

ADULT CHILDREN OF ALCOHOLICS AND PERFECTIONISM-
IS THERE A CORRELATION?

by

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ABSTRACT

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The purpose of this investigation was to examine the relationship between adult children of alcoholics and neurotic perfectionism. Neurotic perfectionism was determined by examining five different areas of the Almost Perfect Scale- Revised which are Standards and Order, Discrepancy, Relationships, Procrastination, and Anxiety. One hundred and nineteen students enrolled in the general psychology course at the university chosen participated in this study. Of the total participants, nineteen were identified as adult children of alcoholics by their scores on the Children of Alcoholics Screening Test (CAST). Adult children of alcoholics were identified as those individuals scoring a 6 or

higher on the Children of Alcoholics Screening Test (CAST). Participants were administered the Children of Alcoholics Screening Test (CAST), the Almost Perfect Scale – Revised (APS-R), and a Demographic Questionnaire. Based on the results of the study, adult children of alcoholics tend to have higher perfectionism levels on the Discrepancy scale than adult children of non-alcoholics. There appears to be no significant correlation between adult children of alcoholics and perfectionism in the areas of Standards and Orders, Procrastination, Anxiety, and Relationships. However, a trend did emerge between being an adult child of an alcoholic and being labeled as a perfectionist by significant others.

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CHAPTER I

INTRODUCTION

Many children grow up in a home that is filled with uncertainty, instability, devastation, and terror. These children live with an alcoholic. It is estimated that there are currently over 28 million children in America living with an alcoholic. Even though this statistic is devastating in itself, it has stayed relatively the same in the past several years (Black, 1986; Jones & Kinnick, 1995). The estimated number of children of alcoholics in the United States has not increased or decreased dramatically in the past several years; this can be seen as both positive as well as negative. From a positive perspective, this statistic has become fairly stable; however, viewed through a negative lens, this number is still terribly high. These children are considered the "unseen casualties" of alcoholism (Ackerman, 1978). Far too often these children are forgotten, therefore, their feelings and emotions go unnoticed.

There is much social and psychological stress that is created from living in an alcoholic home. Due to this stress, many children of alcoholics (COAs) tend to adopt a distinct role in the family (Glover, 1994). Such children use these roles to maintain emotional and environmental stability internally and within the family (Berger, 1993). Four typical roles tend to be used by COAs. These roles are the scapegoat, lost-child, mascot, and family hero.

The role of the scapegoat is that of a troublemaker. The scapegoat tends to be deviant, disruptive, and hostile. By acting out, he/she becomes the center of attention within the family, thereby, drawing attention onto him/herself and away from the family. The lost-child, on the other hand, tends to hide from the growing chaos of the family. Often this child tends to escape mentally and emotionally to a "fantasy" world during times of distress. These children do not want attention drawn onto them; therefore, they tend to be very quiet, shy, and withdrawn. The mascot, however, tends to use humor to distract the family during times of stress. Such humor is used as a device to help him/her survive the pain and turmoil caused by the family. The fourth role is that of the family hero. This child tends to be the perfectionist. By excelling in academics, athletics, and life in general, he/she brings a great deal of pride to the family, which compensates for his/her negative home life. It is through these roles that children of alcoholics are able to have some control over their unstable home lives.

The emotional and physical stress created by living with an alcoholic parent does not simply disappear when the parent becomes sober or when the child leaves home. In fact, COAs tend to realize the "real" effects of their parents' drinking on themselves when they leave home for the first time (Bosworth & Burke, 1994). When new relationships replace familiar ones and when children are separated from their families for the first time, the effects of being a COA tend to become more noticeable and destructive. It is estimated that one in five college students (18-33%) recognize themselves as ACOAs (Jones & Kinnick, 1995). Even though, for most students, college is a very educational and enjoyable experience, it can be very devastating and stressful for ACOAs.

Many adult children of alcoholics (ACOAs) struggle with issues such as isolation, intimacy problems, anxiety, low self-esteem, depression, and perfectionism (Ashby et al., 1995; Jones & Kinnick, 1995). Even though all of these can be problematic, perfectionism is seen as a "special" problem for ACOAs (Ashby et al., 1995). Perfectionism has been associated with many of the traits just cited, such as anxiety, depression, and low self-esteem. In essence, it is posited that there is a strong relationship between adult children of alcoholics and perfectionism.

Perfectionism can have positive motivating effects on individuals as well as negative limiting effects on them. Individuals, who have normal levels of perfectionism, use it as a motivator to reach high but realistic goals (Ashby & Kottman, 1996). Perfectionism can be a specific personality characteristic that can help one become a competent and able person (Johnson & Slaney, 1996). However, particularly, perfectionism can also lead to procrastination, high levels of anxiety, isolation, and failure when it becomes destructive or "neurotic" (Ashby et al., 1995)

College, for most people, is a time of much educational and personal growth, not devastation and distress. However, for adult children of alcoholics, the latter seems to be more realistic. Each year the percentage of ACOAs entering college increases. Therefore, in order to aid these individuals in achieving the "normal" college experience, it is essential to understand these problematic characteristics.

Statement of the Problem

For the purposes of this study, three General Psychology classes were surveyed to determine if a relationship exists between Adult Children of Alcoholics and neurotic forms of perfectionism. For purposes of this study, Adult Children of Alcoholics were individuals 18 years of age or older reared in alcoholic homes (as confirmed by their scores on the CAST, the Children of Alcoholics Screening Test). Perfectionism levels were determined by examining participants' responses on the Almost Perfect Scale and its subscales in several areas such as Relationships, Procrastination, and Anxiety.

The participants in this study were all adults attending a medium sized state university in a small mid-western town and currently enrolled in General Psychology (a required course for all students at this university). All participants completed the CAST, in addition to other instruments chosen for this research project. Adult children of alcoholics were identified by their CAST scores. Students scoring a 6 or higher on this test were determined to be ACOAs. Relationships among the variables in this study have been analyzed in an effort to determine level of perfectionism, as measured by the Almost Perfect Scale, for college students who are adult children of alcoholics and those who are adult children of non-alcoholics.

