

## A COMPARATIVE ANALYSIS OF PERFECTIONISM AND THE DENSITY OF EXPERIENCING CATHARSIS

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In the present study we investigated the relationship between perfectionism and the density of experiencing catharsis among university students. The sample consisted of 662 university students at Near East University who completed the Catharsis Scale and the Multidimensional Perfectionism Scale. Data were analyzed using regression and *t* test analyses. The results indicate that there was a significant difference in the catharsis scores of males and females, in favor of females; there was a significant difference in the relationship between the overall scores of experiencing catharsis and perfectionism; and there was a significant difference in the relationship between the overall catharsis scores and both concern over mistakes and doubt about actions subscales of perfectionism. However, there was no significant difference according to gender in the overall catharsis scores and personal standards, parental expectations, parental criticism, and organization subscales of perfectionism. Our findings are consistent with research results in the extant literature.

*Keywords:* perfectionism, catharsis, university students, gender, personality.

Aristotle (1987, p. 1458) defined the word *catharsis* in his Greek tragedy Poetics as the “purging of the spirit” (see also Peter & Beyer, 1997), which has a corrective and healing effect; meaning that people experience an emotional cleansing and release after watching a tragedy. He also emphasized that feelings of pleasure and release after experiencing catharsis also decrease disturbing feelings such as pity and fear. According to VandenBos (2007), catharsis is “the discharge of affects connected to traumatic events that had previously been

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repressed by bringing these events back into consciousness and reexperiencing them” (p. 153).

Catharsis is associated with a feeling of relief after experiencing stress and intense affect. It assists in the release of repressed emotions experienced after high tension and anxiety and, hence, relieves the person from traumatic memories and barriers. Emotions experienced during catharsis include anger, fear, excitement, anxiety, happiness, and sadness, and are usually followed by various reactions, such as crying, shouting, breaking out in a cold sweat, shaking, and variations in tone of voice (Schützenberger, 2005).

A theoretical and comprehensive explanation of catharsis is found in the hydraulic model developed by German ethologists (see e.g., Lorenz, 1950), in which an analogy is made between aggression and fluid in a cup. The pressure applied by the fluid on the walls of the cup is proportional to the amount of fluid in the cup. When a hole is drilled into the cup, or water is transferred out with a pipe, the pressure within the cup decreases with the water level. In the same way, it is assumed that if someone expresses aggressive behaviors at a certain time, then this will relieve the pressure and make the individual less aggressive. In other words, if people do not act aggressively, the pressure accumulates and looks for ways to get out. The process through which this energy turns into behavior is called catharsis. This concept, dating back to the time of Plato, is nowadays used to refer to individuals experiencing relief through the release of emotions that they cannot articulate. According to this model, if emotions are not expressed, they are stored and become a source of stress for the individual. Therefore, expression of emotions reduces tension as well as negative psychological experiences and symptoms. In other words, the greater the articulation of the negative emotions, the more relief is felt by the individual (VandenBos, 2007).

Although Freud, who used hypnosis with the aim of curing suppressed memories of traumatic events, saw the catharsis technique as an interesting concept to be used in psychotherapy, he moved towards other techniques, as his trials with catharsis were unsuccessful (Breuer & Freud, 1974). Freud argued that aggressive drives can only be reduced by either expression or suppression of aggression. According to this theory, if aggression can be released there will be a decrease in subsequent aggressive behaviors (Geçtan, 2008). In addition, Freud argued that if subversive aggression found in human beings is not released, the individual may demonstrate subversively aggressive behaviors towards himself/herself or others. He also expressed that just as increased sexual energy can be reduced by sexual activities, subversive energy can be reduced by aggressive behaviors (Tiryaki, 2000).

According to Freud’s aggression hypothesis, when an individual’s efforts towards achieving a goal are prevented, a feeling of anger develops within the individual, which stimulates offensive behaviors (Brenner, 1998). When

explanations of the prevention-aggression hypothesis are further analyzed, it can be seen that there are two facets to this hypothesis: a) the natural cause of anger is prevention, and b) anger and aggression are innate drives that show characteristics of a form of energy that lasts until the individual achieves his or her goal.

