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Conceptualization and Development of the Appearance Perfectionism Scale:
Preliminary Evidence for Validity and Utility in a College Student Population

by

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A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of Bachelor of Science
With Honors in Psychology
from the College of Literature, Science and the Arts
in the University of Michigan

2009

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Abstract

Previous research has implicated the importance of perfectionism when evaluating one's appearance. Yet, no measure of appearance has included perfectionism as part of its model. The purpose of the present research was to conceptualize and develop a scale of appearance perfectionism. In Study 1, we developed a measure of appearance perfectionism—the Appearance Perfectionism Scale (APPS). Exploratory factor analyses demonstrated high reliability of APPS as a unidimensional construct. In Study 2, we sought to examine the construct validity of APPS. Additionally, we sought to determine the usefulness of the APPS over a global measure of perfectionism, the multidimensional perfectionism scale. Cross-sectional results demonstrated the construct validity of APPS. Overall, the present research supports the use of a measure of appearance perfectionism over a global measure of perfectionism.

Conceptualization and Development of the Appearance Perfectionism Scale:
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Appearance has been, and continues to be a key way in which we understand ourselves and the way others understand us (Greenleaf, Starks, Gomez, Chamliss, & Martin, 2004; Hildebrandt & Walker, 2006). For this reason it has received much attention from researchers in the past few decades. Specifically, researchers have been interested in how our physical aesthetics, bodily attributes, and somatic self-perceptions affect our lives (Cash, 1990). Physical appearance is a valued trait since it is frequently the most readily available source of information about a person (Berscheid & Walster, 1974). For example, physical appearance can convey a person's basic information, including age, gender, and race, to a complete stranger. Accordingly, physical appearance is often a key source of influence on the opinions that others form of us.

Research on Appearance

"What is beautiful is good," Dion, Berscheid, and Walster, 1972

Physical appearance is often evaluated on the basis of attractiveness. Determinants of attractiveness include physical appearance traits such as attire, hair color, facial expression, posture, makeup, and weight (Mehrabian & Blum, 2003; Wilson, Tripp, & Boland, 2005). A more attractive appearance is generally considered to be a better appearance and is also believed to result in more positive outcomes. In an early study on attractive appearances, Dion, Berscheid, and Walster (1972) demonstrated how attractiveness influenced opinions that people formed about others. Specifically, they found that males and females with more attractive physical appearances were viewed as

possessing more socially desirable personalities, being happier, marrying earlier and attaining more prestigious occupations.

It was in this study of physical attractiveness that Dion et al., (1972) recognized the existence of the stereotype “what is beautiful is good,” and conversely, what is ugly is bad. Since its publication, the beauty-is-good stereotype has received strong support from researchers (Adams, 1982; Alley & Hildebrandt, 1988; Patzer, 1985). In agreement with this stereotype, Hatfield and Sprecher (1986) stated, “people believe good-looking people possess all the virtues known to humankind” (p. xix). Thus, it seems that the qualities that are associated with a person may be contingent upon their physical appearance. This concept implies the importance of maintaining a “good-looking” appearance.

While there is strong research suggesting that better appearance results in better outcomes, there is also evidence that what is beautiful is not always good. Despite its popularity, meta-analytic evidence suggests that the what-is-beautiful-is-good stereotype is not as strong as it is believed to be (Eagly, Ashmore, Makhijani, & Longo, 1991). Rather it has been proposed that the implicit assumptions about physically attractive individuals may not always be positive (Cash & Janda, 1984). Research, in fact, shows support for two additional stereotypes: what is beautiful is self-centered and what is beautiful is sex-typed (Cash & Duncan, 1984; Dermer & Thiel, 1975; Deaux & Lewis, 1984; Gillen 1981). Though evidence suggests value for these stereotypes, it seems that we live in a society, which indeed emphasizes the what-is-beautiful-is-good stereotype.

Evidence of the importance of upholding a superior or more beautiful appearance is supported by studies that have examined the role of appearance in romance and/or romantic attraction (Elder 1969; Fishbein, Hennessy, Yzer, & Curtis, 2004; McNulty,

Neff, & Karney, 2008). As suggested by the beauty-is-good stereotype, people with more attractive appearances should be more romantically successful. In a study in which participants viewed descriptions about potential partners, researchers found that if the partners had an attractive physical appearance, participants were more likely to inquire additional information about them (Hennessy, Fishbein, Curtis, & Barrett, 2008).

Additionally, researchers have found that in dating situations more physically attractive individuals are preferred in date selection (Berscheid, Dion, Walster, & Walster, 1971; Hudson & Henze, 1969; Miller & Rivenbark, 1970; Tesser & Brodie, 1971).

Appearance has also been found to play a role in the workplace. The importance of keeping a professional appearance at work is highlighted by publications, such as, *The New Professional Image: From Business Casual to the Ultimate Power Look* (Bixler, 1997), and *Beyond Business Casual: What to Wear to Work to Get Ahead* (Sabbath, 2000). The publication of these books is consistent with the notion that decisions about one's appearance at work can influence how success. Interestingly, Peluchette, Karl, and Rust (2006) found that there is a strong belief among people that placing high value on aspects of appearance, such as clothing, has a positive impact on workplace outcomes. Specifically, individuals believed that they could influence other's views, achieve greater power and influence advancement or compensation. Several researchers have also found that appearance influences the interview process and whether or not an interviewee is hired (Carlson, 1967; Goudge & Littrel, 1989; Snyder, Berscheid, & Matwychuk, 1988). The advantages that a more attractive appearance can provide in romantic attraction and in the workplace make evident the importance of maintaining a beautiful appearance in our society.

Western Appearance Standards and Cosmetic Surgery

“Thin is in,” Rodin, Silberstein, & Streigel-Moore, 1985

In the United States, physical appearance is of central importance to one's social standing, success, and worth (Carr & Friedman, 2005; Rule & Ambady, 2008). The media has been the most thoroughly studied component of Western cultures as a source of culturally transmitted appearance standards (Holmstrom, 2004; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Not surprisingly, researchers have found media figures, such as fashion models, actors/actresses and sportspersons, who tend to be thin, to be body image role models of many men and women (Grogan, 1999).

Specific to Western cultures, there has been a tremendous social emphasis on “thin is in” (Rodin, Silberstein, & Streigel-Moore, 1984). Mass media (i.e., television, magazines, and movies) clearly expresses positive messages and implies positive consequences of attaining the thin ideal (Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003). The fashion industry has been recognized as a major source of standards of cultural beauty and specifically, marketing the thin ideal (Gordon, 1990). Even animated cartoons have been found to provide positive messages about being thin as opposed to being overweight (Klein & Shiffman, 2005). This mass media portrayal has been so grand that there is evidence for its presence in international populations.

The power of the Western media on one's body image is highlighted in several studies of international populations, including Japanese and Chinese students and individuals in Mexico and Taiwan, in which participants reported increasingly thin body ideals (Shih & Kubo, 2002; Stark-Wroblewski, Yanico, & Lupe, 2005; Unikel, Aguilar, & Gomez-Peresmitre, 2005). Becker, Burwell, Gilman, Herzog and Hamburg (2002)

studied this phenomenon in a population of 65 Fijian adolescent girls after the introduction of Western television to the traditional culture of Fiji. Interestingly, these researchers found that the introduction of Western television was almost immediately followed by increased body dissatisfaction and disordered eating among the girls.

Researchers have not only demonstrated that Western mass media idealizes an ultra-thin physique (Fouts & Burggraf 2000), but also that there is a social value placed on having a lean body (Hesse & Biber, 1996). In our culture, a weight stigmatization and bias exists towards obese individuals (Puhl & Brownell, 2001). Obese individuals are often associated with negative characteristics, including, laziness, incompetence, and uncleanliness (Crandall, 1994; Brownell, Puhl, Schwartz, & Rudd, 2005). These attitudes are widespread as they have been found among college students (Chambliss, Finley, & Blair, 2001), educators (Neumark-Sztainer, Story, & Harris, 1999), and even physicians and nurses (Teachman & Brownell, 2001). Furthermore, the mass media frequently portrays larger individuals as less appealing than thinner individuals (Greenberg et al., 2003). Consequently, in our society, people tend to associate thinness with beauty (Wade & DiMaria, 2003) and happiness (Evans, 2003). People have also come to equate thinness with evidence of one's motivation and self-discipline (Crandall & Schiffhauer, 1998). Thus, it is not surprising that men and women often engage in appearance-enhancing behaviors, such as dieting and exercise.

In the United States, one of the most popular methods of enhancing one's appearance has been cosmetic surgery. According to the American Society of Plastic Surgeons (ASPS, 2008), 11.8 million surgical cosmetic procedures and minimally invasive procedures were performed in 2007. 1.8 million of these treatments were

surgical cosmetic procedures, such as breast augmentation and liposuction, and nearly 10 million of the treatments were minimally invasive cosmetic procedures, such as botox and laser hair removal. With \$12.4 billion spent on cosmetic procedures, there has been a 59% increase in the number of cosmetic plastic surgery procedures performed. The most popular surgical cosmetic procedures performed on women were breast augmentation and liposuction, while the most popular procedures for men were nose reshaping and eyelid surgery. Interestingly, the overall rise in cosmetic surgical procedures has coincided with the popularity of “reality TV” cosmetic surgery makeover programs, such as *Extreme Makeover* and *The Swan* (Mazzeo, Trace, Mitchell, & Gow, 2007). While there is substantial literature regarding the business and prevalence of cosmetic surgery, little is known about the personality traits and interpersonal dynamics associated with desiring or seeking cosmetic surgery (Sarwer, Pertschuk, Wadden, & Whitaker, 1998a; Sarwer, Wadden, Pertschuk, & Whitaker, 1998b). Speculation in current research has led us to examine body dysmorphic disorder and perfectionism as possible motivators of having cosmetic surgery performed.