This study is designed to establish whether or not adult children of alcoholics exhibit higher levels of "neurotic" perfectionism than adult children of non-alcoholics. This issue is very essential because of the growing population of ACOAs in colleges. Also, by identifying a possible relationship between "neurotic" perfectionism and

ACOAs, counselors and educators will be able to more thoroughly help these individuals in college and with life in general. The research hypothesis for this study is that adult children of alcoholics will display more of a tendency to become neurotic perfectionists than adult children of non-alcoholics.

Hypotheses

The null hypotheses for this study are correlational and casual-comparative in nature.

Null Hypothesis #1

There is no statistically significant difference in levels of perfectionism as measured by their score on the Standards and Order subscale of the Almost Perfect Scale between college students who are classified as adult children of alcoholics as compared to those who are classified as adult children of non-alcoholics.

Null Hypothesis #2

There is no statistically significant difference in levels of perfectionism as measured by their score on the Discrepancy subscale of the Almost Perfect Scale between college students who are classified as adult children of alcoholics as compared to those who are classified as adult children of non-alcoholics.

Null Hypothesis #3

There is no statistically significant difference in levels of perfectionism as measured by their score on the Procrastination subscale of the Almost Perfect Scale between college students who are classified as adult children of alcoholics as compared to those who are classified as adult children of non-alcoholics.

Null Hypothesis #4

There is no statistically significant difference in levels of perfectionism as measured by their score on the Anxiety subscale of the Almost Perfect Scale between college students who are classified as adult children of alcoholics as compared to those who are classified as adult children of non-alcoholics.

Null Hypothesis #5

There is no statistically significant difference in levels of perfectionism as measured by their score on the Relationship subscale of the Almost Perfect Scale for college students who are classified as adult children of alcoholics as compared to those who are classified as adult children of non-alcoholics.

Definition of Terms

In order to eliminate confusion regarding definitions, the terms used in this research project are clearly defined below.

Adult Children of Alcoholics (ACOA)

Adult children of alcoholic's are referred to as those adults eighteen years of age or older who scored a 6 or higher on the Children of Alcoholics Screening Test (CAST).

Adult Children of Non- Alcoholics (NonACOA)

Adult children of non-alcoholics are referred to as those adults eighteen years of age or older who scored a 5 or lower on the Children of Alcoholic Screening Test (CAST).

Perfectionism

For the purpose of this study, perfectionism is divided into two types, normal and neurotic.

Normal Perfectionism

Individuals who are normal perfectionists use perfection as a motivator to reach high, but reasonable, standards.

Neurotic Perfectionism

Individuals who are neurotic perfectionists are constantly overwhelmed by their feelings of inferiority and, therefore, unable to be motivated by these feelings.

CHAPTER II

LITERATURE REVIEW

Literature obtained to do this study on the nature of Adult Children of Alcoholics and the tendency to have neurotic perfectionism characteristics came from two main avenues. The first avenue consisted of research and literature obtained from the use of computer searches completed through the University of Wisconsin- Stout Library Learning Center. Key Words used for this search were Adult Children of Alcoholics, perfectionism, alcoholism, and personality issues. The second avenue involved a review of some literature written by leaders in the field of perfectionism, i.e., Robert Slaney, Jeffery Ashby, and Kenneth Rice, among others.

General Information

Alcoholism ranks as one of this country's most serious health conditions and threats. It is also one of America's most neglected conditions. However, the "unseen casualties" of alcoholism seems to be most neglected. These casualties are the children of alcoholic parents. It is estimated that there are over 28 million children of alcoholics in America today (Black, 1986; Jones & Kinnick, 1995). This number is devastating in itself. Children who live and grow up in an alcoholic home are prone to many problems throughout their lives. Some of the problems that can develop are interpersonal and academic difficulties, and low self-esteem (Baker & Stephenson, 1995). These problems and issues can be directly associated with their parent's drinking problem.

For children of alcoholics, their parent's drinking is the central fact of their lives. Their feelings, personalities, behaviors, social adjustment, and educational progress are influenced more by their parent's drinking than by any other factor in their lives (Deutsch, 1982). The great majority of these children do not understand what is happening in their homes, and especially do not understand the effects of their parent's drinking on them. Many children of alcoholics do not get the nurturance, safety, love, and support that are needed from families. Instead, these children contend with constant feelings of shame, fear, guilt, insecurity, anger, and confusion (Deutsch, 1982). Because these alcoholic families fail to satisfy their children's basic emotional needs, such young people are forced to adjust to an extremely stressful and isolated environment. In order to survive such terrible conditions, these children develop response and defense mechanisms. Even though these mechanisms help them cope in an alcoholic home, they can become very constraining and problematic in the world at large.

General Roles

Children of alcoholics develop survival techniques and take on roles that help them manage the chaos and stress of the family. Such individuals generally take on the survival role that contributes the least amount of stress for them. These roles are the family hero, the scapegoat, the lost-child, and the mascot. By assuming such roles, children are helping the family to maintain equilibrium. These roles also provide defenses against threats from both inside and outside the family (Deutsch, 1982).

However, such strategies, used for coping in the alcoholic home, can become very dysfunctional in relationships outside of the home as well as later in life (Glover, 1994). The role of the family hero, in particular, can be the most problematic because it is the least detected. Therefore, children who become the family hero usually struggle with life long problems and issues.

Family Hero

The role of the family hero is most commonly that of the oldest child in the alcoholic home. This is thought to be true because the birth of this child was a sign of hope to sober the alcoholic and change the ways of the family (Deutsch, 1982). This child is expected to manage family responsibilities beyond the capacity of his/her years. Oftentimes, this child takes over the role of the mother or the caretaker and becomes responsible for the household as well as raising the other children. This excessive responsibility scars these children for life.