The basis of Freud's defense mechanisms is the concept of protection of the ego. The most essential of these mechanisms is repression, in which the individual unintentionally keeps his/her instinctive drives in the unconscious and prevents them from reaching the level of the conscious (Geçtan, 2008). According to Freud, as a result of the death instinct, the individual wants to destroy himself or herself; however, ego represses these emotions in order to keep its integrity. As a result of this repression, libido starts to accumulate in the unconscious mind and, therefore, the individual experiences anxiety and tension. The individual either tries to reduce this tension through constructive methods i.e., using sublimation defense mechanism, or projects the instinct of death to the environment through aggression by using projection defense mechanisms and, thus, achieves catharsis (Geçtan, 2008; Gümüş, 2000).

For many years the concept of *perfectionism* has been a focus of personality theorists (Burns, 1980; Hewitt & Flett, 1991; Hollender, 1965; Patch, 1984). In the second edition of *Webster's New College dictionary*, perfectionism is defined as "a predilection for setting extremely high standards and being displeased with anything less" (as cited in Slaney, Ashby, & Trippy, 1995). Personality theorists such as Adler (1956) emphasize that some aspects of perfectionism, such as striving for superiority, are important and positive for human development. Adler also states that "striving for perfection is innate in the sense that it is a part of life, a striving, an urge, a something without which life would be unthinkable" (p. 104) and views perfectionism as negative only when it includes the need to dominate others.

When the relationship between the six Multidimensional Perfectionism Scale dimensions suggested by Frost, Marten, Lahart, and Rosenblate (1990) and psychological problems is analyzed, being concerned over mistakes, doubt about actions, parental criticism, and parental expectations all appear to be positively correlated with depression (Rice & Dellwo, 2001), anxiety (Cheng, Chong, & Wong, 1999), obsessive-compulsive disorder, and procrastination (Frost et al., 1990), but negatively correlated with self-esteem (Koivula, Hassmén, & Fallby, 2002). Similarly, Cheng et al. (1999) reported finding that organization and personal standards were positively correlated with self-esteem and negatively correlated with symptoms of anxiety and depression.

### **Study Aims**

Our aim in the present study was to investigate the relationship between

perfectionism and the density of experiencing catharsis among university students. In this respect, our research questions were as follows:

1. Is there a significant difference between males and females in terms of the density of experiencing catharsis?
2. Is there a significant relationship between experiencing catharsis and perfectionism?
3. Is there a significant relationship between experiencing catharsis and perfectionism subscales?

## Method

### Participants

The sample consisted of 662 university students studying at Near East University during the academic year of 2011-2012. Of the students, 390 (58.9%) were female and 272 were male (41.1%); 230 were aged 20 years or under (34.7%), 282 were between 21 and 22 years old (42.6%), and 150 were 23 years or over (22.7%). There were 157 participants studying in the department of preschool teaching (23.7%), 168 in the Department of Pharmacy (25.4%), and 337 in the Department of Psychological Counseling and Guidance (50.9%).

### Procedure

The participants were asked to complete a survey in the classroom at the end of a normal scheduled class time. The surveys were completed while the teachers were in the classroom but this researcher took care of the administration process. The students were asked to provide information about their gender and to complete two scales which were about catharsis and perfectionism. They were informed that the study data would be kept anonymous and that they did not need to write down their names. The participants were given enough time to complete the survey.

### Measures

**Catharsis Scale.** The Catharsis Scale, developed by Çerkez (2012), consists of 41 items used to measure the level of experiencing catharsis in different situations. Respondents are asked to rate the items on a 5-point Likert scale to obtain an overall catharsis score ranging from 41 to 300; the higher the overall score, the greater the level of catharsis experienced. The Cronbach's alpha coefficient in this study was .86.

**Multidimensional Perfectionism Scale.** The 35-item Multidimensional Perfectionism Scale, developed by Frost et al. (1990), consists of six subscales: concern over mistakes (8 items) to measure the sensitivity to making a mistake (items 4, 9, 10, 13, 14, 18, 23, and 25; e.g. "If I do not set the highest standards

