

Perfectionism and Well-Being Among Adolescents

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Abstract: Perfectionism is commonly associated with the desire to meet high standards, but it can also become a source of pressure when adolescents feel that they have to meet their own or others' expectations. The present study examined the relationship between perfectionism and well-being among adolescents, with specific focus on self-oriented perfectionism and socially prescribed perfectionism. A sample of 200 adolescents aged 13–16 years was selected from schools in Kottayam, Pathanamthitta, and Alappuzha districts of Kerala using convenience sampling. The Child–Adolescent Perfectionism Scale (CAPS) was used to measure perfectionism, while the Adolescent Well-Being Scale was used to assess well-being. A correlational research design was adopted, and the data were analysed using Spearman's rank-order correlation. The findings showed a negative but non-significant relationship between self-oriented perfectionism and well-being ($r = -.111$, $p = .118$) just as in socially prescribed perfectionism showing a negative but non-significant relationship with well-being ($r = -.032$, $p = .651$). The hypotheses proposing a significant relationship between the variables were not supported. The findings suggest that, within the present sample, perfectionism was not significantly associated with adolescent well-being.

Keywords: Perfectionism, Well-being, Adolescents, Self-oriented Perfectionism, Socially Prescribed Perfectionism.

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I. INTRODUCTION

➤ The Context of the Study

American Psychological Association (2018) defines Adolescence as “the period of human development that starts with puberty (10–12 years of age) and ends with physiological maturity (approximately 19 years of age), although the exact age span varies across individuals. During this period, major changes occur at varying rates in physical characteristics, sexual characteristics, and sexual interest, resulting in significant effects on body image, self-concept, and self-esteem. Major cognitive and social developments take place as well: Most young people acquire enhanced abilities to think abstractly, evaluate reality hypothetically, reconsider prior experiences from altered points of view, assess data from multiple dimensions, reflect inwardly, create complex models of understanding, and project complicated future scenarios. Adolescents also increase their peer focus and involvement in peer-related activities, place greater emphasis on social acceptance, and seek more independence and autonomy from parents. Perfectionism has been extensively studied, especially in relation to mental health issues such as stress, anxiety, and depression. However, more recent studies have begun to explore the broader effects of perfectionism on overall well-being, particularly in adolescents. Adolescence, a critical developmental stage, is marked by major emotional, psychological, and social changes, making it a period of heightened vulnerability for those with perfectionistic

tendencies. Hence this research investigates the connection between perfectionism and adolescent well-being, with a specific focus on the Indian context.

The study originally aimed to examine the impact of perfectionism on stress. As the research progressed, however, the focus shifted toward well-being as a broader concept, which is better suited to capture both positive and negative mental health outcomes. Well-being encompasses emotional, psychological, and social functioning and serves as a more comprehensive indicator of an individual's health compared to stress alone. In India, where there is significant societal pressure tied to academic and social success, perfectionism can have profound implications. Indian adolescents, similar to their peers globally, often face intense pressure to succeed, which can amplify the negative effects of perfectionism on their mental health. The modern, fastpaced world, alongside increasing academic and media-driven pressures, makes understanding this dynamic particularly important.

▪ Perfectionism

Perfectionism is characterized by the tendency to demand an extremely high or even flawless level of performance from oneself or others, often exceeding what the situation requires (American Psychological Association, 2018). It is linked to various mental health concerns, including depression, anxiety, and eating disorders. One of the earliest definitions of perfectionism was provided by Hollender

(1978), who described it as the practice of setting higher performance standards than necessary. As a personality trait, perfectionism involves striving for flawlessness, setting exceptionally high goals, and being overly self-critical. This characteristic can act as a psychological vulnerability factor, increasing the risk of numerous emotional and behavioral difficulties. Stoeber (2011) similarly defines perfectionism as the tendency to aim for flawlessness, set excessively high performance standards, and engage in highly critical self-evaluation. Although the concept of perfectionism has been explored since the Middle Ages, its relevance in psychology emerged much later.

The psychological study of perfectionism traces back to psychodynamic theory, particularly the works of Alfred Adler and Karen Horney. Adler was among the first to recognize both adaptive and maladaptive aspects of perfectionism, viewing the drive for perfection as an innate and integral part of life. In contrast, Horney conceptualized perfectionism as "the tyranny of the should," considering it a neurotic personality trait without any positive dimensions. Over time, researchers have classified perfectionism into distinct categories. Adaptive perfectionism refers to a healthy pursuit of high standards that remains flexible and allows individuals to experience satisfaction when they meet expectations. Maladaptive perfectionism, on the other hand, involves excessively high and rigid standards, excessive self-criticism, intolerance for mistakes, and a persistent fear of failure (Hill et al., 1997). Socially prescribed perfectionism occurs when individuals believe that others expect them to be perfect and evaluate themselves based on these perceived external judgments. Self-oriented perfectionism, as described by Hewitt and Flett (1990), consists of internally motivated beliefs that emphasize the importance of striving for and achieving perfection.