The family hero seems to be self-motivated and well adjusted. They seem to be unaffected by the family trauma (Glover, 1994). However, they are usually just fitting into a role the family has dictated for them (Deutsch, 1982). These children are never satisfied with their own work and constantly demand more of themselves. Family heroes often do not feel entitled to relaxation or to suspension or abdication of responsibilities (Deutsch, 1982). These individuals also do not think that they are entitled to being taken care of. As children, they were expected to take over the "mother" role; therefore, they believe they are expected to take care of others and to not be taken care of.

Because of such feelings, the family hero has a tendency to develop workaholism later in life.

The family hero is also expected to excel in academics, athletics, and life in general. The family needs this child to bring pride and success to the family in order to distract them from the problems caused by the alcoholic's drinking (Deutsch, 1982). This child's mission is to rescue and redeem the family by bringing home the praise and envy of others. Family heroes do everything that is required of them and more in order to succeed. They usually excel in everything because they cannot tolerate being wrong or defeated. These children often represent the model student, winner, star athlete, hard-worker, and all around "good-kid" (Glover, 1994). These children have a very difficult time asking for help, because they are afraid it shows their inferiority and ignorance.

There seem to be three behaviors or characteristics that are particular to the role of the family hero. These behaviors and characteristics are overachiever, controller, and perfectionist (Glover, 1994). The family hero tends to struggle with all of these characteristics, but most especially with perfectionism. These children strive for perfectionism in all their tasks in an effort to relieve stress in the home. They believe that, if they are perfect and achieve great success, they will be able to make the alcoholic stop drinking. Such children blame themselves for the problems in the family and feel that the only way to relieve the stress is through perfectionism (Kutner, 1995). They believe that, if they fail and are imperfect, this only adds to the stress of the family and will cause the alcoholic to continue to drink. Therefore, the family hero is taking on an

impossible role. This childhood perfection is often carried into adulthood. However, as the child gets older, the expectations become harder and harder to meet.

Perfectionism

To be perfect is to be completely without failure. Therefore, perfectionism is the belief that anything less than perfect is unacceptable. Even though the thought of perfectionism has a very negative tone, it can have positive effects. Perfectionism can have positive motivating effects on individuals as well as negative limiting effects on them.

Prior to the 1990's, conceptualization of perfectionism was unidimensional in that researchers focused on self-directed cognitions. This approach included a focus on unrealistic performance standards and attempts to realize those standards, failures, stringent evaluations of self, and a tendency to view outcomes with rigid standards as either a total success or a total failure. According to Burns (1980), perfectionism is a cognitive pattern of expectations of oneself and others characterized by a) setting unrealistic patterns, b) rigid standards for performance, and c) determination of self-worth through performance.

Recently, researchers have begun to consider perfectionism as a multidimensional construct that contains both personal and social components. Perfectionism, according to Hewitt and Flett (1990), can be described along three dimensions: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-

oriented perfectionism entails setting rigid standards and goals for oneself. Also, included in this definition is the tendency to strive to attain complete perfection while attempting to avoid all failures. Other-oriented perfectionism focuses on one's belief and expectations about the capabilities of others. Here, the emphasis is on the importance of other people being perfect and having unrealistic standards for others. Whereas self-oriented perfectionism is directed inward, other-oriented perfectionism involves an evaluation that is directed outward. The third type of perfectionism is socially prescribed perfectionism. With this type, the emphasis is on the perceived need to meet the standards and expectations prescribed by others, especially significant others.

In their study, Ashby and Kottman labeled the positive motivating type of perfectionism "normal" perfectionism (Ashby & Kottman, 1996). Individuals who are normal perfectionists use perfection as a motivator to reach their high, but reasonable, standards. These individuals strive for perfection but are able to constructively deal with their failure to reach it. Normal perfectionists see perfectionism as a positive personality trait, using it as a motivator to be better individuals (Rice et al, 1996). Even though these individuals experience inferiority, they are able to deal with such feelings in constructive and useful ways. They use their inferiority as a motivator to do better.

On the other hand, perfectionism can have very negative, controlling effects on an individual. This negative type is labeled "neurotic" perfectionism (Ashby & Kottman, 1996). Individuals suffering from neurotic perfectionism are constantly overwhelmed by their feelings of inferiority and, therefore unable to be motivated by such feelings. These

individuals are so consumed with the idea of being completely perfect that they can not deal with the idea of failure. They set unreachable standards for themselves in every situation, which constantly set them up for failure, resulting in a constant feeling of dissatisfaction with self. A unique characteristic of neurotic perfectionism is the absorption of self (Rice et al, 1996). This type of perfectionist becomes so focused on his/her strive for perfection that he/she tends to lose interest in others. This loss of social interest only contributes to more focused concentration on the individual's inferiority (Ashby & Kottman, 1996).

Perfectionism is a frequent trait found in many children. Even though perfectionism is often associated with adults, it can have strong and detrimental effects on children. Negative perfectionism is a problem from which far too many children suffer. Even though there are no exact causes of perfectionism in children, there are many contributing factors that are common in these children. Some of these common factors are coping with an alcoholic parent, unrealistic expectations placed on the child, and experiencing a family crisis. Oftentimes, the child is using perfectionism as a way to cope with a family crisis such as divorce or an alcoholic parent.

General College Students and Perfectionism

Perfectionism involves setting goals, and being motivated and capable of attaining them. Setting unrealistic or unobtainable goals may adversely affect students' motivation. Students who tend to be perfectionists are often unaccepting or impatient with the trial-and-error style of learning that is so necessary to the educational process.

Perfectionist students may be reluctant to try an advanced learning task or project for fear of failure, have problems deciding realistic amounts of study time, or fail to complete assignments to avoid the risk of receiving low marks (Adderholt-Elliott, 1989).