for myself, I am likely to end up a second-rate person”); personal standards (6 items) to measure the level of standards and expectations a person sets for himself/herself (items 6, 12, 16, 24, and 30; e.g. “It is important to me that I will be thoroughly competent in everything I do”); parental expectations (5 items) to measure the level of expectations and standards of parents (items 1, 11, 15, 20, and 26; e.g. “My parents set very high standards for me”); parental criticism (4 items) to measure the level of criticism of parents when the person has made a mistake (items 3, 5, 22, and 35; e.g. “My parents never tried to understand my mistakes”); doubt about actions (5 items) to measure the level of doubt of performing an action correctly (items 17, 28, 32, 33, and 34; e.g. “Even when I do something very carefully, I often feel that it is not done quite right”); and organization (6 items) to measure the level of need for organization (items 2, 7, 8, 27, 29, and 30; e.g. “I try to be an organized person”). Responses are rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores reflecting higher levels of perfectionism. Test-retest reliabilities for the different MPS subscales have been reported to range from .63 to .88 for 10 weeks (Rice & Dellwo, 2001).

### Data Analysis

In order to determine whether or not there were significant differences in overall catharsis scores in terms of gender, *t* test analysis was used. In addition, we conducted a regression analysis and results revealed that there is a significant difference in the relationship between the overall scores of experiencing catharsis and perfectionism.

## Results and Discussion

Table 1. *Results of t Test for Gender Differences in the Density of Experiencing Catharsis*

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Females	390	119.223	22.211	2.02	.043
Males	272	115.856	19.147		

The *t* test analysis results (see Table 1) showed that there was a significant difference in the level of experiencing catharsis in terms of gender, favoring females ( $t = 2.02, p < .05$ ). This supports the results obtained in previous studies focused on aggression and gender, in which significant differences have been found. For example, Kılınc and Murat (2012) investigated aggression levels in male and female high school students and reported that males experience significantly more aggression than do females.

Similarly, Porter and Stone (1995) reported that in previous studies researchers had indicated that men use more active and instrumental coping whereas women

tend more toward emotion-focused coping skills. However, they noted that these studies were limited in the sense that they were focused on the type of problems or the participants' appraisals of these problems. In their own study, they focused on the differences in the ways in which men and women experience daily problems and in the coping strategies they use to handle them. These researchers found that women reported more problems focused on the self, other people, and parenting problems compared with men; and men reported more miscellaneous and work-related problems compared with women. These findings indicate that there are gender differences in coping skills and emotion-focused situations and this is consistent with the present study findings. Similar to our findings in this study, Porter et al. (2000) found that women use social support and catharsis more than do men as a coping strategy in their daily lives.

Knight, Guthrie, Page, and Fabes (2002) carried out a meta-analysis investigating gender differences and emotional stimulation in aggression. In this analysis, related research carried out between 1965 and 1999 was reviewed. The results suggested that men were stimulated more than were women in issues involving aggressiveness and that, compared to women, men were less able to deal with emotional situations. Knight et al. indicated that in cases where there is very little or no emotional stimulation, there seems to be little difference between the genders, whereas in situations with low or medium emotional stimulation, there appears to be a significant difference in favor of men in terms of aggressiveness.

At this point, the results in the current study suggest that there is a gender difference in favor of women in terms of the intensity of experiencing catharsis. This finding appears to support previous research findings

Table 2. *Regression Analysis Results for the Relationship Between Catharsis and Multidimensional Perfectionism*

$R = .271$	$R^2 = .073$	Standard error = 20.34647	$F = 48.901$ $p < .001$
<b>Dependent variable:</b>	Catharsis overall score (CathOverall)		
<b>Independent variable:</b>	Perfectionism overall score (PerfOverall)		
	Beta	$t$	$p$
PerfOverall	.287	6.993	.000*

Note. \*  $p < .001$ .

Regression analysis was used in order to determine whether or not there was a significant relationship in the overall means scores on the Catharsis Scale and the Multidimensional Perfectionism Scale. As can be seen in Table 2, the results of the analysis showed that there was a significant relationship between the level of experiencing catharsis and perfectionism personality trait ( $R^2 = .073$ ,  $p < .001$ ).

Individuals who have perfectionist personalities set high standards for themselves and, consequently, they have to deal with higher levels of emotions related to possible lack of success and increased despair. Freud stated that, in order to deal with the anxiety caused by this inner conflict, these individuals use ego defense mechanisms (Valliant, 1992). Dickinson and Asby (2005) investigated the relationship between perfectionism and the level of maturity in ego defense mechanisms. According to their findings, adaptive and maladaptive perfectionists show differences in terms of maturity levels in relation to their ego defense mechanisms. In this respect, when it is considered that the experience of catharsis is closely related to defense mechanisms, the significant relationship between catharsis and perfectionism can be said to be consistent with previous research findings.