Body Dysmorphic Disorder as a Motivator of Seeking Cosmetic Surgery

Researchers have suggested that body image dissatisfaction may motivate the pursuit of cosmetic surgery because it is a common motivator of other appearance enhancing behaviors (Sarwer & Crendall, 2004). This notion stems from case reports of “insatiable” cosmetic surgery patients in the 1960’s that exhibited symptoms consistent with Body Dysmorphic Disorder (Edgerton, Jacobsen, & Meyer, 1960; Knorr, Edgerton, & Hoopes, 1967), or *BDD*, which is a chronic disorder characterized by preoccupation with an imagined or slight appearance flaw (American Psychological Association, 1994).

Interesting to note is that these observations were made prior to the inclusion of *BDD* in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Researchers have found that applying the *BDD* criteria to individuals interested in cosmetic surgery can be difficult due to technicalities in the wording of the criteria (Crecand, Franklin, & Sarwer, 2006; Sarwer, Crecand, & Didie, 2003). Additionally, while persons with *BDD* frequently seek appearance enhancing medical treatments (Veale et al., 1996), studies have indicated that only 5-15% of individuals that elect these treatments have *BDD*; thus, this explanation seems insufficient and there is a clear need for more research on what motivates people to seek cosmetic surgery.

Is Perfectionism Involved in the Desire to Seek Cosmetic Surgery?

Perfectionism has been linked to several of the same variables as *BDD*, including depression, obsessive-compulsive disorder, and anxiety (Hewitt & Dyck, 1986; Flett, Hewitt & Dyck, 1989). Researchers have even recognized perfectionistic thinking and perfectionistic attitudes of individuals with *BDD* (Andreason & Badrach, 1977; Wilhem, 2006). Furthermore, it has been found that individuals with *BDD* endorse beliefs such as, "I have to have perfection in my appearance," (Veale et al., 1996). So, it would be important to include dimensions of perfectionism in any analyses or measure of appearance, which has yet to be done.

Important to note is the consideration that perfectionism may play a role in people's thoughts about having cosmetic surgery performed (Sherry, Hewitt, Lee-Baggley, Flett, & Besser, 2004). Researchers have stated that perfectionists' unrealistic expectations in addition to their unsympathetic self-criticism and apprehension over others' evaluations, predisposes them to consider cosmetic surgery (Hewitt, Sherry, Flett,

& Schick, 2003). Evidence that perfectionism is linked with increasing body dissatisfaction (Ruggerio, Levi, Ciuna, & Sassaroli, 2003), social physique anxiety (Haase, Prapavessis, & Owens, 2002), and dysmorphic symptomatology (Hanstock & O'Mahony, 2002) suggests that perfectionists are frequently displeased with their body. Additionally, perfectionism has been found to be related to increased disordered eating (Cockell et al., 2002), bodybuilding (Davis & Scott-Robertson, 2000), and excessive exercise (Gulker, Laskis, & Kuba, 2001). This supports the idea that perfectionists often attempt to transform their bodies: thus, researchers have asserted that perfectionism and cosmetic surgery are related (Goldwyn, 1991; Hewitt, et al., 2003).

While the study mentioned above examined the relationship between perfectionism and thoughts about having cosmetic surgery performed, it is important to note that only a single-item measure (“Have you ever thought about having cosmetic surgery performed?”) was used to assess the degree to which participants considered cosmetic surgery. The use of a single-item measure may involve major limitations as research has shown that single-item measures with high face validity can result in interpretable and predictable findings (Burisch, 1984; Robins, Tracy, Trzesiewski, Potter, & Gosling, 2001). Therefore, any study analyzing the role that perfectionism may play in people’s consideration of having cosmetic surgery performed should include several items to measure participants’ level of desire in seeking cosmetic surgery.

Barbie Doll Syndrome as an Example of Appearance Perfectionism

“I looked at a Barbie doll when I was 6 and said, ‘This is what I want to look like.’ I think a lot of little 6-year-old girls or younger even now are looking at that doll and thinking, ‘I want to be her.’” Model Cindy Jackson (CBS News, 2004)

With annual sales of about \$1.5 billion (Mattel, 2003) and 99% of 3 to 10 year olds owning at least one Barbie doll (Rogers, 1999), Barbie is the best-selling fashion doll in every major global market. Accordingly, Barbie has been recognized as the cultural icon of female beauty and provides an “aspirational role model” for young girls (Pederson & Markee, 1991). However, Barbie’s body proportions have received much criticism (Brownell, 1991). The term *Barbie Doll Syndrome* refers to the desire to achieve Barbie’s “perfect” physical appearance. This task is nearly impossible given that Barbie has exceptionally unrealistic body proportions in areas that are of most concern to women: waist, hips, waist-hip and chest-waist ratios (Norton, Olds, Olive, & Dank, 1996).

Because dolls such as Barbie provide a tangible image of body that can be internalized as part of young children’s developing self-concept and body image (Kuther & McDonald, 2004), it seems that Barbie’s unrealistic body proportions may have a negative effect on young girls. Dittmar, Halliwell, and Ive (2006) found that girls between the ages of 5 and 8 experienced heightened body dissatisfaction after exposure to Barbie doll images but not after exposure to neutral control images. Additionally, researchers have demonstrated that the ultra thin image Barbie embodies has been linked to a high prevalence of negative body image and unhealthy eating patterns among girls and women in the United States (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

A measure of appearance perfectionism would be useful in further examining risk factors, such as, self-perception or weight preoccupation that may be involved in negative appearance related outcomes associated *Barbie Doll Syndrome*. However, the concept that Barbie embodies the perfect physical appearance is restricted to a limited number of

people (i.e. American girls and women). The potential use of a measure of appearance perfectionism that can apply to men is supported by findings that men also experience negative appearance related outcomes, including body dissatisfaction and disordered eating (Ousley, Cordero, & White, 2008; Warren, 2008; Watkins, Christie, & Chally, 2008). Thus, a more universal measure of appearance perfectionism that can apply to both men and women is needed. Furthermore, a measure of appearance perfectionism would be useful not only to capture individuals motivations to look perfect, but with further research may emerge as a predictor of appearance related outcomes, including the desire to seek cosmetic surgery.

Overall Goals of the Present Research

Given these theoretical, methodological, and practical considerations, the purpose of the present research is to conceptualize and develop a brief measure of appearance perfectionism. In Study 1, we sought to develop and evaluate the reliability of a brief measure of appearance perfectionism. In Study 2, we examined the construct validity of the new measure with a variety of outcomes, including appearance related measures, self worth domains, and positive and negative psychological outcomes.

Study 1

To determine the validity of a measure of appearance perfectionism, we first sought to develop a 10-item measure of perfectionism. To do so, a list was generated of 201 items that aimed to assess the extent to which individuals apply high standards to the way they physically look or appear. By eliminating redundant, poorly worded or confusing items, this list was narrowed down to a representative 28 items. Factor analyses were conducted. Furthermore, we examined the relationship between

appearance perfectionism and participants desire for having cosmetic surgery performed to improve the physical appearance of several areas of their bodies. The parts of the body that were included had been identified by researchers as popular body parts to receive cosmetic surgery (Conroy, Menard, Fleming-Ives, Modha, Cerullo, et al., 2008; Crecand, Sarwer, Magee, Gibbons, Lowe, et al., 2004; Phillips, Menard & Fay, 2002).

In general, we expected to find high internal reliability for the newly developed measure of appearance perfectionism. Given the previously discussed evidence that perfectionism may play a thought in people's thoughts about having cosmetic surgery performed, we also expected participant's appearance perfectionism scores to be positively related with their desire to seek treatment.

Method

Participants

A total of 1032 (394 males & 628 females) participants at a large Midwestern university took part in this study through either an online survey ($n = 932$) or a paper-pencil survey ($n = 100$). Ages ranged from 18 to 57 years, $M = 19.88$ years, $SD = 2.58$. The sample was predominantly Caucasian (64.4%).

Measures

Appearance Perfectionism Items. 28 appearance perfectionism items such as, "I must achieve the 'perfect look' as often as possible," were used to assess the extent to which participants applied very high standards to the way they physically looked or appeared. Respondents were asked to rate their agreement or disagreement to statements based on a 7-point Liker-type scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores on the items reflect greater levels of appearance perfectionism.

Desire in Seeking Treatment. Desire in seeking treatment (DIST) was used to assess the extent to which participants desired cosmetic surgery or treatment to improve the physical appearance of 31 areas of their body, such as their arms, nose, or abdomen. Respondents were asked to rate the extent to which they desired to have cosmetic surgery performed on the given part of the body based on a 6-point Likert-type scale, ranging from 0 (*no desire for treatment*) to 5 (*extreme desire for treatment*). Higher scores on the DIST reflect greater levels of desire to have cosmetic surgery performed, see Appendix A.

Procedure

Participants were solicited in one of two ways. For one group, paper-pencil surveys were distributed to volunteers taking part in a summer research opportunity program. For another group, online surveys were provided to potential students through a random listserv of undergraduate students that was created by the Registrar's office. Of the 100 paper-pencil surveys and 932 online surveys that were submitted, 747 surveys were complete.