Several theoretical models have been developed to explain perfectionism. The Multidimensional Perfectionism Model, introduced by Hewitt and Flett, categorizes perfectionism into three components: self-oriented perfectionism (setting high personal standards), other-oriented perfectionism (imposing high standards on others), and socially prescribed perfectionism (the belief that others demand perfection). Another framework, the Two-Factor Model, conceptualizes perfectionism as a combination of "perfectionistic strivings" (the pursuit of excellence) and "perfectionistic concerns" (anxiety and self-criticism related to falling short of high standards). The Cognitive Behavioral Model by Shafran, Cooper, and Fairburn (2002) suggests that clinical perfectionism is sustained by a biased self-evaluation process, where individuals either criticize themselves for failing to meet high standards or, upon meeting them, dismiss their achievements as insufficient. The 2 × 2 Model of Perfectionism (Gaudreau & Thompson, 2010) contributes to the ongoing discussion about whether perfectionism is adaptive or maladaptive. It proposes that self-oriented perfectionism (SOP) and socially prescribed perfectionism (SPP) can interact at different levels, forming four subtypes: non-perfectionism, pure SOP, pure SPP, and mixed perfectionism. Other definitions of perfectionism include Burns' (1980) description of it as an unrelenting pursuit of goals and Pacht's (1984) definition, which frames

perfectionism as the drive to attain unrealistic and unattainable standards. Overall, perfectionism is a multifaceted personality trait defined by excessively high self-imposed standards and a relentless pursuit of flawlessness.

Adolescence is a particularly vulnerable period marked by significant academic, social, physical, and emotional challenges. Many adolescents experience high levels of stress during this stage, which may lead them to adopt perfectionistic tendencies as a coping mechanism. Therefore, studying perfectionism in adolescents is crucial to understanding its impact on their mental health and overall well-being.

• *Well-Being*

Well-being is described as a state of happiness and contentment, characterized by low levels of distress, good overall physical and mental health, a positive outlook, and a high quality of life (American Psychological Association, 2018). It can be understood as how individuals feel and function both personally and socially, as well as how they assess their lives as a whole (Jarden, A., Roache, A., 2023). The concept of well-being has evolved over centuries, originating from indigenous knowledge systems and ancient Greek philosophy. In recent years, modern social sciences—particularly positive psychology—have reignited interest in understanding well-being. Although it remains a key focus in fields such as psychology, health, and economics, a universally accepted definition is yet to be established. Well-being is generally considered a multidimensional construct that includes personal and social elements, emotions, behaviors, and relationships (Dhanabhayam, M., Sarath, M., 2023). Additionally, cultural and age-related differences further complicate its definition, highlighting the need for clarity in both scientific research and practical applications.

Well-being is often categorized into several dimensions, each addressing different aspects of an individual's life. Physical well-being refers to a person's overall health, including fitness levels, proper nutrition, and the absence of chronic illnesses. Emotional well-being involves experiencing positive emotions such as happiness and contentment, along with the ability to manage stress effectively. Social well-being reflects a sense of belonging, strong interpersonal relationships, and positive interactions within a community. Psychological well-being is a broader concept that includes self-esteem, personal growth, a sense of purpose, and resilience in facing challenges. Spiritual well-being, for some individuals, relates to a sense of meaning, connection to a higher purpose, and alignment with personal values. Cognitive well-being focuses on how individuals perceive and process information about their lives (American Psychological Association, 2018).

Well-being is strongly associated with success, achievement, and learning.

Over time, researchers have developed various models to conceptualize well-being.

Psychologist Carol Ryff introduced the six-factor model of psychological well-being, which consists of self-

acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships with others. Martin Seligman proposed the PERMA theory of well-being, which identifies five core elements: positive emotions, engagement, interpersonal relationships, meaning in life, and accomplishments. Another perspective is offered by psychologist Michael Bishop, who developed the network model of well-being, emphasizing the interconnections between different components and how they influence each other. In summary, wellbeing can be understood as an individual's subjective evaluation of life, characterized by positive emotions, engagement, and a sense of meaning (Diener et al., 2010).