These findings also show consistency with those of Besharat and Shahidi (2010), who reported a negative correlation between adaptive perfectionism and anger but a positive correlation between maladaptive perfectionism and anger. At this point, Besharat and Shahidi argue that adaptive perfectionists experience the feeling of satisfaction and, therefore, do not get angry, whereas maladaptive perfectionists often experience anger because they cannot reach the standards they set for themselves. In this regard, the findings in the current study show consistency with those of previous studies as they also indicate that there is a significant relationship between perfectionism and intensity of experiencing catharsis.

Table 3. *Multiple Regression Results for the Relationship Between Catharsis Scale Overall Scores and the Subdimensions of Perfectionism*

<i>R</i> = .316		<i>R</i> <sup>2</sup> = .100		Standard error = 20.1381		<i>F</i> = 11.295 <i>p</i> < .001	
<b>Dependent variable:</b>	Catharsis overall score						
<b>Independent variable:</b>	Beta value	<i>t</i>	<i>p</i>				
COM	.175	3.264	.000*				
PS	.051	1.043	.297				
PE	.066	1.380	.168				
PC	.009	.175	.861				
DAA	.113	2.425	.016**				
O	-.078	-1.754	.080				

*Note.* COM = Concern over mistakes; PS = Personal standards; PE = Parental expectation; PC = Parental criticism; DAA = Doubt about actions; O = Organization.

\* *p* < .001, \*\* *p* < .05.

As can be seen in Table 3, the multiple regression results indicate that the dimensions of the Multidimensional Perfectionism Scale explain 10% of the variance. The analysis shows that personal standards, parental criticism,

parental expectations, and organization dimensions of perfectionism do not have a significant relationship with the level of experiencing catharsis ( $p > .05$ ). However, concern over mistakes ( $p < .001$ ) and doubt about actions ( $p < .05$ ) dimensions of perfectionism have a significant relationship with the level of experiencing catharsis.

When studies focused on the relationship between perfectionism and various emotional responses are considered, it can be said that our findings in the current study support earlier findings. Fewada, Burns, and Gomez (2005) investigated perfectionism and its relationship with feelings of guilt and shame, and found that maladaptive perfectionism had a positive relationship with feelings of state shame and state guilt, whereas adaptive perfectionism had a positive relationship with pride. If the argument is accepted that the bases of concern over mistakes and doubt about actions subcategories are the feelings of guilt and shame, in cases where these concerns and doubts are strong, it can be said that catharsis is a strong possibility.

Researchers have reported that concern over mistakes and doubt about actions are commonly strong in individuals with obsessive-compulsive disorder. Sassaroli et al. (2008) looked at the relationship between perfectionism and obsessive-compulsive disorder, major depression, and eating disorders and they reported that concern over mistakes and doubt about actions were significantly related to these personality disorders.

Our findings in the current study also show similarities with that of Saboonchi and Lundh (1997) in terms of the significance of the relationship between intensity of experiencing catharsis and perfectionism. In their study, Saboonchi and Lundh looked at multiple dimensions of perfectionism and anxiety and found that only concern over mistakes and doubt about actions had a significant relationship with anxiety.

The finding that the personal standards, parental expectations, parental criticism, and organization dimensions of the Multidimensional Perfectionism Scale were not significantly related to catharsis shows that, in these dimensions, the experience of catharsis is mostly related to the individual's behaviors and the level of his/her concern over mistakes.

A limitation of our study was that we included only students at a university in Cyprus as participants, so the results cannot be generalized to other age groups or populations. It is recommended that the study be repeated with samples from different age groups and from different nationalities, in order to compare the intensity of experiencing catharsis for these groups. In addition, the study was limited to the gender variable only. In further studies researchers can look at the difference in the intensity of catharsis in relation to different variables.

In conclusion, the results in the present study show that, although it cannot be said that one affects the other, there is a relationship between the density of

experiencing catharsis and being a perfectionist. Perfectionists may experience catharsis because they are trying to repress their emotional reactions in order to be perfect and, therefore, the suppression easily lends itself to a cathartic situation.

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