Results and Discussion

To determine the dimensionality of the Appearance Perfectionism Scale (APPS), we conducted exploratory factor analysis with Oblim rotation. There were no gender differences in mean scores on the APPS. To shorten the APPS from 28 items to 10 items we conducted exploratory factor analysis for men and women separately and selected the ten highest loading items that were common for both. Factor loadings for the 10-item appearance perfectionism scale are presented in Table 1. As this table shows, a one-factor solution emerged for the appearance perfectionism scale. All items showed a factor

loading of at least .73 and accounted for 54.62% of the variance. Lastly, the factor analyses demonstrated the scale's high internal consistency ($\alpha = .92$).

To examine the relations between APPS and DIST, zero-order correlations were computed. Correlations, means, standard deviations, and internal consistencies for these measures are presented in Table 2. As this table shows, scores on APPS were found to be positively and significantly associated with scores on DIST ($r = .31, p < .01$). Scores on the APPS were also found to be positively and significantly associated with ratings of all of the individual items of DIST (range $r = .10$ to $.31, p < .01$) except for DIST item # 27 (fingers).

The high factor loadings and reliability of the 10-item appearance perfectionism scale are consistent with preliminary notions that perfectionism is involved in individuals' evaluations of their appearance. Because no gender differences were found on the APPS, this scale is useful for both men and women. Furthermore, results indicate that higher levels of appearance perfectionism are related to a higher desire to seek cosmetic surgery on almost all of the individual parts of the body that were referenced.

Study 2

Study 1 provided promising and preliminary support for the reliability of a new construct, APPS. Study 2 was conducted to evaluate the construct validity of APPS with appearance related measures (i.e., body dissatisfaction), domain specific self-worth (i.e. academic) and broad psychological positive and negative outcomes (i.e. satisfaction with life). We also sought to determine the value of APPS over a more general measure of perfectionism. A popular global measure of perfectionism was included in all analyses to allow for a direct comparison of results.

Consistent with the evidence that perfectionism is involved in appearance related outcomes, such as body dissatisfaction (Ruggeiro, Levi, Ciuna, & Sassaroli, 2003) and disordered eating (Cockell et al., 2002), we expected APPS scores to be significantly related to appearance related measures. Given its specificity for appearance, we expected appearance perfectionism scores to be significantly related to the appearance domain of self-worth and not the other domains (e.g., others approval, family). We also expected appearance perfectionism scores to be related more significantly with negative than positive outcomes, because of its already established relationship with negative outcomes such as negative affect (Downey & Chang, 2007) and pessimism (Flett & Hewitt, 2007). Furthermore, we expected appearance perfectionism to be consistent but not redundant with the correlations of the global measure of perfectionism.

Method

Participants

Five hundred and eighteen (223 males & 459 females) participants from a large Midwestern university participated in the present study. All participants completed a paper-pencil survey either for extra credit as part of an introductory psychology course, through the university's subject pool program or as an online survey. Ages ranged from 18 to 35 years, $M = 19.58$, $SD = 1.70$. Participants were predominantly Caucasian (40.6%).

Measures

Perfectionism. Perfectionism was assessed by the APPS and the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991). The 10-item

measure of appearance perfectionism, APPS, developed in Study 1 was used. The results of Study 1 demonstrated high internal consistency for the APPS, see Appendix B.

The MPS (Hewitt & Flett, 1991) is a 45-item scale that assesses perfectionism over three distinct scales. The Self-Oriented Perfectionism (SOP) scale measures high achievement expectations and striving for perfectionism (e.g., “One of my goals is to be perfect in everything I do”). The Socially-Prescribed Perfectionism (SPP) scale measures concern over meeting the expectations of others (e.g., “The better I do, the better I am expected to do”). The Other-Oriented Perfectionism (OOP) scales measures the expectations of perfectionism from others (e.g. “If I ask someone to do something, I expect it to be done flawlessly”). Respondents are asked to rate their agreement or disagreement with statements based on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores on each of the three scales reflect greater levels of perfectionism. Researchers have found support for the validity of the MPS (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991), see Appendix C.

Appearance Related Measures. Appearance was assessed using the DIST, the Centre for Appearance Research Salience scale (CARS; Moss, Hobbs, & Rosser, manuscript submitted), Centre for Appearance Research Valence scale (CARV; Moss et al., manuscript submitted), the Body Dissatisfaction (BD) subscale from the multidimensional body-self relations questionnaire (Cash, 1990) and the drive for thinness (DFTH) and bulimic tendencies (BING) subscales from the Eating Disorder Inventory (Garner, 1991). The 31-item DIST used. The results of Study 2 demonstrated high internal consistency for the DIST, see Appendix B.

The CARS (Moss et al., manuscript submitted), is a 7-item measure, which assesses the extent to which appearance and physical self is brought into one's conscious awareness, (e.g., "For me, my appearance is an important part of who I am"). Respondents are asked to rate their agreement or disagreement with each statement based on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher CARS scores reflect respondent's greater salience of their appearances, see Appendix D.

The CARV (Moss et al., manuscript submitted) is a 6-item measure, which assesses the extent to which respondents evaluate their appearance in a positive or negative way (e.g., "The way I look makes me unattractive"). Respondents are asked to rate their agreement or disagreement with each statement based on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher CARV scores reflect higher levels of negativity in respondent's evaluations of their appearances, see Appendix E.

The BD scale is a 9-item body dissatisfaction subscale from the multidimensional body-self relations questionnaire (Cash, 1990), assessing body dissatisfaction. Respondents were asked to rate their level of satisfaction or dissatisfaction with items (e.g., "muscle tone) based on a 5-point Likert-type scale ranging from 1 (*very dissatisfied*) to 5 (*very satisfied*). Higher scores reflect a higher level of satisfaction, see Appendix F.

DFTH is a 6-item subscale from the Eating Disorder Inventory (Garner, 1991), assessing drive for thinness (e.g., "I am terrified of gaining weight"). BING is 7-item subscale also from the Eating Disorder Inventory, which assessed bulimic tendencies

(e.g., “I feel guilty for overeating”). Respondents were asked to rate the frequency of each event occurring based on a 6-point Likert-type scale ranging from 1 (*never*) to 6 (*always*). Higher scores on both subscales reflect higher frequencies of the events occurring. Researchers have found support for the validity of the EDI-2 across gender (Spillane, Boerner, Anderson, & Smith, 2004), see Appendix G.

Domain Specific Self-Worth. Domain specific self-worth was assessed with the Contingencies of Self-Worth Scale (CSW; Crocker, Luhtanen, Cooper, & Bouvrette, 2003). The CSW is a 35-item scale that assesses self-worth across seven domains. Five items assess the contingency of other’s approval (OA) (e.g., “I can’t respect myself if other don’t respect me”). Five items assess the contingency of physical appearance (APPE) (e.g., My self-esteem is unrelated to how I feel about the way my body look.”). Five items assess the contingency of outdoing others in competition (COM) (e.g. “ My self-worth is affected by how well I do when I am competing with others”). Five items assess the contingency of academic competence (ACA) (e.g., “I feel better about myself when I know I’m doing well academically”). Five items assess the contingency of family love and support (FAM) (e.g., “It is important to my self-respect that I have a family that cares about me”). Five items assess the contingency of being a virtuous or moral person (VIR) (e.g., “My self-esteem would suffer if I did something unethical”). Lastly, five items assess the contingency of God’s love (GOD) (e.g., “I feel worthwhile when I have God’s love”). Respondents are asked to rate their agreement or disagreement with each statement based on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores in each domain reflect greater levels of self-worth. Recent

investigations have found support for the validity of the CSWS (Crocker, 2002; Crocker, Luhtanen, & Riia, 2003), see Appendix H.

Positive and Negative Psychological Outcomes. Positive and negative psychological outcomes were assessed using the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999), Satisfaction with Life Scale (SWL; Diener, Emmons, Larsen, & Griffin, 1985), Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988), and the Life Orientation Test- Revised (LOT-R; Scheier, Carver, & Bridges, 1994). The SHS (Lyubomirsky & Lepper, 1999) is a 4-item scale which measures cognitive appraisals of general life satisfaction. Respondents rate their general happiness based on a 7-point Likert-type scale that was different for each item. For example, one item asks respondents to rate their level of happiness compared to their peers based on a 7-point Likert-type scale ranging from 1 (*less happy*) to 7 (*more happy*). Higher SHS scores reflect a greater level of general happiness. Researchers have found support for the validity of the SHS (Mattei & Schaeffer, 2004), see Appendix I.

The SWL (Diener, Emmons, Larsen, & Griffin, 1985) is a 5-item measure of global life satisfaction or a person's satisfaction with life as a whole, rather than in any specific domain (e.g., "I am satisfied with my life"). Respondents are asked to rate their level of agreement or disagree with the statements based on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores reflect greater levels of satisfaction with life. In support of its validity, SWL scores have been found to be positively related to those obtained from other self-report measures of subjective well-being as well as from external ratings (Pavot & Diener, 1993), see Appendix J.

The PANAS is a 20-item scale designed to measure participants' emotions using two subscales. Positive Affect (PA) was assessed with positive emotions (e.g., "cheerful") and Negative Affect (NA) was assessed with negative emotions (e.g., "disgusted"). Respondents were asked to rate the extent to which they generally felt each emotion on a 5-point Likert-type scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). Higher scores on either subscale indicate greater levels of the appropriate affect. Watson et al., (1988) demonstrated support for the reliability and validity of the PANAS, see Appendix K.