Perfectionism is especially of interest as it relates to post-secondary students who are experiencing the transition to college and facing performance pressure both academically and, potentially, in other adult arenas. High levels of perfectionism may interfere with students fulfilling their potential as their focus tends to be directed more on their disappointment over low achievement and less on their attention to academic demands. This belief tends to support the idea that perfectionists use avoidance behavior to cope with their fear of failure. This avoidance behavior is particularly problematic for post-secondary students and may possibly be a factor in the procrastinating behavior that is often associated with perfectionists (Flett, Hewitt, Blankstein, & Koledin, 1991).

In post-secondary students, it has been found that academic procrastination is often related to perfectionism. More so, this academic procrastination has been related to socially prescribed perfectionism, that is, the tendency to believe that others hold unrealistically high standards for oneself; academic procrastination is moderately related to self-oriented perfectionism, the tendency to hold unrealistically high standards and goals for oneself. It is virtually unrelated to other-oriented perfectionism, that is, the tendency to hold unrealistically high standards for others (Saddler & Buley, 1999). However, in understanding and determining academic procrastination, other personal factors, such as being a child of an alcoholic, should be considered.

College Age ACOAs and Perfectionism

Children of alcoholic families may only come to realize the real effects of their parental alcohol abuse when they leave home for college, when new relationships replace the familiar, and often, when children are separated from their families for the first time. Living in an alcoholic home, children develop coping strategies to help them survive. However, as they individuate from the family, these coping strategies are usually less successful and may become problematic. When these children go away to college, such coping strategies are often challenged. However, some of these coping strategies, like perfectionism and achievement, may fit better into a higher education setting than others (Bosworth & Burke, 1994).

In their study about college aged children of alcoholics and problems, Bosworth and Burke found that perfectionism is one of the highest reported problems to college counseling centers. Bosworth and Burke's research was based on surveys collected from counseling centers in forty-five universities across eighteen states. They were interested in the presenting problems or characteristics that brought children of alcoholics into counseling centers and the frequency that such problems were reported on first contact. Bosworth and Burke found that perfectionism was fourth on the list of presenting problems with a frequency of 80.% reported on first contact in the counseling centers (Bosworth & Burke, 1994). By identifying those main problems, such as perfectionism, that bring children of alcoholics into college counseling centers, such services can be developed to more successfully help ACOAs overcome their troubles and succeed in college and life in general.

Ashby, Mangine, and Slaney (1995) recently investigated the idea that ACOAs exhibit higher levels of positive and/or negative dimensions of perfectionism than nonACOAs. They recruited 209 students from a large Northeastern university where thirty-six of these individuals were self-identified as ACOAs and identified by their therapist as dealing with ACOA issues. The remaining one hundred and seventy-three students were volunteers. Each participant completed the Almost Perfect Scale that consists of four subscales designed to measure problems and concerns brought to counseling centers. The subscales were a) Standards and Order, designed to measure personal standards and organization, b) Procrastination, designed to measure unproductive avoidance of tasks, c) Anxiety, designed to measure nervous tension about task performance, and d) Relationships, designed to measure the degree to which perfectionism interferes with relationships. Ashby, Mangine, & Slaney found that the ACOA group had a higher mean on the Procrastination subscale, Anxiety subscale, and Relationship subscale but not on the Standards and Order subscale. These results indicate that ACOAs have a greater tendency to procrastinate, report higher levels of anxiety, and have greater difficulties with relationships. Overall, these results showed that ACOAs' perfectionism led to attitudes and behaviors that interfered with timely completion of tasks and with the maintenance of healthy relationships, and that such attitudes and behaviors were strongly associated with anxiety. However, a minimal difference between ACOAs and nonACOAs on the Standards and Orders subscale suggest that ACOAs have needs for, or concerns with, order and standards in their daily life that are

similar to those of nonACOAs. In this study, the data did not support the literature that suggests ACOAs have unrealistically high standards (Ashby, Mangine, Slaney, 1995).

Perfectionism and ACOAs

Children of alcoholics often exhibit characteristics of perfectionism, especially the child who assumes the role of the family hero. This child takes on perfectionism as a way to relieve stress and pain from the family caused by the alcohol. However, this characteristic involves much more. Perfectionism starts to become a way of life for the family hero, and their accomplishments never seem to be enough. This sense of perfectionism carries into adulthood, causing many more problems such as workaholism. Understanding every aspect of this link thoroughly can be helpful in counseling children of alcoholics.

Rationale for Proposed Study

Although there has been a link between perfectionism and children of alcoholics, no research on ACOAs and high levels of "neurotic" perfectionism was found in the literature. This research project differs from the above study by Ashby, Mangine, and Slaney, in many ways. One, contrary to their study, in this project the university under investigation is in a small Midwestern town and, two, the children of alcoholics in this study are not predefined, nor are they specifically in counseling. This group will be defined only by their scores on the CAST, and not by their involvement, if any, in the counseling center. The current study was designed to establish whether or not adult

children of alcoholics exhibit higher levels of “neurotic” perfectionism than adult children of non-alcoholics.

This researcher believes that by conducting additional studies on perfectionism and adult children of alcoholics, the information gathered will be even more helpful in developing positive coping strategies for such children so they may live successful and “normal” lives. This research should contribute, at least in part, some new information about the “true” relationship between parental alcoholism and perfectionism in adult offspring.

CHAPTER III

METHODOLOGY

The intent of this study was to examine the relationship between adult children alcoholics and neurotic perfectionism. Neurotic perfectionism was determined by examining five different areas, Standards and Order, Discrepancy, Relationships, Procrastination, and Anxiety. In conducting this study, the writer used three instruments, the Children of Alcoholics Screening Test (CAST), the Almost Perfect Scale- Revised (APS-R), and a demographic questionnaire.