➤ *Need and Significance of the Study*

The relationship between perfectionism and well-being is intricate and not fully understood, especially in adolescents. While some research suggests that certain types of perfectionism can enhance motivation and achievement, leading to greater satisfaction, other studies indicate that maladaptive perfectionism, particularly socially prescribed perfectionism, can cause significant distress, such as anxiety, depression, and low self-esteem. Adolescents under external pressure to meet unrealistic expectations often experience insecurity, which can harm their emotional well-being and hinder their resilience. Despite the growing research on perfectionism, there is still limited exploration of how it interacts with well-being in adolescents. In India, societal and familial expectations may lead to higher levels of socially prescribed perfectionism, which exacerbates the negative effects of perfectionism on mental health. Thus, this study aims to fill the gap in the literature by exploring how different forms of perfectionism relate to various aspects of well-being in adolescents.

Understanding these relationships will be crucial for educators, mental health professionals, and policymakers, as it will help design interventions that support healthy coping strategies and promote emotional resilience. The findings will also contribute to our understanding of how perfectionism impacts adolescents in India, a context that is often shaped by unique cultural pressures.

➤ *Aim of the Study*

The aim of the study is to examine the relationship between Perfectionism and Wellbeing among Adolescents belonging to high school and higher secondary school.

II. REVIEW OF LITERATURE

➤ *Theoretical Review*

Perfectionism is commonly understood as a personality trait characterized by setting unrealistically high expectations for oneself, accompanied by a tendency for critical self-assessment. This trait has been widely studied in relation to well-being, particularly during adolescence, a stage of life marked by significant self-concept and identity development, as well as increased social pressures. While perfectionism has often been linked to negative psychological outcomes like stress, anxiety, and dissatisfaction, recent research suggests that it can also have positive implications depending on how it

is managed. This theoretical review seeks to explore the complex interaction between perfectionism and adolescent well-being by synthesizing key theoretical perspectives on the subject.

• *Perfectionism*

The Five-Factor Model or Big Five Model (McCrae & Costa, 1997) offers a personality-based perspective on perfectionism, associating it with certain traits. Perfectionists tend to score high in conscientiousness, as they are detail-oriented and highly driven to succeed. However, they also exhibit elevated levels of neuroticism, which contributes to emotional instability and heightened anxiety. Additionally, perfectionists may display lower levels of agreeableness, which can impact their emotional regulation and interpersonal relationships, making them more prone to conflict and stress (Neshat, L., Bihari, A. F., & Dehshiri, A., 2023).

Self-Determination Theory (SDT) (Deci, E. L., & Ryan, R. M., 1985) explores the connection between perfectionism and different types of motivation. According to SDT, perfectionists are primarily driven by extrinsic motivation, meaning they feel compelled to meet the high expectations of others rather than striving for personal satisfaction. This external pressure leads to a lack of fulfillment and internal conflict, as perfectionists may focus on achievement without experiencing the intrinsic joy of their efforts.

Fear of Negative Evaluation Theory (Watson, D., & Friend, R., 1969) suggests that perfectionism is deeply linked to the fear of being judged negatively by others. Perfectionists often base their self-worth on their ability to meet exceptionally high standards, and any perceived failure can result in intense anxiety, depression, and low self-esteem. This fear of criticism can become overwhelming, shaping their behaviors and interactions as they attempt to avoid situations where they might receive negative evaluations.

Social Comparison Theory (Festinger, L., 1954) explains that perfectionists frequently engage in comparisons with others, reinforcing their need to meet high standards. When they perceive themselves as falling short of others' achievements, it leads to self-criticism and feelings of inadequacy. This continuous cycle of comparison fosters dissatisfaction and strengthens their unrealistic self-expectations, making them more vulnerable to stress and low self-esteem.

Cognitive-Behavioral Theory (CBT) (Shafran et al., 2002) suggests that perfectionism is associated with maladaptive cognitive patterns, such as persistent worry and rumination. Perfectionists often engage in repetitive cycles of negative thinking, focusing on potential mistakes and perceived shortcomings. This tendency to dwell on their flaws and past failures increases emotional distress, leading to heightened anxiety and chronic stress.

Perfectionism Cognition Theory (PCT) (Flett, G., Hewitt, P., & Nepon, T., 2016) posits that perfectionism arises from rigid and irrational beliefs about oneself. According to this theory, perfectionists hold distorted thoughts, such as the

belief that mistakes are catastrophic or that they must meet excessively high standards to be considered worthy. These cognitive distortions, including all-or-nothing thinking and overgeneralization, contribute to self-criticism, anxiety, and other negative psychological outcomes.

