (1989). Predictors of Relapse in Unipolar Depressives: Expressed Emotion, Marital Distress, and Perceived Criticism. *Journal of Abnormal Psychology*, 98, 3, 229-235.

Çeviren:

Yazar.

Yazışma adresi: ecetuncay@hotmail.com

APPENDIX D

Beck Depression Inventory (Beck Depresyon Envanteri)

Aşağıda kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her maddede, bir çeşit ruh durumu anlatılmaktadır ve her maddede o ruh durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatlice okuyunuz. Şu an dahil, son bir hafta içinde kendi ruh durumunuzu göz önünde bulundurarak, size en uygun olan ifadeyi işaretleyiniz.

Örnek maddeler:

- a) Gelecekte umutsuz değilim.
b) Geleceğe biraz umutsuz bakıyorum.
c) Gelecekte beklediğim hiçbir şey yok.
d) Benim için bir gelecek yok ve bu durum düzelmeyecek.
- a) Her zamankiden daha fazla ağladığımı sanmıyorum.
b) Eskisine göre şu sıralarda daha fazla ağlıyorum.
c) Şu sıralarda daha fazla ağlıyorum.
d) Eskiden ağlayabiliyordum, ama şu sıralarda istesem de ağlayamıyorum.

Geliştiren:

Beck, A.T., Steer, B.F. & Garbin, M.G. (1988). Psychometric Properties of the Beck Depression Inventory: Twenty-five Years Evaluation. *Clinical Psychology Review*, 8, 77-100.

Çeviren/Uyarlayan:

Hisli, N. (1988). Beck Depresyon Envanteri'nin Geçerliliği Üzerine Bir Çalışma. *Psikoloji Dergisi*, 6, 22, 118-122.

APPENDIX E

State-Trait Anxiety Inventory – Trait Form (Durumluk-Sürekli Kaygı Envanteri – Sürekli Kaygı Formu)

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi okuduktan sonra genel olarak nasıl hissettiğinizi belirtiniz.

Bu ölçek kişisel durumunuzla ilgilidir, bunun için “doğru” ya da “yanlış” cevap vermek söz konusu değildir. Önemli olan işaretlediğiniz rakamın sizin hissettiklerinizi genel olarak yansıttmasıdır.

- 1: hemen hiçbir zaman
- 2: bazen
- 3: çok zaman
- 4: hemen her zaman

Örnek maddeler:

- Genellikle sakin, kendime hakim ve soğukkanlıyım.
- Hayal kırıklıklarımı öylesine ciddiye alırım ki, hiç unutmam.

Geliştiren:

Spielberger, C.D., Gorgush, R.L. & Lushene, R.E. (1970). *Manual for State-Trait Anxiety Inventory*. California: Consulting Psychologist Press.

Çeviren/Uyarlayan:

Öner, N. & LeComte, A. (1985). *Durumluluk-Süreklilik Kaygı Envanteri El Kitabı*. İstanbul: Boğaziçi Üniversitesi Yayınları.

APPENDIX F

Demographic Information Form (Demografik Bilgi Formu)

- Cinsiyetiniz: _____ Kadın _____ Erkek
- Yaşınız: _____
- Eğitim düzeyiniz: _____ İlkokul
_____ Ortaokul
_____ Lise
_____ Üniversite-Yüksekokul
_____ Master-Doktora
- Ne kadar zamandır evlisiniz? _____
- Şu anki evliliğiniz kaçınıcı evliliğiniz? _____
- Çocuğunuz var mı? _____ Hayır _____ Evet; sayısı _____

Geliştiren:

Yazar.

Yazışma adresi: ecetuncay@hotmail.com

APPENDIX G

Information Form (Bilgi Formu)

Değerli katılımcı,

Bu araştırma, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü, Klinik Psikoloji Yüksek Lisans programı kapsamında yürütülen bir tez çalışmasıdır. Araştırmanın amacı, evli bireylerin evliliklerinden doyumları hakkında bilgi toplamaktır.

Soruların doğru ya da yanlış cevapları yoktur. Sizin dürüst ve içten cevaplar vermeniz geçerli ve güvenilir sonuçlar elde etmek açısından önemlidir.

Çalışmada kimlik belirleyici bilgiler istenmemektedir. Sorulara vereceğiniz yanıtlar saklı tutulacak ve yalnızca çalışma kapsamında değerlendirilecektir.

Gösterdiğiniz ilgi ve yardım için teşekkür ederim.

Psk. Ece Tuncay