Participants

The population under investigation in this study consisted of students at a Midwestern, medium-sized, state university that is located in a city with a population of approximately 15,000. No control over sex or age of the subjects was exercised. Individuals in this study were drawn from general psychology courses at the university. Since, general psychology is a required course for most majors at the university, participants should comprise a fairly representative sample of the student population. General psychology is offered as both a lecture and a self-paced course. Only the students in the lecture sections will be asked to participate in this study, since they were more easily available.

Instruments

Children of Alcoholics Screening Test (CAST)

The Children of Alcoholics Screening Test is an instrument developed by Jones in 1982. This instrument will be used as a tool to differentiate children of alcoholics from those who are not children of alcoholics. The CAST consists of 30 “yes” or “no” questions dealing with parental drinking. Specifically, this instrument measures children’s attitudes, feelings, perceptions, and experiences related to their parent’s drinking behaviors. A score of 6 or more “yeses” on the CAST indicates that one is a child of an alcoholic. According to the test manual, all items have been judged to be valid by a number of counselors and adult children of alcoholics. A Spearman-Brown split-half reliability coefficient of .98 was computed on two different occasions for this instrument. Therefore, it appears that the CAST is a very reliable screening test. In one validity study, a Chi-square analysis showed that all 30 CAST items significantly discriminated children of alcoholics from control group children. The clinically diagnosed children of alcoholics and self-reported children of alcoholics scored significantly higher on the CAST compared to the control group ($p < .0001$). A second validity study indicated that the CAST is an accurate screening tool with an adult population (Jones, 1982). The Children of Alcoholics Screening Test (CAST) can be found in Appendix A.

The Almost Perfect Scale (APS)

The Almost Perfect Scale - Revised (APS-R) (Slaney, Mobley, Trippi, Ashby & Johnson, 1996) is a 59 item inventory with five sub-scales particularly developed to measure problems and concerns brought to college counseling centers. The subscales consist of (a) Standards and Order (12 items designed to measure personal standards, organization, and need for others), (b) Procrastination (4 items designed to measure unproductive avoidance of task), (c) Anxiety (4 items designed to measure nervous tension about task and performance), (d) Relationships (12 items designed to measure difficulty in interpersonal relationships), and (e) Discrepancy (12 items designed to measure distress caused by the discrepancy between performance and standards). A series of factor analyses have supported the structure and independence of these subscales (Slaney, 1995).

The reliability of the instrument appears to be adequate. The internal consistency for subscales has been measured as between .85 and .92. Test-retest correlations over two and four week periods were .92 and .81 for Standards and Orders, .90 and .87 for Relationship scale, .81 and .79 for Anxiety scale, and .86 and .81 for Procrastination scale. A contributing factor analysis supporting validity was significant with a Goodness of Fit index of .92 (indicating the factor solution representing the subscales as the best fit to the data). Validity data for the scales appear supportive. The scales have been shown to discriminate effectively between self-identified perfectionists and non-perfectionists.

This instrument was chosen because of its counseling orientation and its measurement of perfectionism dimensions frequently seen in clients at college counseling

centers (e.g. procrastination, anxiety, and relationship problems) that should influence these students' adjustment to college. A copy of the Almost Perfect Scale- Revised is presented in Appendix B.

Demographic Questionnaire

A demographic questionnaire was given to each student. The information on the questionnaire included, among other data, the following: age, sex, number of siblings, ordinal position in the family, whether or not the parent is considered an alcoholic, whether or not they are still drinking or are sober, and if they think of themselves as perfectionists. A copy of the demographic questionnaire can be found in Appendix C.

Procedure

The students in the general psychology courses at the university were asked to participate in the study. Each student was informed that they do not have to participate and that their decision would have no relationship to their success in the course and grade. This author was the only person in charge of distributing and collecting the instruments. Students received each instrument separately and asked to complete each form in its entirety before receiving the next instrument. Each instrument was handed out in a specific order in an attempt to control the reliability and truth of the answers. The Almost Perfect Scale was distributed first, followed by the Children of Alcoholics Screening Test, and finally the Demographic Questionnaire. As the students finished

completing each form, they were asked to put the completed instrument into a manila envelope, which they received at the beginning of the test administration. Use of the envelopes was a way to ensure that confidentiality was not violated. Once all students were finished completing the final instrument, the envelopes were sealed. Following the collection of the envelopes, students were thanked for their participation and notified that the results of the study will be given to the professors.

Data Analysis

Data gathered from the CAST will be used to categorize two separate groups. Individuals scoring 6 or higher on the CAST will be the children of alcoholics group, while individuals scoring 5 or lower will constitute the children of non-alcoholics. Using a T-Test for independent groups, the scores from the Almost Perfect Scale will be analyzed. The perfectionism scores from the individuals that fall in the category of children of alcoholics will be compared to those scores of children of non-alcoholics.

Limitations

All participants in this study were voluntary so they may not be representative of all the students enrolled in the university. This is an important consideration because studies have shown that the percentage of children of alcoholics on college campuses is significantly higher than the percentage identified in this study. Also, since the instruments were all self-administered, the researcher has to take the participants' responses at face value.

CHAPTER IV

RESULTS

Introduction

This chapter will present the results of this study, which has investigated the relationship between perfectionism and adult children of alcoholics. In addition, this section will present data pertaining to the correlations between perfectionism and the five subscales of the Almost Perfect Scale. The five subscales investigated were Standards and Order, Discrepancy, Procrastination, Anxiety, and Relationships.

Demographics

The total number of participants in this study was one hundred and nineteen. Of this total, 51.3 percent (61) were male while 48.7 percent (58) were female. The sample was predominately Caucasian, representing 95 percent (113) of the participants; Native Americans numbered 2.5 percent (4) of the sample while 1.7 percent (2) were Asian. Participants ranged in age from 18 to 25; the mean age was 18.90 (SD = 1.28). The majority of the participants, 79.8 percent (95), were freshman; 14.3 percent (17) were sophomores; 4.2 percent (5) were juniors; and 1.7 percent (2) were seniors. Of the one hundred and nineteen participants, 16 percent (19) were identified as adult children of alcoholics by their scores on the Children of Alcoholic Screening Test (CAST), leaving 84 percent (100) identified as adult children of non-alcoholics. Of these nineteen identified ACOAs, only fifteen of them classified themselves as being a child of an alcoholic.