The LOT-R (Scheier, Carver, & Bridges, 1994) is a 10-item measure that assesses general optimism and pessimism with six items; four items are filler items. Three items assess optimism (OPT) (e.g., "Overall, I expect more good things to happen to me than bad"). Three items assess pessimism (PES) (e.g., "I rarely count on good things happening to me"). Respondents are asked to rate their level of agreement or disagreement with each statement based on a 5-point Likert-type scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Higher OPT and PES scores reflect a greater level of general optimism or pessimism, respectively, see Appendix L.

Procedure

Participants were solicited in one of three ways. For one group, paper-pencil surveys were distributed to volunteer students taking an upper-level psychology course. For another group, surveys were distributed to students who signed up for this study as part of the Psychology Subject Pool requirements at the university. For the last group online surveys were provided to potential students through a random listserv of undergraduate students that was created by the Registrar's office. Of the 247 surveys

from upper-level psychology students, 73 subject pool surveys and 362 online surveys that were submitted, 518 of the surveys were complete.

Results and Discussion

The results of zero-order correlations between APPS scores and MPS scores are presented in Table 3. As this table shows, APPS scores correlated significantly and positively with all three MPS subscale scores. APPS was most highly associated with SOP ($r = .32, p < .001$), indicating an overlap of only 9% in what they measure. Thus, the APPS is not redundant with the MPS subscales. Furthermore, the internal consistency of APPS remains high ($\alpha = .96$). In comparison, the internal consistencies of the MPS subscales are low, implying questionability of their psychometric properties.

Relations between Perfectionism and Appearance Related Measures

Zero-order correlations were conducted to examine the involvement of APPS with appearance related measures. The results of these analyses are presented in Table 4. As this table shows, APPS scores were correlated with all six appearance related measures. APPS scores were most highly correlated with CARS and DFTH ($r = .59$ and $.51$, respectively, $p < .01$). In contrast, the MPS subscale scores were correlated with some but not all of the appearance related measures. For example, OOP scores were correlated with two of the six appearance related measures, correlating most highly with CARV ($r = .11, p < .05$). These results indicate that APPS scores were more strongly and consistently correlated with appearance related measures while the more general MPS subscales were not.

These analyses were also computed for men and women and are presented in Table 5 and Table 6, respectively. As shown in Table 5 and Table 6 APPS scores remain

significant with all six appearance related measures for men and women. As noted for all study participants, APPS scores were most highly correlated with CARS ($r = .64$ and $.56$) and DFTH ($r = .41$ and $.56$) in men and women, respectively. In contrast, MPS subscale scores correlated with none or some of the appearance related outcomes. For example, as shown in Table 5, SOP scores were correlated with none of the six appearance related measures in men. Additionally, as shown in Table 6, SPP scores were correlated with five of the six appearance related measures, correlating most highly with BD scores ($r = -.34$, $p < .01$). Overall, these results indicate that APPS functions in a similar manner in men and women when compared to results from all study participants. MPS subscales, on the other hand, appear to be influenced by the effects of gender.

Relations Between Appearance Perfectionism and Contingencies of Self Worth

Zero-order correlations were conducted to examine the involvement of APPS with domains of self worth. The results of these analyses are presented in Table 7. As this table shows, APPS scores were significantly correlated with five of the seven domains of self worth, correlating most highly with APPE scores ($r = .53$, $p < .01$). MPS subscale scores were correlated with some or all of the domains of self-worth scores. For example, SOP scores were significantly correlated with all seven domains of self worth, correlating most highly with ACA ($r = .41$, $p < .01$). These results indicate that the MPS subscales are broadly involved in a variety of domains of self worth. As expected, APPS was most strongly involved with APPE. It is interesting to note that APPS was also associated with four additional domains (OA, COM, ACA and FAM). This implies that though the drive to look perfect seems like a narrow process and is expected only to be involved in the appearance self worth domain, it is in fact important across several self worth domains.

These analyses were also computed for men and women and are presented in Table 8 and Table 9, respectively. As Table 8 shows, APPS scores were significantly correlated with three of the seven domains of self-worth in men and with five of the seven domains of self-worth in women. Consistent with correlations for all study participants, APPS scores were most highly correlated with APPS scores ($r = .41$ and $.57$, $p < .01$) in men and women respectively. MPS subscale scores were significantly correlated with some or all of the domains of self-worth in men and women. Consistent with correlations for all study participants, scores on each subscale correlated most highly with the same domains of self worth in men and women as they for all study participants. For example, SOP correlated most highly with ACA scores ($r = .32$ and $.47$, $p < .01$) in men and women, respectively. These results show that APPS and MPS subscale scores were correlated most strongly with the same domains of self worth in men and women as they were for all study participants. Overall, the results indicate that scores on APPS and MPS subscales function in a similar manner for men and women in their relationship to domains of self-worth. As noted before, these results provide additional support that APPS is not influenced by gender effects.

Relations Between Appearance Perfectionism and Positive and Negative Psychological Outcomes

Zero-order correlations were conducted to examine the involvement of APPS with measures of positive and psychological outcomes. The results of these analyses are presented in Table 10. As this table shows, APPS scores were correlated with three of the four positive psychological outcomes, correlating most strongly with SHS and SWL ($r = .10$ and $-.10$, respectively, $p < .05$). APPS scores were correlated with one of the two

negative psychological items, namely, NA ($r = .17, p < .01$). MPS subscale scores were also correlated with some of the positive and negative outcomes. For example, OOP scores were significantly correlated with PA ($r = .15, p < .01$) and NA ($r = .03, p < .01$). These results indicate that, as expected, APPS scores were related to negative outcomes. Additionally, APPS scores were found to be related to positive outcomes. The same is true for the MPS subscale scores.

These analyses were also conducted for men and women and are presented in Table 11 and Table 12, respectively. As Table 11 shows, APPS scores were not significantly correlated with any positive outcomes. However, consistent with the results for all study participants APPS scores were significantly correlated with NA scores ($r = .17, p < .01$) in men. As Table 12 shows, APPS were significantly correlated with one positive outcome, SHS ($r = .11, p < .01$). However, consistent with the results for all study participants, APPS scores were significantly correlated with NA scores ($r = .15, p < .01$) in women. MPS subscale scores were significantly correlated with none, some, or all of the positive and negative outcomes in men and women. For example, OOP was correlated with none of the positive or negative outcomes in men. In women, OOP was only correlated with one positive outcomes, PA ($r = .15, p < .01$). These results indicate that APPS functions consistently in men and women in its relation to negative outcomes, but not positive outcomes. Additionally, MPS subscales are inconsistent in men and women for both positive and negative outcomes.

Overall, the results of Study 2 showing that the APPS functions more consistently than the MPS in men and women for appearance related outcomes, domains of self-worth and negative affect provide support for the construct validity of APPS.

General Discussion

The purpose of the present study was to conceptualize and develop a scale of appearance perfectionism. In Study 1, we sought to develop and evaluate the reliability of a brief measure of appearance perfectionism. In Study 2, we aimed to extend our results by examining the construct validity of APPS with outcomes, such as appearance related measures, self-worth domains, and positive and negative psychological outcomes.

Promising Preliminary Support for a Measure of Appearance Perfectionism

As expected, both APPS and MPS were found to be positively and significantly correlated with scores on the DIST. These results provide support for the previous notion that higher levels of perfectionism are involved in the increased desire to seek cosmetic surgery (Sherry, Hewitt, Lee-Baggley, Flett, Besser 2004). Though support for this relationship has been found before (Sherry et al., 2004), a single-item measure was used to assess the degree to which participants considered having cosmetic surgery performed. As noted earlier, there are major limitations involved with the use of a single-item measure. The use of a 31-item measure in the present research to assess for participants desire to have cosmetic surgery performed provides more reliable support that perfectionism is involved in individuals' thoughts about having cosmetic surgery. Additionally, it should be noted that only two of the MPS subscale scores were associated with DIST scores. These results varied between men and women, suggesting an inconsistency with the MPS. Alternatively, APPS scores were correlated more strongly and consistently with DIST in men and women, providing support for its use over the MPS as a potential predictor of desire to have cosmetic surgery.

The belief that perfectionism predisposes individuals to have thoughts about having cosmetic surgery performed stems partly from perfectionism's associations with appearance related outcomes. Accordingly, we found that appearance perfectionism was positively and significantly correlated with body dissatisfaction, drive for thinness and bulimic tendencies in men and women. This is consistent with the documented relationship between perfectionism and increased body dissatisfaction and disordered eating (Bardone, Vohs, Abramson, Heatherton, Joiner, et al., 2000; Brannan & Petrie, 2009; Cockell et al., 2002; Ruggerio, Levi, Ciuna, & Sassaroli, 2003; Garner, Olmsted, & Polivy, 1983). However, almost all of the studies that determined this relationship used a global measure of perfectionism (i.e. MPS). Given the unreliable nature of the MPS, as demonstrated by the present research, this is problematic. For example, in a recent study of 572 women, Sherry and Hall (2009) found support for a model that considered socially-prescribed perfectionism as a main predictor of binge eating. Our results are consistent with this model as socially-prescribed perfectionism was found to be significantly correlated with bulimic tendencies in women. However, the study by Sherry and Hall (2009) only studied women. Furthermore, our results indicate that socially-prescribed perfectionism was not significantly correlated with bulimic tendencies in men, once again demonstrating the inconsistent nature of the MPS in predicting appearance related outcomes for both men and women.