Self-Control and Regulatory Focus Theory (Higgins, E. T., 1997) examines perfectionism through the lens of self-regulation. Perfectionists often adopt a prevention focus, where they are preoccupied with avoiding mistakes and failures. Alternatively, they may adopt a promotion focus, where they are driven by the pursuit of ideal outcomes. These regulatory orientations shape how perfectionists set goals and manage emotions, often leading to heightened stress and dissatisfaction when outcomes fall short of expectations.

Self-Worth Theory (Covington, M. V., 1984) links perfectionism to an individual's sense of self-worth, which becomes dependent on meeting perfectionistic standards. Perfectionists derive their self-esteem from their ability to achieve flawless outcomes, making their sense of self fragile. Since perfectionistic goals are often unrealistic and difficult to attain, this results in chronic dissatisfaction, emotional distress, and an increased risk of low self-esteem.

Goal-Setting Theory (Locke, E.A., 1968) provides insights into how perfectionism influences goal-setting behaviors. Perfectionists tend to set excessively high and sometimes unrealistic goals, driven by their need to meet perfectionistic standards. As a result, they often experience chronic dissatisfaction, as they continuously strive for unattainable ideals. This can lead to a sense of failure and frustration when they fall short of their expectations.

Overall, these psychological theories provide valuable perspectives on perfectionism, illustrating how it affects motivation, cognition, self-perception, emotional regulation, and social interactions. The interplay between perfectionism and these psychological constructs highlights its complex nature and its profound impact on mental health and well-being.

• *Well-Being*

Well-being can be understood through multiple perspectives, with two major frameworks being hedonic and eudaimonic well-being. Hedonic well-being is centered on the pursuit of pleasure and the avoidance of pain. It focuses on subjective happiness, life satisfaction, and positive emotions, suggesting that individuals strive to maximize pleasure while minimizing discomfort. Closely related to this perspective is Utilitarianism, a theory proposed by Bentham (1789) and Mill (1863), which argues that human well-being is best achieved by increasing pleasure and reducing suffering. Utilitarianism prioritizes actions that generate the greatest amount of happiness for the largest number of people, reinforcing the idea that pleasure is a key determinant of well-being.

One of the key principles within hedonic well-being is the concept of Hedonic Adaptation, also known as the Set-Point Theory, which was introduced by Brickman and Campbell (1971). This theory posits that individuals have a

baseline level of happiness to which they return after experiencing major life changes. Research has shown that even after significant positive or negative events, such as winning the lottery or experiencing an accident, people tend to revert to their original level of well-being over time. This suggests that while external circumstances can temporarily influence happiness, they do not necessarily create lasting changes in overall wellbeing.

Eudaimonic well-being, on the other hand, is centered on living a meaningful life, personal growth, and self-actualization. It goes beyond temporary pleasure and instead emphasizes fulfilling one's potential and aligning one's actions with deeper values and virtues. Aristotle's concept of eudaimonia, or "true happiness," distinguishes between transient pleasures and genuine well-being. According to Aristotle, true flourishing is achieved through the pursuit of virtue and rational living, underscoring the importance of moral and intellectual development rather than mere gratification (Abbas et al., 2024).

Several psychological models further elaborate on eudaimonic well-being. One of the most influential is Ryff's (1989) model of psychological well-being, which identifies six essential components: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships. This model suggests that well-being is multidimensional and extends beyond mere happiness, incorporating elements of resilience, self-awareness, and fulfillment. Similarly, Self-Determination Theory (SDT), developed by Deci and Ryan (1985), provides insight into how intrinsic and extrinsic motivations shape well-being. According to SDT, individuals achieve well-being when three fundamental psychological needs—autonomy, competence, and relatedness—are satisfied. This framework supports the idea that both hedonic pleasure and eudaimonic fulfillment are necessary for overall well-being.

Beyond the psychological and philosophical aspects, well-being is also deeply influenced by social and physical factors. Social well-being, as conceptualized by Keyes (1998), encompasses five dimensions: social integration, social acceptance, social contribution, social actualization, and social coherence. This model highlights the significance of social connectedness and the role of positive relationships in fostering well-being. It emphasizes that individuals who feel a sense of belonging and purpose within their social environment tend to experience higher levels of overall happiness.

Physical well-being plays an equally vital role in shaping overall life satisfaction. The Health and Well-Being Model suggests that maintaining good physical health is crucial for emotional stability and social functioning. Numerous studies have demonstrated that individuals in good physical health report higher levels of happiness and life satisfaction, reinforcing the idea that well-being is closely tied to one's physical condition. A healthy body supports mental resilience, allowing individuals to cope more effectively with stress and challenges.