As part of the demographic data gathered, individuals identifying themselves as adult children of alcoholics were asked to provide information related to their parent's alcoholism. Based upon an N of 15, 66.7 percent (10) identified their father as the alcoholic parent, while 20.0 percent (3) identified their mother as the alcoholic parent. Alcoholism in both parents was reported by 13.3 percent (2) of the identified children of alcoholics. The adult children of alcoholics reported that 35.3 percent (5) of their alcoholic parents had recovered, while 64.7 percent (9) reported no parent's recovery from alcoholism. Table 1 presents the data related to the identity of the alcoholic parent(s) and recovery rate categorized by gender.

Table 1

Parental Alcoholism

Categories	Father only	Mother only	Both
Identity of Current			
Alcoholic Parent	66.7% (10)	20.0% (3)	13.3% (2)
Identity of Recovered			
Alcoholic Parent	17.6% (3)	11.8% (2)	5.9% (1)

() = number of respondents

The demographic questionnaire also asked participants identifying themselves as adult children of alcoholics to record the types of help they received in dealing with parental alcoholism. Based upon an N of 15, 40.0 percent (6) indicated they had received help while 60.0 percent (9) indicated no help was received. Of the 40.0 percent that indicated they received help related to their parent's drinking, 66.7 percent (4) reported receiving individual (1 to 1) counseling while 33.3 percent (2) reported being involved in a Children of Alcoholics Support Group.

Table 2

Types of Help Received by an Adult Child of an Alcoholic Related to Parental Drinking

Types of Help	Did Receive Help	Did Not Receive Help
Total Number of Individuals	40.0% (6)	60.0% (9)
Individual (1 to 1) Counseling	66.7% (4)	
Children of Alcoholic Support Group	33.3% (2)	

() = number of respondents

The demographic questionnaire also asked participants questions about perfectionism. These questions are related to identifying oneself as a perfectionist, being identified as a perfectionist by significant others, and being identified as a perfectionist by a counselor or therapist. Of those identified as adult children of non-alcoholics (100), 49.0 percent (49) identified him or herself as a perfectionist, 38.0 percent (38) were identified as a perfectionist by significant others, and 4.0 percent (4) indicated they were identified by a counselor or therapist as a perfectionist. Of those participants identified as adult children of alcoholics (19), 52.6 percent (10) identified themselves as a perfectionist, 52.6 percent (10) reported being identified by significant others as a perfectionist, and 5.2 percent (1) reported being identified by a counselor or therapist as a perfectionist. Information from this table indicates that adult children of alcoholics do not appear to identify themselves as a perfectionist more frequently than adult children of non-alcoholics, but do tend to be identified by significant others more frequently than adult children of non-alcoholics.

Table 3

Identification as a Perfectionist by Self, Significant Others, and a Counselor or Therapist

Identified as Perfectionist	Non-ACOAs	ACOAs
Individuals in Each Group	100	19
Identified Self as a Perfectionist	49.0% (49)	52.6% (10)
Identified by Significant Others as a Perfectionist	38.0% (38)	52.6% (10)
Identified by a Counselor/Therapist as a perfectionist	4.0% (4)	5.2% (1)

() = number of respondents

Statistical Analyses and Their Relationship to the Null Hypotheses

The research objective of this study was to determine the relationship between neurotic perfectionism and adult children of alcoholics. The following data was related to the independent t - tests and addressed the null hypotheses. The highest possible mean was 7.0 for each hypothesis.

Null Hypothesis #1 dealt with the relationship between adult children of alcoholics and perfectionism as measured by their score on the Standards and Order subscale of the Almost Perfect Scale. It was hypothesized that the identified adult

children of alcoholics (ACOAs) would have a higher mean on this subscale than those identified as adult children of non-alcoholics (nonACOAs). The mean for ACOAs, based on an N of 19, was 5.05 (SD= .9785) which was equivalent to the nonACOAs mean of 5.05 (SD= .7071), based on N of 100. In other words, the identified adult children of alcoholics did not, on average, score higher on this subscale, measuring personal standards, organization, and need for others, than the adult children of non-alcoholics. Therefore, this null hypothesis could not be rejected.

Null Hypothesis #2 dealt with the relationship between adult children of alcoholics and perfectionism as measured by their scores on the Discrepancy subscale of the Almost Perfect Scale. The mean score for the identified adult children of alcoholics, based on an N of 19, was 4.23 (SD= .9785) which was significantly higher at the .05 level than the adult children of non-alcoholics mean of 3.61 (SD= .9540). The independent t-test rendered a Pearson r of .011 ($r = .011$), which is significant at the .05 level. Therefore, adult children of alcoholics tend to score higher on the areas measuring distress caused by discrepancy between performance and standards than the adult children of non-alcoholics. Thus, this null hypothesis is rejected.

Null Hypothesis #3 dealt with the relationship between adult children of alcoholics and perfectionism as measured by their scores on the Procrastination subscale of the Almost Perfect Scale. The mean score for the adult children of alcoholics was 4.37 (SD= 1.11) which was not significantly higher than the mean score of 4.15 (SD= 1.05) for those identified as adult children of non-alcoholics. Therefore, adult children of

alcoholics do not report having more procrastination problems related to perfectionism than adult children of non-alcoholics. Thus, this null hypothesis could not be rejected.