Furthermore, researchers have noted that while some studies have found significant correlations between perfectionism and bulimic symptoms (e.g., Joiner, Heatherton, & Keel; 1997), others have not found support for a direct relationship (e.g., Fryer, Waller, & Kroese; 1997). It has been suggested that the inconsistent relationship

between global perfectionism and eating disorders may be the multifaceted nature of general measures of perfectionism (Vohs, et al 1999). These speculations indicate the need for a model of perfectionism specific to appearance as a potential predictor of appearance. The consistent nature of the APPS, as shown in the present research, provides support for the use of the APPS over global measures of perfectionism.

As expected, APPS was found to be significantly, positively and most strongly correlated with APPE. APPS was also found to be significantly correlated with four additional domains of self-worth (OA, COM, ACA, FAM), implying the importance of appearance perfectionism in self-worth domains other than appearance. Though inconsistent with our expectations, if the previously mentioned value placed on the “what is beautiful is good” stereotype in our culture is considered, these results are not surprising. The results suggest that a high drive to achieve a perfect appearance exists in individual’s evaluations of self-worth in domains not directly related to appearance. This may be because having a better appearance, as demonstrated earlier, is reinforced in many areas of life (i.e. workplace), not just those that are related to appearance (i.e. fashion industry) For example, consistent with the results that appearance perfectionism is involved with the academic domain of self-worth, researchers have found that in academic settings classroom teachers have often associated student’s physical attractiveness with their academic expectations and intellectual abilities (Ritts, Patterson, & Tubbs, 1992). Specifically, attractive students tend to be viewed as more outgoing, as having more leadership potential, social skills, higher self-esteem and being more competent (Kenealy, Frude, & Shaw, 1988; Maag, Vasa, Kramer, & Torrey, 1991; Parks, 2007).

Implications for Future Research and Practice

The present findings have some implications for future research and practice. Much research has examined the consequences of global perfectionism on appearance (e.g., Cain, Bardone-Cone, Abramson, Vohs, & Joiner, 2008; Hanstock & O'Mahony, 2002; Hewitt, Flett, & Evelyn, 1995) however; no research has been done on appearance perfectionism as a construct. While some theorists maintain that perfectionism is a global personality trait that generalizes across situational contexts, other theorists view argue that perfectionism may only apply to certain areas of people's lives (e.g., Missildine, 1963; Shafran, Cooper, & Fairburn, 2002; Shafran, Cooper, & Fairburn 2003). Findings that domain-specific measure are generally more effective at predicting behaviors within their respective domains than global measures (Dunn, Gotwals, & Causgrove Dunn, 2004; Smith, Smoll, & Schutz, 1990) suggest the potential utility of domain-specific measures of perfectionism. Therefore, it is important for future research on appearance to consider the use of a measure of appearance perfectionism over a more general measure of perfectionism.

Specifically, one goal of future research should be to examine the hazards of extreme levels of appearance perfectionism. At one extreme, as mentioned earlier, is *Barbie Doll Syndrome*, which is a direct outcome of applying high levels of perfectionism to one's physical appearance. Examining the involvement of appearance perfectionism and its correlates in *Barbie Doll Syndrome* may shed light on the development of risk factors involved in the syndrome. For example, there is a need for further longitudinal research to advance the understanding of how body dissatisfaction, present in young girls with *Barbie Doll Syndrome*, develop and are influenced (Dittmar,

Halliwell, & Ive, 2006) Such longitudinal research can provide valuable insight to early interventions to help preserve body image in girls. It may also be interesting to examine the consequences of the other extreme of appearance perfectionism (applying extremely low levels of perfectionism in one's physical appearance).

Secondly, future research should aim to provide additional information to service providers (i.e. cosmetic surgeons, psychologists, medical professionals). For example, it is important for cosmetic surgeons to understand the motivation, expectations and assess how patients respond to the postoperative period (Hodgkinson, 2006). Accordingly, ample literature exists to guide cosmetic surgeons in identifying individuals with *BDD* and warns them of the dangers of performing cosmetic surgery on individuals with *BDD* (e.g., Bowser, 2001; Jesitus, 2005; Nataloni, 2006). However, limited literature has been provided to cosmetic surgeons informing them of the potentially negative consequences of performing cosmetic surgery on individuals with high levels of perfectionism (e.g., Lisette, 2007) despite the established relationship between *BDD* and perfectionism (Andreason & Badrach, 1977; Wilhelm, 2006, Veale et al., 1996) and research suggesting that perfectionism plays a role in people's thoughts about having cosmetic surgery performed (Sherry et al., 2004). As noted earlier, appearance perfectionism may be more predictive of perfectionism thoughts and behaviors related to appearance than global measures of perfectionism. Accordingly, future research aiming to inform cosmetic surgeons of the consequences of working with individuals with high levels of perfectionism in their appearance, should examine appearance perfectionism. Specifically, future research should examine what constitutes realistic versus unrealistic appearance perfectionism. By providing insight about reasonable levels of appearance

perfectionism to cosmetic surgeons, researchers can assist them in deciding which individuals to or not to perform cosmetic surgery on.

Some Limitations

While these preliminary findings provide compelling support for the utility of a measure of appearance perfectionism, this study was limited in some ways. First, this study used the multidimensional perfectionism scale as a global measure of perfectionism for comparison to the APPS. However, there are other multidimensional measures of global perfectionism, such as the Frost Multidimensional Perfectionism Scale (Frost, Marten, Lahart, & Rosenblate, 1990) and also unidimensional measures of global perfectionism, such as the dysfunctional attitudes scale (Weissman & Beck, 1978). It may be interesting to replicate the present research using a different measure of global perfectionism. Second, our sample was predominantly Caucasian. It may be important to replicate the present research in a more diverse sample, as research has shown that ethnic differences exist between Caucasians, African Americans, and Asian Americans in levels of perfectionism (Chang, 1998; Nilsson, Paul, Lupini, & Tatem, 1999; Peng & Wright, 1994; Wassenaar, le Grange, Winship, & Lachenicht, 2000) and in their appearance standards (Hall 1995; Koff, Benavage, & Wong, 2001). For example, given Asian American's focus on facial features as a standard of physical attractiveness (Wagatsuma & Kleinke, 1979), the replication of the present research in a predominantly Asian American sample may result in the involvement of higher appearance perfectionism in greater desires to seek cosmetic surgery specifically on features, such as eyelids, nose, forehead, chin, etc. Third, appearance perfectionism may be present within many populations, though the present research only studied college students. Appearance

perfectionism should be evaluated in other populations, for example, in adolescent girls and women, as they are the population typically effected by *Barbie Doll Syndrome*. Fourth, the present research is limited in that it can only infer correlational and not causal relationships. Future research may consider using a longitudinal model. The use of a longitudinal model may provide valuable findings about predictive relationships of appearance perfectionism—for instance, whether appearance perfectionism is a predictor of having cosmetic surgery performed. Finally, the present research relied on self-report measures in order to assess numerous psychological outcomes. Accordingly, it is impossible to ascertain whether the responses were unbiased and future research should attempt to use more objective means (e.g., engagement in healthy habits, exercise frequency, BMI) to assess outcomes.

Concluding Thoughts

The present research was conducted to develop a useful way to measure appearance perfectionism. Previously, such a reliable measure did not exist (cf. Sherry et al., 2004). Results from the present research not only provided support for the unidimensionality of the APPS, but it also provided promising preliminary support for the construct validity of our measure compared to a global measure of perfectionism. Accordingly, we expect that the APPS will be found to be a useful tool for researchers interested in the study of health and appearance outcomes, as well as for practitioners interested in assessing for expectation levels in their clients.

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Appendix A
Desire in Seeking Treatment

Instructions: Please read each of the following statements and indicate the extent to which you desire cosmetic surgery or treatment to improve your physical appearance for each of the areas indicated. In responding to the statements, do not think about whether or not you can afford treatment. Instead, focus on the degree to which you think treatment is desirable.

- 0 = *No Desire for Treatment*
- 1 = *A Little Desire for Treatment*
- 2 = *Some Desire for Treatment*
- 3 = *Desire for Treatment*
- 4 = *Strong Desire for Treatment*
- 5 = *Extreme Desire for Treatment*

- _____ 1. The way my eyelids look?
- _____ 2. The way my nose looks?
- _____ 3. The way the size/shape of my face looks?
- _____ 4. The way my skin looks?
- _____ 5. The way my forehead looks?
- _____ 6. The way my chin looks?
- _____ 7. The way my neck looks?
- _____ 8. The way my ears look?
- _____ 9. The way my lips look?
- _____ 10. The way my eyebrows look?
- _____ 11. The way my teeth look?
- _____ 12. The way my face looks overall?
- _____ 13. The way my cheeks look?
- _____ 14. The way my jaw looks?
- _____ 15. The way my face muscles look?
- _____ 16. The way my hair looks?
- _____ 17. The way my stomach/abdomen looks?
- _____ 18. The way my weight looks?
- _____ 19. The way my chest looks?
- _____ 20. The way my buttocks look?

- _____ 21. The way my legs look?
- _____ 22. The way my body build looks?
- _____ 23. The way my arm/wrist looks?
- _____ 24. The way my hips look?
- _____ 25. The way my hands look?
- _____ 26. The way my genitals look?
- _____ 27. The way my feet look?
- _____ 28. The way the size/shape of my head looks?
- _____ 29. The way my height looks?
- _____ 30. The way my fingers look?
- _____ 31. The way my shoulders look?