Well-being is also a key focus in the workplace, where factors such as job satisfaction, organizational support, and work-life balance influence employees' mental and emotional states. Seligman's (2011) PERMA Model, widely applied in organizational psychology, outlines five essential elements that contribute to wellbeing: Positive Emotions, Engagement, Relationships, Meaning, and

Accomplishment. This model suggests that a work environment fostering these five dimensions enhances both employee satisfaction and productivity, ultimately leading to a more fulfilling professional and personal life.

Overall, well-being is a complex and multifaceted construct that integrates elements of psychological, social, and physical health. While hedonic well-being emphasizes pleasure and happiness, eudaimonic well-being focuses on meaning and personal growth. Together, these perspectives provide a comprehensive understanding of what it means to lead a fulfilling life, highlighting the diverse factors that contribute to overall well-being.

➤ *Review of Related Literature*

Recent studies have examined the relationship between perfectionism and well-being in various populations. Benedetto, Macdonio, & Ingrassiain in 2024 on "Well-Being and Perfectionism: Assessing the Mediatonal Role of Self-Compassion in Emerging Adults" analyzed 217 participants (18-35 years old) using the Almost Perfect Scale-Revised (APS-R), Self-Compassion Scale (SCS), and a Psychological Well-Being questionnaire. Their findings showed that adaptive perfectionism enhanced well-being while maladaptive perfectionism lowered it, with selfcompassion acting as a buffer against the negative effects.

Sidharth, Yadav, & Sanwria in 2023, in "The Relationship of Perfectionism and Well-being in Young Indians: A Qualitative Study", studied 25 young individuals in Delhi-NCR through qualitative interviews. They found that 44% identified as perfectionists, 56% struggled with self-criticism, and only 24% believed perfectionism benefited their well-being, highlighting its complex role in Indian youth.

Fernández-García et al. in 2021 in "Academic Perfectionism, Psychological Well-Being, and Suicidal Ideation in College Students", examined 1,287 university students using The Study-related Perfectionism Scale (SPS) and The Brief Scale of Psychological Well-Being for Adolescents (BSPWB-A). Their study linked academic perfectionism to better grades but lower well-being, with students who performed poorly experiencing higher distress and 31% reporting suicidal ideation.

Özcan (2021), in "Perfectionism and Well-being Among Student Athletes:

The Mediating Role of Athletic Coping", studied 292 sports students (119 females, 173 males, aged 18-35) using the Multidimensional Perfectionism Scale, Warwick Edinburgh Mental Well-Being Scale, and Athletic Coping Skills Inventory-28. Findings revealed athletic coping skills

mediated the negative impact of perfectionism on well-being, with self-oriented, socially-prescribed, and other-oriented perfectionism all linked to lower well-being.

Sand et al. (2021), in "Perfectionism in Adolescence: Associations With Gender, Age, and Socioeconomic Status in a Norwegian Sample", studied 10,217 adolescents (52.9% girls) using the EDI-P Scale. Their study found that girls scored higher in socially-prescribed perfectionism, and higher perfectionism correlated with better economic well-being but not parental education levels.

Stoeber & Rambow in 2007 in "Perfectionism in Adolescent School Students: Relations with Motivation, Achievement, and Well-being" assessed 121 ninth-grade students using the Multi-Dimensional Inventory of Perfectionism in Sport (Perceived Parental Pressure subscale), Achievement Motivation Scale, and Motivation for School Scale". Results indicated that striving for perfection improved motivation and achievement, but negative perfectionism and parental pressure led to anxiety, somatic complaints, and depressive symptoms.

These studies collectively highlight the dual nature of perfectionism while adaptive perfectionism can enhance motivation and achievement, maladaptive perfectionism often leads to stress, anxiety, and reduced psychological well-being.

➤ *Research Gap*

While numerous studies have explored the link between perfectionism and well-being, there is a noticeable gap when it comes to the adolescent population in the Indian subcontinent. This research aims to address this gap by offering an examination of how perfectionism influences well-being among adolescents in India. Furthermore, it could provide insights that focus on enhancing the well-being of young people, especially high school students with their social and self expectations.

➤ *Research Question*

The purpose of this study is to explore the following research question:

Is there any significant relationship between Perfectionism and Well-being among Adolescents?

III. METHOD

➤ *Objectives*

The major objectives of the study are:

- To study the relationship between Self -Oriented Perfectionism and Wellbeing among Adolescents.
- To study the relationship between Socially Prescribed Perfectionism and Wellbeing among Adolescents.