Null Hypothesis #4 dealt with the relationship between adult children of alcoholics and perfectionism as measured by their scores on the Anxiety subscale of the Almost Perfect Scale. The adult children of alcoholics had a mean score of 4.74 (SD= .7335) while the adult children of non-alcoholics mean score was 4.27 (SD= 1.145). The independent t-test rendered a Pearson r of .092 ($r = .092$), which is close to being significant at the .01 level. In other words, the adult children of alcoholics tended to be slightly more concerned with issues related to tension about task performance than adult children of non-alcoholics. However, because the difference was not significant, this null hypothesis could not be rejected.

Null Hypothesis #5 dealt with the relationship between adult children of alcoholics and perfectionism as measured by their scores on the relationship subscale of the Almost Perfect Scale. The adult children of alcoholics had a mean of 3.82 (SD= .707) which was similar to the adult children of non-alcoholics mean of 3.61 (SD= .957). In other words, it appears to be that ACOAs were not more concerned about relationship issues than nonACOS. Therefore, this null hypothesis could not be rejected.

CHAPTER V

DISCUSSION

Summary of Findings

The main objective of this study was to investigate the relationship between adult children of alcoholics and perfectionism. This objective was investigated by measuring the level at which perfectionism is related to Standards and Orders, Procrastination, Discrepancy, Anxiety, and Relationships. For this final chapter, the research results have been summarized and recommendations have been presented for both changes in the design of the current study and for future studies.

Even though, the results of this study did not overall statistically support the hypothesis that adult children of alcoholics have higher levels of perfectionism than adult children of non-alcoholics, the ACOA participants did exhibit some maladaptive aspects of perfectionism, as indicated by their higher scores on the Discrepancy scale and Anxiety scale. Thus, the ACOAs' perfectionism led to attitudes and behaviors that interfered with performance, tasks, and standards associated with nervous tension.

In this study, the adult children of alcoholics did not differ significantly from the nonACOAs on the Standard and Orders, Procrastination, and Relationship subscales. This data suggests that ACOAs have needs for, or concerns with, order and standards in their daily lives that are similar to nonACOAs. This data does not support the literature that indicates that ACOAs have unrealistically high standards. The data also suggests that ACOAs' attitudes and behaviors do not interfere with timely completion of tasks and

with maintenance of healthy relationships. Even though, there was not a significant difference between ACOAs and nonACOAs on these subscales, the ACOAs had a higher mean on all five subscales than the nonACOAs. This indicates that there is a tendency for more neurotic type perfectionism in ACOAs than nonACOAs. However, the scores are not significant enough to make this conclusion.

Weaknesses

There are several possible reasons why the results do not support the hypotheses. The first and most significant reason is due to the fact that there were very few participants who were identified as adult children of alcoholics. Of the one hundred and nineteen students participating in the study, only nineteen were identified as children of alcoholics.

To improve the number of participants, it might be more useful to include other general education courses (e.g. english or mathematics) instead of solely using General Psychology courses in the study. It might have also been useful to contact the counseling center to locate children of alcoholics who may be participating in support groups or counseling related to this issue. If a larger sample of participants in general is used, the probability of a larger ACOA group increases. By increasing the numbers of participants in the ACOA group, to more equal the numbers in the nonACOA group, the numbers may have found statistically significant differences between the two groups, supporting the hypotheses. It might have also increased the validity of the study.

Another method for conducting this study might have been to use an established group of ACOAs instead of relying on the Children of Alcoholics Screening Test (CAST) to identify this group. Because it is obvious what the CAST is testing by simply reading the questions, students could easily conceal their parents' drinking, if they so desired. Therefore, it may be possible that some students did not truthfully answer the CAST, thereby, lowering the number in the ACOA group and altering the statistics.

Recommendations for Future Studies

Although the results of this study were not statistically significant in supporting all the hypotheses, they should not be discounted. There is important information to be obtained from this study. The first and foremost is that a difference exists between the degree of perfectionism in ACOAs compared to nonACOAs. On each subscale the mean scores were higher for ACOAs than for nonACOAs. With a greater number of ACOA participants, there may have been a significant difference. Adult children of alcoholics, overall, reported a higher degree of perfectionism than adult children of non-alcoholics, which indicates that there is an underlying problem for these individuals.

This researcher recommends that several follow-up studies be considered. It may be useful to replicate the present study with an expanded population of adult children of alcoholics in an effort to determine if neurotic perfectionism is more frequently found in adult children of alcoholics as opposed to adult children of non-alcoholics. This study could be conducted again, but with an expanded population representing a treatment-seeking group of adult children of alcoholics, a random sample of non-treatment seeking

adult children of alcoholics, and a random sample of adult children of non-alcoholics. In this way, a relationship might be discovered regarding perfectionism being more prominent in treatment seeking ACOAs as opposed to non-treatment seeking ACOAs.

Perfectionism is a multifaceted problem, and a greater understanding of the mediating influences and effects on children of alcoholics and academic performance is required. Student service professionals need to become familiar with this trait to better assist children of alcoholics who pursue unrealistic academic goals and appear to have difficulty adapting to college. By gaining a better understanding of the relationship between children of alcoholics and perfectionism, professionals may be better equipped to help these individuals adapt to and succeed in post-secondary education.

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APPENDIX A

C.A.S.T.

Please check the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "yes" or "no".

<u>Yes</u>	<u>No</u>	<u>Questions</u>
___	___	1. Have you ever thought that one of your parents had a drinking problem?
___	___	2. Have you ever lost sleep because of a parent's drinking?
___	___	3. Did you ever encourage one of your parents to quit drinking?
___	___	4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?
___	___	5. Did you ever argue or fight with a parent when he or she was drinking?
___	___	6. Did you ever threaten to run away from home because of a parent's drinking?
___	___	7. Has a parent ever yelled at you or hit you or other family members when drinking?
___	___	8. Have you ever heard your parents fight when one of them was drunk?
___	___	9. Did you ever protect another family member from a parent who was drinking?
___	___	10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
___	___	11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
___	___	12. Did you ever wish that a parent would stop drinking?
___	___	13. Did you ever feel responsible for and guilty about a parent's drinking?
___	___	14. Did you ever feel that your parents would get divorced due to alcohol misuse?