Appendix B
Appearance Perfectionism Scale

Instructions: Listed below are a number of statements concerning personal characteristics or traits. Read each item and decide whether you agree or disagree and to what extent. If you **strongly agree**, circle 7; if you **strongly disagree**, circle 1; if you feel somewhere in between, circle any one of the numbers between 1 and 7. If you feel **neutral** or **undecided**, the midpoint is 4.

St. Dis.

St. Agree

- | | | | | | | | |
|---|---|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1. I should have the perfect body and figure. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 2. I must achieve the “perfect look” as often as possible. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 3. I strive to look perfect at all times. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 4. Looking perfect is important to me. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 5. Looking neat is highly important to me. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 6. It is important for me to keep up my appearance. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7. I’m always working hard to achieve the perfect body. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8. I do everything I can to keep my body in perfect shape. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9. I should always look perfect. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 10. I have to be in perfect shape. |

Appendix C

Multidimensional Perfectionism Scale

Instructions: Listed below are a number of statements concerning personal characteristics or traits. Read each item and decide whether you agree or disagree and to what extent. If you **Strongly Agree, circle 7**. If you **Strongly Disagree, circle 1**. If you **feel somewhere in between, circle any one of the numbers between 1 and 7**.

- | St. Dis. | St. Agree | |
|---------------|-----------|---|
| 1 2 3 4 5 6 7 | | 1. When I am working on something, I cannot relax until it is perfect. |
| 1 2 3 4 5 6 7 | | 2. I am not likely to criticize someone for giving up too easily. |
| 1 2 3 4 5 6 7 | | 3. It is not important that the people I am close to are successful. |
| 1 2 3 4 5 6 7 | | 4. I seldom criticize my friends for accepting second best. |
| 1 2 3 4 5 6 7 | | 5. I find it difficult to meet others' expectations of me. |
| 1 2 3 4 5 6 7 | | 6. One of my goals is to be perfect in everything I do. |
| 1 2 3 4 5 6 7 | | 7. Everything that others do must be of top-notch quality. |
| 1 2 3 4 5 6 7 | | 8. I never aim for perfection in my work. |
| 1 2 3 4 5 6 7 | | 9. Those around me readily accept that I can make mistakes too. |
| 1 2 3 4 5 6 7 | | 10. It doesn't matter when someone close to me does not do their absolute best. |
| 1 2 3 4 5 6 7 | | 11. The better I do, the better I am expected to do. |
| 1 2 3 4 5 6 7 | | 12. I seldom feel the need to be perfect. |
| 1 2 3 4 5 6 7 | | 13. Anything I do that is less than excellent will be seen as poor work by those around me. |
| 1 2 3 4 5 6 7 | | 14. I strive to be as perfect as I can be. |

- 1 2 3 4 5 6 7 15. It is very important that I am perfect in everything I attempt.
- 1 2 3 4 5 6 7 16. I have high expectations for the people who are important to me.
- 1 2 3 4 5 6 7 17. I strive to be the best at everything I do.
- 1 2 3 4 5 6 7 18. The people around me expect me to succeed at everything I do.
- 1 2 3 4 5 6 7 19. I do not have very high standards for those around me.
- 1 2 3 4 5 6 7 20. I demand nothing less than perfection of myself.
- 1 2 3 4 5 6 7 21. Others will like me even if I don't excel at everything.
- 1 2 3 4 5 6 7 22. I can't be bothered with people who won't strive to better themselves.
- 1 2 3 4 5 6 7 23. It makes me uneasy to see an error in my work.
- 1 2 3 4 5 6 7 24. I do not expect a lot from my friends.
- 1 2 3 4 5 6 7 25. Success means that I must work even harder to please others.
- 1 2 3 4 5 6 7 26. If I ask someone to do something, I expect it to be done flawlessly.
- 1 2 3 4 5 6 7 27. I cannot stand to see people close to me make mistakes.
- 1 2 3 4 5 6 7 28. I am perfectionistic in setting my goals.
- 1 2 3 4 5 6 7 29. The people who matter to me should never let me down.
- 1 2 3 4 5 6 7 30. Others think I am okay, even when I do not succeed.
- 1 2 3 4 5 6 7 31. I feel that people are too demanding of me.
- 1 2 3 4 5 6 7 32. I must work to my full potential at all times.
- 1 2 3 4 5 6 7 33. Although they may not show it, other people get very upset with me when I slip up.

- 1 2 3 4 5 6 7 34. I do not have to be the best at whatever I am doing.
- 1 2 3 4 5 6 7 35. My family expects me to be perfect.
- 1 2 3 4 5 6 7 36. I do not have very high goals for myself.
- 1 2 3 4 5 6 7 37. My parents rarely expected me to excel in all
aspects of my life.
- 1 2 3 4 5 6 7 38. I respect people who are average.
- 1 2 3 4 5 6 7 39. People expect nothing less than perfection from me.
- 1 2 3 4 5 6 7 40. I set very high standards for myself.
- 1 2 3 4 5 6 7 41. People expect more from me than I am capable of
giving.
- 1 2 3 4 5 6 7 42. I must always be successful at school or work.
- 1 2 3 4 5 6 7 43. It does not matter to me when a close friend does
not try their hardest.
- 1 2 3 4 5 6 7 44. People around me think I am still competent even if
make a mistake.
- 1 2 3 4 5 6 7 45. I seldom expect others to excel at whatever they do.
-

Appendix D

Centre for Appearance Research Salience Scale

Instructions: Read each statement below and then circle a number to indicate the level to which you agree or disagree. If you **Strongly Agree, circle 6**. If you **Strongly Disagree, circle 1**. If you **feel somewhere in between, circle any one of the numbers between 1 and 6**.

- | S.D | S.A | |
|-------------|-----|---|
| 1 2 3 4 5 6 | | 1. For me, my appearance is an important part of who I am. |
| 1 2 3 4 5 6 | | 2. I am often aware of the way that I look to other people. |
| 1 2 3 4 5 6 | | 3. In most situations, I find myself aware of the way my face and body look. |
| 1 2 3 4 5 6 | | 4. I often think about the impression that the appearance of my face and body make. |
| 1 2 3 4 5 6 | | 5. The look of my face and body is not something that often comes to mind for me. |
| 1 2 3 4 5 6 | | 6. I am usually conscious of my appearance. |

Appendix E

Centre for Appearance Research Valence Scale

Instructions: Read each statement below and then circle a number to indicate the level to which you agree or disagree. If you **Strongly Agree, circle 6**. If you **Strongly Disagree, circle 1**. If you feel somewhere in between, circle any one of the numbers between 1 and 6.

- | S.D | S.A | |
|-------------|-----|--|
| 1 2 3 4 5 6 | | 1. I am satisfied with my physical appearance. |
| 1 2 3 4 5 6 | | 2. I don't like the way I look. |
| 1 2 3 4 5 6 | | 3. The way I look makes me feel good about myself. |
| 1 2 3 4 5 6 | | 4. The way I look makes me unattractive. |
| 1 2 3 4 5 6 | | 5. My body and face look pretty much the way I would like. |
| 1 2 3 4 5 6 | | 6. I feel bad about my body and my appearance. |

Appendix F

Multidimensional Body-Self Relations Questionnaire, Dissatisfaction Subscale

Instructions: Use the scale below to write a number in the blank, which indicates your level of satisfaction or dissatisfaction with the following areas or aspects of your body.

1	2	3	4	5
<i>Very</i>	<i>Mostly</i>	<i>Neither</i>	<i>Mostly</i>	<i>Very</i>
<i>Dissatisfied</i>	<i>Dissatisfied</i>		<i>Satisfied</i>	<i>Satisfied</i>

- _____ 1. Face (facial features, complexion)
- _____ 2. Hair (color, thickness, texture)
- _____ 3. Lower Torso (buttocks, hips, thighs, legs)
- _____ 4. Mid Torso (waist, stomach)
- _____ 5. Upper Torso (chest or breasts, shoulders, arms)
- _____ 6. Muscle Tone
- _____ 7. Weight
- _____ 8. Height
- _____ 9. Weight

Appendix G

Eating Disorder Inventory, Drive for Thinness and Bulimic Tendencies Subscales

Instructions: Read each statement Use the scale below to write a number in the blank, which indicates the frequency of each event.

1	2	3	4	5	6
<i>Never</i>	<i>Rarely</i>	<i>Not Very Often</i>	<i>Sometimes</i>	<i>Very Often</i>	<i>Always</i>

- _____ 1. I am terrified of gaining weight
- _____ 2. I have gone on eating binges where I have felt that I could not stop.
- _____ 3. If I gain a pound, I worry that I will keep gaining.
- _____ 4. I feel guilty for overeating.
- _____ 5. I eat or drink in secrecy
- _____ 6. I stuff myself with food.
- _____ 7. I eat when I am upset.
- _____ 8. I think about binge eating (overeating)
- _____ 9. I exaggerate or magnify the importance of weight.
- _____ 10. I think about dieting.
- _____ 11. I am preoccupied with the desire to be thinner.
- _____ 12. I eat moderately in front of others and stuff myself when they are gone.
- _____ 13. After eating, I feel so bad that I cannot handle it.

Appendix H

Contingencies of Self-Worth Scale

Instructions: Please read each statement and circle a number to indicate your level of agreement or disagreement. If you **Strongly Agree**, circle **7**. If you **Strongly Disagree**, circle **1**. If you **feel somewhere in between**, circle **any one of the numbers between 1 and 7**.