➤ Variables and Operational Definitions

• Theoretical Definitions

- ✓ Perfectionism. Perfectionism is a multidimensional construct involving setting high personal standards and goals for achievement, and concern over mistakes (Frost et al., 1990).
- ✓ Well-being. Ed Diener (1984) defined psychological wellbeing as a subjective evaluation of life that includes positive emotions, engagement, and meaning. The Centres for Disease Control and Prevention (CDC) defined well-being in 2022 as the presence of positive emotions and moods, and the absence of negative emotions

• Operational Definitions

- ✓ Perfectionism. Perfectionism is a personality disposition characterized by striving for flawlessness and setting exceedingly high standards of performance accompanied by tendencies for overly critical evaluations of one's behavior (Flett & Hewitt, 2002).
- ✓ Well-being. According to Birleson (1980), well-being is generally understood as a state of positive mental health, encompassing a sense of happiness, life satisfaction, and the ability to cope with normal life stresses, essentially meaning "feeling good" and functioning well in various aspects of life.

➤ Hypotheses

- *There will be a significant relationship between Self – Oriented Perfectionism and Well-being among Adolescents.*
- *There will be a significant relationship between Socially Prescribed Perfectionism and Well-being among Adolescents.*

➤ Sample

The sample of the study comprised 200 adolescent participants aged between 13 and 16 years. These individuals were selected from a range of schools in Kerala, specifically from the districts of Kottayam, Pathanamthitta and Alappuzha. The samples were selected using a convenience sampling technique.

• Inclusion Criteria

The participants included in the study belong to the adolescent group (male and female). Students from high school and higher secondary institutions were selected for the study. Students who were aged between 13 and 16 years were taken as samples.

• Exclusion Criteria

Adolescent students, males and females belonging to the age span other than 13 years to 16 years were excluded.

➤ Research Instruments

• The Child – Adolescent Perfectionism Scale (CAPS)

The Child – Adolescent Perfectionism Scale (CAPS) was developed by

Gordon L. Flett et al, in 2016. The CAPS has two dimensions: (a) Self-Oriented Perfectionism (i.e., exceptionally high personal standards and being driven to achieve these standards) and (b) Socially Prescribed Perfectionism (i.e., the belief or perception that other people demand perfection from the self). The Scale has 22 items with 3, 9, and 18 as reverse-scored. Self-oriented perfectionism is the sum of items 1, 2, 4, 6, 7, 9, 11, 14, 16, 18, 20, and 22. Socially prescribed perfectionism is the sum of 3, 5, 8, 10, 12, 13, 15, 17, 19, and 21. The participant has to pick his or her answer by circling a number from "1" to "5."

The five possible answers being

- ✓ False—not at all true of me
- ✓ Mostly false
- ✓ Neither true nor false
- ✓ Mostly true
- ✓ Very true of me

A high score indicates higher perfectionism while a low score indicates lower levels of perfectionism. The Scale has a Test – retest Reliability of 0.83, 0.84 and 0.87 for Self-oriented perfectionism, Socially prescribed perfectionism and the scale as a whole. The Concurrent and discriminant Validity of the scale is found to be 0.64.

• Adolescent Well-Being Scale

Developed by Peter Birleson in 1981, the Adolescent Well-Being Scale is derived from the Depression Self-Rating Scale for Children and assesses both depressive symptoms and well-being in children and adolescents. It has 18 items, each provided with responses most of the time, sometimes, never. The responses to each question are provided with scores 0, 1 or 2 depending on the nature of the question. A score of 0 implies no concern, 1 possible concern and 2 that young person is indicating unhappiness or low self-esteem in the aspect of life enquired through the item. Based on the nature of questions they are broadly categorized into positive and negative items. Responses to each item can help understand privation and consequent need of the adolescent with regards the concerned aspect of life. This questionnaire has allowed for adolescents to gain an overall insight into their prevalent state of mind in a short time. A minimum score of 0 and a maximum of 36 can be obtained. A score above 13 is an indicator of lower well-being while a score below 13 is an indicator of higher well-being. The Scale has a Test-retest Reliability of 0.80, an Internal consistency ranging from 0.73 to 0.90. The scale has adequate face validity and factorial validity.

➤ Research Design

A research design serves as a structured plan that organizes the various methods and strategies a researcher employs in a study. This investigation utilized a correlational

research design, which examines relationships between variables without manipulating them. Correlation measures the strength and direction of the association between two or more variables. A positive correlation occurs when both variables move in the same direction, while a negative correlation means they change in opposite directions. If the correlation is zero, it indicates no relationship between the variables.