- | <u>Yes</u> | <u>No</u> | <u>Question</u> |
|------------|-----------|--|
| ___ | ___ | 15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem? |
| ___ | ___ | 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? |
| ___ | ___ | 17. Did you ever feel that you made a parent drink alcohol? |
| ___ | ___ | 18. Have you ever felt that a problem drinking parent did not really love you? |
| ___ | ___ | 19. Did you ever resent a parent's drinking? |
| ___ | ___ | 20. Have you ever worried about a parent's health because of his or her alcohol use? |
| ___ | ___ | 21. Have you ever been blamed for a parent's drinking? |
| ___ | ___ | 22. Did you ever think your father was an alcoholic? |
| ___ | ___ | 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? |
| ___ | ___ | 24. Did a parent ever make promises to you that he or she did not keep because of drinking? |
| ___ | ___ | 25. Did you ever think your mother was an alcoholic? |
| ___ | ___ | 26. Did you ever wish you could talk to someone who could understand and help the alcohol-related problems in your family? |
| ___ | ___ | 27. Did you ever fight with your brothers or sisters about a parent's drinking? |
| ___ | ___ | 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? |
| ___ | ___ | 29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about your parent's drinking? |
| ___ | ___ | 30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem? |

APPENDIX B

Revised APS Scale

Instructions

The following items are designed to measure attitudes people have towards themselves, their performance, and toward others. There are no right or wrong answers. Please respond to all of the items by using the scale below to describe your agreement with each item. Use your first impression and do not spend too much time on individual items in responding. Please circle the number to the right of the question.

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7
1. I have high standards for my performance at work or at school.	1	2	3	4	5	6 7
2. If I can't be the best, I would rather not even try.	1	2	3	4	5	6 7
3. I have to admit that basically I'm a perfectionist.	1	2	3	4	5	6 7
4. I am an orderly person.	1	2	3	4	5	6 7
5. I often feel frustrated because I can't meet my goals.	1	2	3	4	5	6 7
6. Neatness is important to me.	1	2	3	4	5	6 7
7. If you don't expect much out of yourself you will never succeed.	1	2	3	4	5	6 7
8. My best just never seems to be good enough for me.	1	2	3	4	5	6 7
9. I think things should be put away in their place.	1	2	3	4	5	6 7
10. I have high expectations for myself.	1	2	3	4	5	6 7
11. I have trouble leaving things incomplete.	1	2	3	4	5	6 7
12. I rarely live up to my high standards.	1	2	3	4	5	6 7
13. I like to always be organized and disciplined.	1	2	3	4	5	6 7

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7
14. I often think it is easier to do things myself than it is to get someone else to do it.						
15. Doing my best never seems to be enough.						
16. It bothers me to be distracted when I have work to do.						
17. I set very high standards for myself.						
18. Nothing short of perfect is acceptable.						
19. I am never satisfied with my accomplishments.						
20. I like to be careful and precise when I measure things.						
21. I expect the best from myself.						
22. I often worry about not measuring up to my own expectations.						
23. My performance rarely measures up to my standards.						
24. I can generally meet the standards I set for myself.						
25. I am not satisfied even when I know I have done my best.						
26. I try to do my best at everything I do.						
27. I am seldom able to meet my own high standards for performance.						
28. I like to make list of tasks I have to do and then check them off as I do them.						
29. I am hardly ever satisfied with my performance.						
30. I can get pretty upset when I don't do as well as I think I should.						
31. I hardly ever feel that what I've done is good enough.						
32. When I don't meet my own standards, it doesn't bother me.						
33. I think people should do their best or not bother.						

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

54. There are very few people in this world to whom I
closely relate.

1 2 3 4 5 6 7

55. My standards are so high that I often procrastinate.

1 2 3 4 5 6 7

56. I find it hard to talk about feelings.

1 2 3 4 5 6 7

57. I often feel anxious when I strive to complete a task.

1 2 3 4 5 6 7

58. Some people have told me I seem distant and cold.

1 2 3 4 5 6 7

59. I feel uncomfortable in intimate relationships.

1 2 3 4 5 6 7

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APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

1). Gender

 Male Female

2). Age:

 years old

3). Year in school

 Freshman Sophomore Junior Senior Graduate Student

4). What is your racial or cultural background?

 African American/ Black American Asian American Caucasian/ White Latin/ Latino American Native American Hmong American Other (please specify) _____

5). I am the _____ child in a family of _____ children.

(enter number)

(enter number)

6). Do you consider yourself to be a child of an alcoholic?

 No – skip to question # 12 Yes – continue with questions 7 - 11

7). If yes, which parent(s) was/were alcoholic?

 Mother Father Both

8). If mother was the alcoholic has she recovered from her drinking problem?

Yes No

9). If father was the alcoholic has he recovered from his drinking problem?

Yes No

10). Was the family included in the treatment program?

Yes No

11). Have you ever received help or counseling related to your parent(s) drinking problem?

No

Yes - if yes which types

Alateen

Alanon

Individual Counseling (1 to 1)

Children of Alcoholics Support Group

Other, please specify _____

12). Do you think of yourself as a perfectionist? (This may apply to any or all areas of your life that are important to you. However it need not apply to ALL areas of your life)

Yes

No

13). Have significant others (persons who know you well) said that you are a perfectionist or referred to you as perfectionistic?

Yes

No

14). Have you ever been labeled as a perfectionist by a counselor or a therapist?

Yes

No

15). Have you ever entered counseling or psychotherapy in an attempt to deal with or reduce your perfectionism?

___ Yes

___ No

16). Rate the degree to which you believe you are a perfectionist. (circle one)

Strongly		Slightly		Slightly		Strongly
Disagree	Disagree	Disagree	Neutral	Agree	Agree	Agree