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1. My self-esteem is influenced by how attractive I think my face or facial features are. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 2. My self-worth is influenced by how well I do on competitive tasks. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 3. My sense of self-worth suffers whenever I think I don't look good. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 4. Doing well in school gives me a sense of self-respect. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 5. My opinion about myself isn't tied to how well I do in school. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 6. I feel worthwhile when I perform better than others on a task or skill. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7. When I think that I'm disobeying God, I feel bad about myself. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8. My self-esteem is influenced by my academic performance. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9. Doing better than others gives me a sense of self-respect. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 10. My self-esteem would suffer if I didn't have God's love. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 11. My self-esteem is unrelated to how I feel about the way my body looks. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 12. My self-worth is affected by how well I do when I am competing with others. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 13. When I think I look attractive, I feel good about myself. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 14. I couldn't respect myself if I didn't live up to a moral code. |

- 1 2 3 4 5 6 7 15. What others think of me has no effect on what I think about myself.
- 1 2 3 4 5 6 7 16. Doing something I know is wrong makes me lose my self-respect.
- 1 2 3 4 5 6 7 17. Knowing that my family members love me makes me feel good about myself.
- 1 2 3 4 5 6 7 18. My self-worth is based on God's love.
- 1 2 3 4 5 6 7 19. Whenever I follow my moral principles, my sense of self-respect gets a boost.
- 1 2 3 4 5 6 7 20. I don't care what other people think of me.
- 1 2 3 4 5 6 7 21. When I don't feel loved by my family, my self-esteem goes down.
- 1 2 3 4 5 6 7 22. I can't respect myself if others don't respect me.
- 1 2 3 4 5 6 7 23. My self-worth is not influenced by the quality of my relationship with my family members.
- 1 2 3 4 5 6 7 24. My self-esteem depends on whether or not I follow my moral/ethical principles.
- 1 2 3 4 5 6 7 25. My self-esteem does not depend on whether or not I feel attractive.
- 1 2 3 4 5 6 7 26. My self-esteem goes up when I feel that God loves me.
- 1 2 3 4 5 6 7 27. I feel bad about myself whenever my academic performance is lacking.
- 1 2 3 4 5 6 7 28. I feel worthwhile when I have God's love.
- 1 2 3 4 5 6 7 29. It is important to my self-respect that I have a family that cares about me.
- 1 2 3 4 5 6 7 30. My self-esteem would suffer if I did something unethical.
- 1 2 3 4 5 6 7 31. I don't care if other people have a negative opinion about me.
- 1 2 3 4 5 6 7 32. When my family members are proud of me, my sense of self-worth increases.

- 1 2 3 4 5 6 7 33. Knowing that I am better than others on a task raises my self-esteem.
- 1 2 3 4 5 6 7 34. I feel better about myself when I know I'm doing well academically.
- 1 2 3 4 5 6 7 35. My self-esteem depends on the opinions of others hold of me.

Appendix I
Subjective Happiness Scale

Instructions: For each of the statements and/or questions below, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:

1	2	3	4	5	6	7
<i>not a very happy person</i>						<i>a very happy person</i>

2. Compared to most of my peers, I consider myself:

1	2	3	4	5	6	7
<i>less happy</i>						<i>more happy</i>

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1	2	3	4	5	6	7
<i>not at all</i>						<i>a great deal</i>

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

1	2	3	4	5	6	7
<i>not at all</i>						<i>a great deal</i>

Appendix J
Satisfaction With Life Scale

Instructions: Read each of the statements below and write a number in the blank to indicate the extent to which you agree or disagree with the statement. If you **Strongly Agree, circle 7**. If you **Strongly Disagree, circle 1**. If you **feel somewhere in between, circle any one of the numbers between 1 and 7**.

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

Appendix K
Positive and Negative Affect Scale

Instructions: Listed below are a number of words that describe different feelings or emotions. Reach each item and then indicate to what extent you generally feel this way, this is, **how you feel on the AVERAGE**, by writing a number in the blank next to each feeling. Use the scale below.

1	2	3	4	5
<i>very slightly</i>	<i>a little</i>	<i>moderately</i>	<i>quite a bit</i>	<i>extremely</i>
<i>or not at all</i>				

___ interested	___ excited	___ strong	___ scared	___ enthusiastic
___ distressed	___ upset	___ guilty	___ hostile	___ proud
___ irritable	___ ashamed	___ nervous	___ attentive	___ active
___ alert	___ inspired	___ determined	___ jittery	___ afraid

Appendix L

Life Orientation Test – Revised

Instructions: Read each statement and write a number in the blank to indicate the level to which you agree or disagree. If you **Strongly Agree**, circle **4**. If you **Strongly Disagree**, circle **0**. If you **feel somewhere in between**, circle **any number between 0 and 4**.

	S.A				S.D.
1. In uncertain times, I usually expect the best.	0	1	2	3	4
2. It's easy for me to relax.	0	1	2	3	4
3. If something can go wrong for me, it will.	0	1	2	3	4
4. I'm always optimistic about my future.	0	1	2	3	4
5. I enjoy my friends a lot.	0	1	2	3	4
6. It's important for me to keep busy.	0	1	2	3	4
7. I hardly ever expect things to go my way.	0	1	2	3	4
8. I don't get upset too easily.	0	1	2	3	4
9. I rarely count on good things happening to me.	0	1	2	3	4
10. Overall, I expect more good things to happen to me than bad.	0	1	2	3	4

Author Note

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Many thanks to my mentor, Dr. Edward Chang, who has been an excellent advisor to me throughout my undergraduate career. Working with Dr. Chang has been an honor and I am very thankful for instruction and guidance. Thanks also to my fellow researchers, Nicole Hermann, Marguerite Bodem, Katie Hazlett, Jean Kim, William Tsai, Ritika Singh, Melissa Ng, Jessie Jacobson, Alexis Holman, and Dariya Kuzmenko. You have not only provided me with valuable comments and criticisms but more importantly, have enriched my experience as a student researcher at the University of Michigan. Finally, thanks to my family and close friends for your continued support and encouragement through all of my endeavors.

Table 1

*Study 1: Exploratory Factor Analysis of the Appearance Perfectionism Scale (APPS)
Items (N = 747)*

	Factor
	1
APPS 1	.74
APPS 2	.73
APPS 3	.77
APPS 4	.75
APPS 5	.73
APPS 6	.76
APPS 7	.80
APPS 8	.79
APPS 9	.74
APPS 10	.84
Self-values (Eigenvalues)	15.29
Variance Explained (%)	54.62
α	.92

Table 2

Study 1: Correlations for All Participants (N = 747) on Appearance Perfectionism and Desire in Seeking Treatment

	APPS	DIST
1. DIST	.31*	-
2. DIST 1 (eyelids)	.11*	.45*
3. DIST 2 (nose)	.21*	.47*
4. DIST 3 (face size/shape)	.20*	.61*
5. DIST 4 (skin)	.17*	.54*
6. DIST 5 (forehead)	.14*	.52*
7. DIST 6 (chin)	.18*	.51*
8. DIST 7 (neck)	.16*	.59*
9. DIST 8 (ears)	.10*	.47*
10. DIST 9 (lips)	.14*	.50*
11. DIST 10 (eyebrows)	.21*	.61*
12. DIST 11 (teeth)	.15*	.50*
13. DIST 12 (face overall)	.24*	.70*
14. DIST 13 (cheeks)	.15*	.59*
15. DIST 14 (jaw)	.16*	.51*
16. DIST 15 (face muscles)	.12*	.52*
17. DIST 16 (hair)	.19*	.60*
18. DIST 17 (stomach/abdomen)	.26*	.70*
19. DIST 18 (weight)	.23*	.71*
20. DIST 19 (chest)	.24*	.65*
21. DIST 20 (buttocks)	.19*	.72*
22. DIST 21 (legs)	.20*	.71*
23. DIST 22 (build of body)	.25*	.75*
24. DIST 23 (arm/wrist)	.20*	.68*
25. DIST 24 (hips)	.22*	.72*
26. DIST 25 (hands)	.18*	.63*
27. DIST 26 (genitals)	.13*	.50*
28. DIST 27 (feet)	.13*	.58*
29. DIST 28 (head size/shape)	.18*	.61*
30. DIST 29 (height)	.19*	.54*
31. DIST 30 (fingers)	.10	.50*
32. DIST 31 (shoulders)	.15*	.59*
<i>M</i>	36.61	12.44
<i>SD</i>	12.15	16.25
α	.92	.93

Note: APPS = Appearance Perfectionism Scale; DIST = Desire In Seeking Treatment.

* $p < .008$

Table 3

Study 2: Correlations between All Perfectionism Measures for All Participants (N = 518)

	APPS	SOP	SPP	OOP
APPS	-			
SOP	.32*	-		
SPP	.25*	.45*	-	
OOP	.14*	.34*	.24*	-
<i>M</i>	97.19	70.65	54.99	60.77
<i>SD</i>	34.97	12.78	12.15	9.51
α	.96	.82	.71	.69

Note. APPS = Appearance perfectionism scale; SOP = Self-oriented perfectionism; SPP = Socially-prescribed perfectionism; OOP = Other-oriented perfectionism.

* $p < 0.001$.