➤ Data Collection Procedure

For data collection, permission was obtained to visit various high schools and higher secondary institutions across the districts of Kottayam, Alappuzha, and

Pathanamthitta. The process began with providing participants with a consent form. The participant belonged to the age group 13 to 16 years. Before collecting data, rapport was built with the participants, and necessary instructions were given. The Child-Adolescent Perfectionism Scale and Adolescent Wellbeing Scale was given to the participants, The instructions included:

“We invite you to take part in this study. Please fill the necessary details. There are two questionnaires. The first questionnaire should be done on the basis of the following instruction: This is a chance to find out about yourself. It is not a test. There are no right or wrong answers, and everyone will have different answers. Be sure that your answers show how you actually are. Please do not discuss your answers with anyone else. We will be keeping your answers only for academic purposes and the confidentiality will be maintained. When you are ready to begin, read each sentence and pick your answer by circling a number from 1 to 5. After completing it, please proceed with the next questionnaire. Here, you have to read the question and put a tick mark against the column of the three options that best suits you. The options include: most of the time, sometimes and never.

Please answer honestly, as your responses will help our research. Don't omit any questions. Answer the option that first comes to your mind. The questionnaire will take only a few minutes to complete, so please answer all the questions.

Your participation is very important to us. If you have any doubts, feel free to ask.

Thank you for helping with our study.”

After thoroughly explaining the research procedures, the researcher assured the participants of confidentiality. Once the instructions were provided, participants proceeded to complete the questionnaire. After the participants completed the questionnaire the data were collected. The collected data were then scored and analyzed using SPSS.

➤ Statistical Technique

The data were processed using Statistical Package for Social Sciences or SPSS version 27.0, a statistical software package also known as IBM SPSS Statistics. This tool is designed for analyzing data and generating informative tables, graphs, and visual representations. SPSS offers a variety of analytical features, including descriptive statistics, cluster analysis, regression analysis, and factor analysis, making it a powerful resource for statistical research.

In this study, inferential statistics were used to analyze the data.

Inferential statistics are often used to compare the differences between the treatment groups. Inferential statistics allows to make predictions, draw conclusions and generalize insights from a sample to an entire population. These methods help identify variations between groups, highlighting patterns and trends in the data.

Spearman's Rank Coefficient of Correlation was applied to examine relationships between variables. This nonparametric measure assesses the strength and direction of associations between two ranked variables, providing insights into potential differences within the dataset.

IV. RESULTS AND DISCUSSION

The aim of the research is to study the relationship between Perfectionism and Well-being among Adolescents. The sample population consisted of 200 high school students from different district of Kerala aged between 13 years and 16 years.

Perfectionism among adolescents was measured using The Child – Adolescent Perfectionism Scale (CAPS) developed by Gordon L. Flett et al, in 2016. Well-being was measured using the Adolescent Well-Being Scale by Peter Birleson in 1981. To assess the relationship between perfectionism and well-being, Spearman Correlation was used from SPSS software.

➤ Result

Table 1 The Spearman Correlation of Self-Oriented Perfectionism and Well-being among Adolescents.

Variables	Self-oriented Perfectionism		
Well-being	r -value	-0.111 p-value	0.118

Table 1 shows the Spearman Correlation of Self-oriented Perfectionism and Well-being among Adolescents. The r -value and p -value are -0.111 and 0.118 respectively.

Table 2 The Spearman Correlation of Socially Prescribed Perfectionism and Well-being among Adolescents.

Variables	Socially Prescribed Perfectionism		
Well-being	r -value	-0.032 p-value	0.651

Table 2 shows the Spearman Correlation of Socially Prescribed Perfectionism and Well-being among Adolescents. The r -value and p -value are -0.032 and 0.651 respectively.

➤ Discussion

The aim of the research was to study the relationship between Perfectionism and Well-being among Adolescents. Perfectionism is a personality disposition characterized by striving for flawlessness and setting exceedingly high standards of performance accompanied by tendencies for overly critical evaluations of one's behavior (Flett & Hewitt, 2002). Well-being. According to Birleson (1980), wellbeing is generally understood as a state of positive mental health, encompassing a sense of happiness, life satisfaction, and the ability to cope with normal life stresses, essentially meaning "feeling good" and functioning well in various aspects of life.

Spearman Correlation was done to analyse the data using SPSS version 27.0.

Table 1 shows the Spearman Correlation of Self-oriented Perfectionism and Well-being. From the table, it can be inferred that the values exhibit a clear negative correlation with no significance. Hence the hypothesis of the research is rejected. The obtained result, that is the hypothesis being rejected might be due to biased data usage. The bias in the data can occur from various reasons such as the Observer Effect, misunderstanding the questions, the participants' tendency to provide inaccurate responses so as to impress experimenter or due to fear of judgment and other subjective factors.

Table 2 shows the Spearman Correlation of Socially Prescribed Perfectionism and Well-being among Adolescents. It is evident from the table that the values are in a clear negative correlation. The values do not provide significance under analysis, making the hypothesis to be rejected. This obtained result might be due to usage of biased data, occurring from reasons like the Observer Effect, misunderstanding the questions, the participants' tendency to provide inaccurate responses so as to impress the experimenter or due to fear of judgment and other subjective factors. This result is confirming with the study titled "Perfectionism and Psychological Well-being among Emerging Adults" by Swathi, G., & Upadhyay, A. D. provided similar results.

V. SUMMARY AND CONCLUSION

The study was conducted to find the relationship between Perfectionism and Well-being among Adolescents. The sample population consisted of 200 high school students from different districts of Kerala. Students aged between 13 and 16 years were taken for study. In this study Perfectionism among Adolescents was measured using The Child – Adolescent Perfectionism Scale (CAPS) developed by Gordon L. Flett et al, in 2016 and Well-being was measured using the Adolescent Well-Being Scale by Peter Birleson in 1981. To assess the relationship between perfectionism and well-being, Spearman Correlation was used and it was done using SPSS software. The findings of the study shows that there is no significant relationship between socially prescribed

perfectionism (SPP) and well-being among adolescents. It also shows that there is no significant relationship between self-oriented perfectionism (SOP) and well-being among adolescents.

➤ Conclusion

- There is no significant relationship between Self-Oriented Perfectionism and Well-being among Adolescents.
- There is no significant relationship between Socially Prescribed Perfectionism and Well-being among Adolescents.

➤ Implications

The present study provides new insights into the relationship between perfectionism and well-being among adolescents. The findings of the study implies that there is no significant relationship between socially prescribed perfectionism and well-being as well as self-oriented perfectionism and well-being among adolescents.

A negative correlation was found between both self-oriented perfectionism (SOP) and well-being, as well as socially prescribed perfectionism (SPP) and well-being; however, these correlations were not statistically significant. These results challenge prior research that suggests a strong link between the two, indicating that cultural or contextual factors may influence this association.

The findings of the present study have important implications for understanding the relationship between perfectionism and well-being among adolescents. The data showed no significant relationship between self-oriented perfectionism and well-being as well as socially prescribed perfectionism and wellbeing, which implies that perfectionism, specifically socially prescribed and self-oriented perfectionism, may not be a primary determinant of adolescent well-being. This indicates that other factors may have a greater influence on adolescent wellbeing, especially in the Indian context, where distinct social and academic pressures, along with familial pressures and expectations, could be key contributors. The findings highlights the need to consider a broader range of influences when understanding adolescent mental health. The results suggests that though perfectionism may not always directly affect adolescent well-being, there could still be underlying factors influencing their emotional and psychological health. This insight can be useful for educators, mental health professionals, and counsellors working with adolescents, as it underscores the importance of considering multiple aspects of perfectionism and well-being in intervention strategies.

➤ Limitations of the Study

- The study was conducted within a small sample, therefore the study may lack generalizability.
- Relying upon the self-report data may not always be accurate. It may have created negative implication in the research study as they may contain biased information.

- The study was conducted only among the high school students in Kerala.
- The study was conducted exclusively in Kerala. As cultural and social factors influence perceptions and behaviours, the findings may differ for other social groups or regions.
- The study conducted was cross-sectional, it only captures data at one point in time, making it difficult to establish causal relationships between perfectionism and well-being. Longitudinal studies might provide more insights.
- The study was conducted in a limited time period
- Students may have tended to complete the questionnaire quickly and carelessly because the answers were gathered during busy schedules.

➤ *Suggestions for Further Research*

- Future studies could include large, wider and diverse sample.
- A longitudinal study might be valuable in exploring the relationship between perfectionism and well-being among adolescents, which may help to clarify causal relationship, how key transitions, such as changes in self-perception and increasing doubts, influence of these factors over time, can offer a deeper understanding of how perfectionism impacts well-being as adolescents grow and develop a clearer sense of self.
- Study other potential factors that may contribute to well-being among adolescents, such as family dynamics, peer relationships.
- Consider using qualitative research methods (for example, interviews or focus groups) alongside quantitative methods to gain deeper insights into adolescent's experiences of perfectionism and well-being.
- The findings highlight the need for further investigation into alternative factors that shape adolescent well-being, particularly in the Indian context, where unique social and academic pressures may play a role.

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