Table 4

Study 2: Correlations Between all Perfectionism Measures and Appearance Related Measures for All Participants (N = 518)

	DIST	CARS	CARV	BD	DFTH	BING
APPS	.38**	.59**	-.22**	-.28**	.51**	.36**
SOP	.14**	.18**	-.05	-.10*	.23**	.16**
SPP	.29**	.08	-.29**	-.29**	.20**	.22**
OOP	.03	.09*	.11*	.02	.01	.06
<i>M</i>	18.77	28.06	24.96	31.61	18.19	12.90
<i>SD</i>	19.09	6.28	5.84	6.33	9.06	6.82
α	.92	.81	.91	.86	.94	.88

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; DIST = Desire in Seeking Treatment; CARS = Center for Appearance Research Salience Scale; CARV = Center for Appearance Research Valence Scale; BD = Body dissatisfaction; DFTH = Garner Eating Disorder Inventory-2-Drive for Thinness; BING = Garner Eating Disorder Inventory-2-Binge Eating.

* $p < 0.05$. ** $p < 0.01$.

Table 5

Study 2: Correlations Between all Perfectionism Measures and Appearance Related Measures for Men (n = 160)

	DIST	CARS	CARV	BD	DFTH	BING
APPS	.38**	.64**	-.23**	-.25**	.41**	.21**
SOP	.15	.14	-.03	-.03	.06	.06
SPP	.24**	.17*	-.17*	-.18*	.08	.02
OOP	.05	.19*	.12	.03	.14	.10
<i>M</i>	15.11	26.93	25.23	32.36	12.62	11.53
<i>SD</i>	16.06	6.22	5.59	6.27	7.38	5.15
α	.90	.85	.90	.96	.91	.82

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; DIST = Desire in Seeking Treatment; CARS = Center for Appearance Research Salience Scale; CARV = Center for Appearance Research Valence Scale; BD = Body dissatisfaction; DFTH = Garner Eating Disorder Inventory-2- Drive for Thinness; BING = Garner Eating Disorder Inventory-2- Binge Eating.

* $p < 0.05$. ** $p < 0.01$.

Table 6

Study 2: Correlations Between all Perfectionism Measures and Appearance Related Measures for Women (n = 368)

	DIST	CARS	CARV	BD	DFTH	BING
APPS	.38**	.56**	-.22**	-.28**	.56**	.40**
SOP	.14**	.19**	-.05	-.12*	.28*	.17*
SPP	.32**	.06	-.34**	-.34**	.25**	.28**
OOP	.05	.05	.10	.00	.00	.07
<i>M</i>	20.40	28.57	24.84	31.27	20.24	14.96
<i>SD</i>	20.10	6.25	5.95	6.34	9.00	7.21
α	.92	.84	.91	.86	.94	.89

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; DIST = Desire in Seeking Treatment; CARS = Center for Appearance Research Salience Scale; CARV = Center for Appearance Research Valence Scale; BD = Body dissatisfaction; DFTH = Garner Eating Disorder Inventory-2- Drive for Thinness; BING = Garner Eating Disorder Inventory-2- Binge Eating.

* $p < 0.05$. ** $p < 0.01$.

Table 7

Study 2: Correlations Between all Perfectionism Measures and Contingencies of Self-worth for All Participants (N = 518)

	OA	APPE	COM	ACA	FAM	VIR	GOD
APPS	.34*	.53**	.34**	.18**	.13**	-.02	.05
SOP	.13**	.19**	.41**	.42**	.19**	.29**	.20**
SPP	.14**	.18**	.33**	.14**	-.08	.05	.11*
OOP	.10*	.03	.25**	.18**	.06	.06	.12*
<i>M</i>	22.96	22.64	25.20	27.66	27.60	25.41	17.36
<i>SD</i>	6.22	3.43	5.00	3.94	4.40	4.84	9.43
α	.71	.82	.83	.75	.80	.82	.97

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; OA = Contingencies of Self-worth- Others Approval; APPE = Contingencies of Self-worth- Appearance; COM = Contingencies of Self-worth- Competence; ACA = Contingencies of Self-worth- Academics; FAM = Contingencies of Self-worth- Family; VIR = Contingencies of Self-worth- Virtue; GOD = Contingencies of Self-worth- God.

* $p < 0.05$. ** $p < 0.01$.

Table 8

Study 2: Correlations Between all Perfectionism Measures and Contingencies of Self-worth for Men (n = 160)

	OA	APPE	COM	ACA	FAM	VIR	GOD
APPS	.21**	.41**	.30**	.13	-.10	-.11	.14
SOP	.09	.10	.28**	.32**	-.04	.25**	.26**
SPP	.09	.22*	.31**	.23**	-.07	-.01	.07
OOP	.14	.16*	.27**	.22**	.03	.05	.03
<i>M</i>	21.70	23.69	25.14	26.71	26.54	24.74	16.77
<i>SD</i>	7.15	5.26	5.06	4.33	4.40	5.05	9.17
α	.56	.80	.86	.77	.76	.80	.97

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; OA = Contingencies of Self-worth- Others Approval; APPE = Contingencies of Self-worth- Appearance; COM = Contingencies of Self-worth- Competence; ACA = Contingencies of Self-worth- Academics; FAM = Contingencies of Self-worth- Family; VIR = Contingencies of Self-worth- Virtue; GOD = Contingencies of Self-worth- God.

* $p < 0.05$. ** $p < 0.01$.

Table 9

Study 2: Correlations Between all Perfectionism Measures and Contingencies of Self-worth for Women (n = 368)

	OA	APPE	COM	ACA	FAM	VIR	GOD
APPS	.42**	.57**	.36**	.20**	.21**	.00	.01
SOP	.15**	.23**	.46**	.47**	.28**	.31**	.17**
SPP	.17**	.17**	.34**	.09	-.10	.07	.13*
OOP	.09	-.01	.24**	.18**	.08	.07	.17**
<i>M</i>	23.52	26.22	25.24	28.08	28.07	25.70	17.62
<i>SD</i>	5.68	4.81	8.80	3.68	4.32	4.72	9.55
α	.82	.82	.86	.73	.80	.82	.97

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; OA = Contingencies of Self-worth- Others Approval; APPE = Contingencies of Self-worth- Appearance; COM = Contingencies of Self-worth- Competence; ACA = Contingencies of Self-worth- Academics; FAM = Contingencies of Self-worth- Family; VIR = Contingencies of Self-worth- Virtue; GOD = Contingencies of Self-worth- God.

* $p < 0.05$. ** $p < 0.01$.

Table 10

Study 2: Correlations Between all Perfectionism Measures and Positive and Negative Psychological Outcomes for All Participants (N = 518)

	Positive Psychological Outcomes				Negative Psychological Outcomes	
	SHS	SWL	OPT	PA	PES	NA
AAPS	.10*	-.10*	.05	.09*	.06	.17**
SOP	.12**	.11*	.03	.16**	.15**	.18**
SPP	-.22**	-.26**	-.20**	-.17**	.38**	.31**
OOP	.02	.06	.08	.15**	.01	.03**
<i>M</i>	18.56	23.25	7.53	34.25	4.76	21.48
<i>SD</i>	4.24	6.16	2.38	6.33	2.70	6.78
α	.61	.86	.67	.85	.82	.93

Note: AAPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; SHS = Subjective Happiness Scale; SWL = Satisfaction With Life Scale; OPT = Life Orientation Test- Revised-Optimism; PA = Positive Affects; PES = Life Orientation Test-Revised- Pessimism; NA = Negative Affect.

* $p < 0.05$. ** $p < 0.01$.

Table 11

Study 2: Correlations Between all Perfectionism Measures and General Outcomes for Men (n = 160)

	Positive Psychological Outcomes				Negative Psychological Outcomes	
	SHS	SWL	OPT	PA	PES	NA
APPS	.06	-.03	.04	.06	.08	.20*
SOP	.18*	.08	.12	.15	.08	.13
SPP	-.18*	-.18*	-.21*	-.15	.37**	.30**
OOP	.05	.13	.13	.10	.03	.01
<i>M</i>	18.28	23.14	7.65	34.22	4.74	21.01
<i>SD</i>	4.10	6.40	2.42	6.34	2.86	6.78
α	.48	.85	.66	.84	.85	.84

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; SHS = Subjective Happiness Scale; SWL = Satisfaction With Life Scale; OPT = Life Orientation Test- Revised-Optimism; PA = Positive Affects; PES = Life Orientation Test-Revised- Pessimism; NA = Negative Affect.

* $p < 0.05$. ** $p < 0.01$.

Table 12

Study 2: Correlations Between all Perfectionism Measures and General Outcomes for Women (n = 368)

	Positive Psychological Outcomes				Negative Psychological Outcomes	
	SHS	SWL	OPT	PA	PES	NA
APPS	.11**	-.03	.05	.09	.06	.15**
SOP	.10	.12*	.00	.17**	.17**	.20**
SPP	-.24**	-.30**	-.19**	-.20**	.38**	.31**
OOP	.00	.04	.05	.15**	.00	.04
<i>M</i>	17.68	24.17	7.48	34.28	4.77	21.69
<i>SD</i>	4.20	6.03	2.37	6.67	2.63	6.77
α	.67	.87	.67	.83	.81	.85

Note: APPS = Appearance Perfectionism Scale; SOP = Hewitt Multidimensional Perfectionism Scale- Self-oriented Perfectionism; SPP = Hewitt Multidimensional Perfectionism Scale- Socially-prescribed Perfectionism; OOP = Hewitt Multidimensional Perfectionism Scale- Other-oriented Perfectionism; SHS = Subjective Happiness Scale; SWL = Satisfaction With Life Scale; OPT = Life Orientation Test- Revised-Optimism; PA = Positive Affects; PES = Life Orientation Test-Revised- Pessimism; NA = Negative Affect.

* $p < 0.05$. ** $p < 0.01$.