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PERFECTIONISM, SELF-EFFICACY AND SOMATIC SYMPTOMS AMONG YOUNG ADULTS

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Abstract: Perfectionism is a trait, focusing towards flawless and setting high performance standards for themselves, accompanied by self-evaluations and conscious regarding others evaluations. Some People find it healthy inner drive to enhance progress in their performance, to attain goal. The study aimed at understanding the correlation between perfectionism, somatic symptoms and self-efficacy among young adults, and to study the gender difference among perfectionism, somatic symptoms and self-efficacy. It was hypothesized a significant relationship exist between perfectionism, somatic symptoms and self- efficacy. Also the significant gender difference exists among perfectionism, somatic symptoms and self- efficacy. Child-Adolescent Perfectionism Scale (CAPS), The General Self-Efficacy Scale and The Somatic Symptom Scale-8 (SSS-8) were tools used in the research. The findings of the research are a significant negative correlation exist between perfectionism and self-efficacy at .01 level, similarly negative correlation was found between self-efficacy and somatic symptoms, whereas positive correlation was found between somatic symptoms and perfectionism. Also no gender differences exist for perfectionism, somatic symptoms and self-efficacy among young adults. This study can help in focusing and understanding the impact of perfectionism on the other facet of personality.

Keywords: Perfectionism, Self-efficacy, Somatic, Personality

I.Introduction

Perfectionism is a trait, focusing towards flawless and setting high performance standards for themselves, accompanied by self-evaluations and conscious regarding others evaluations. Most people perceive perfectionism as a motivating drive, which enables them to sustain on their goal and further helps them to achieve it. Some People find it healthy inner drive to enhance progress in their performance, to attain goal. Socially prescribed and self-oriented perfectionism found positively associated with academic motivation, academic procrastination and achievement (Bong, Hwang, Noh & Kim, 2014).

The concept of two contrasting types of perfectionism was given by Hamachek, categorizing the individual's into normal perfectionism and neurotic perfectionism. Normal perfectionists are more inclined towards seeking perfection without accommodating their self-esteem, and driving gratification from their efforts. Normal perfectionists are those who obtain a sense of pleasure from their labour,

which leads to enhancement in their self-esteem, self-worth and level of confidence and motivation which eventually, helps them to generate a sense of control over their environment. They use their pleasure to elevate their performance and encouraging in improving their work. Striving for perfectionism was positively interrelated with intrinsic motivation, effort and achievement in young musician, whereas negative reaction to imperfection was correlated with extrinsic motivation (Stoeber & Eismann, 2014).

In contrast, Neurotic perfectionists are those, who strive for unrealistic, fictitious goals and feel unsatisfied when they cannot able to achieve them. They do not seek pleasure from their efforts and don't get motivated by their success and tend to perceive their work, performance as inadequate or inferior from others. More ever, they often experience external compulsion in order to accomplish tasks (Hamachek in 1978). Many theorists have hypothesized that perfectionism tendencies plays a pathogenic role in many disorders (e.g., Bruch, 1973). A research on perfectionism among youths revealed an association of perfectionism with psychopathology such as suicidal behaviour (Enns et.al, 2003; Hewitt et. al, 1997), depression (e.g., Kenney-Benson & Pomerantz, 2005), 2006), and anxiety (e.g., Libby et. al, 2004).

Paul Hewitt and Gordon Flett Multidimensional Model of Perfectionism

Hewitt, Flett and their colleagues proposed that perfectionism is a neurotic trait or maladaptive personality style posse's three personal and interpersonal components. The first component consist of three trait perfectionism dimensions which indicates that the need for perfection, either for oneself or for others, and the perception that others require perfection of oneself (Hewitt & Flett, 1991). These traits refer as **self-oriented perfectionism** (i.e., need of the self to be flawless) , self-oriented perfectionism consist of actions such as setting standards for oneself and evaluating and censuring one's own actions. Self-oriented perfectionism also poses a salient motivational element. This motivation is expressed primarily by striving to achieve perfection in one's attempt as well as venture to avoid failures (Burns, 1980).

Other-oriented perfectionism (i.e., need that others be perfect) this dimension of perfectionism involves opinion, assumption and expectations regarding the potential of others (Holender, 1965). The other-oriented perfectionist is assumed to have false and fictitious standards for significant others, emphasize on other people being perfect, and strictly evaluates others' actions. Other-oriented perfectionism results in deficient in trust factor, directing blame on other individuals and often develops feeling of hostility toward others. Furthermore, this dimension should be associated with interpersonal frustrations, loneliness and problems in marital and family life (Burns, 1983; Hollender, 1965).

Socially oriented perfectionism (i.e., perception that other need perfection of one). This third dimension of perfectionism includes the perceived necessity to achieve standards and belief prescribed by others. Socially prescribed perfectionism involves people's perception that others have false and fictitious standards for them, assess them vigorously, and impose pressure on other's to be perfect. Intuitively, social perfectionism results in many adverse and negative consequences, because the standards forced by others are perceived as uncontrollable, unmanageable, failure experiences and emotions, such as anger, anxiety, frustration and depression, should be relatively similar. All these negative emotions could be the consequence of a perceived inability to fulfil the expectations of others, the belief that others are being false in their expectations, or both, because individuals who are high on social perfectionism are associated and concerned with meeting on others 'expectation, they possess a greater feeling of apprehension of negative evaluation and highly emphasizes on obtaining the attention of others and at the same time avoiding others disapproval as well.

The second component in the multidimensional model includes expression of interpersonal perfection or the drive to perceive by others as perfect by either by manifesting one's "perfection" publicly or by covering up one's imperfections, this condition is known as perfectionist self-presentation, which consists of three facets, including perfectionist self-promotion (i.e., actively expressing one's perfectionism to others). The first facet, known as **perfectionist self-promotion**, manifest to appear perfect to others and involve characteristics such as excessive worry regarding presentations of the self, and fictitious presenting of one's "perfection.", and no manifestation of imperfection. The second facet, **non-display of imperfection**, state the need to avoid demonstrating openly expression of any imperfection and entail the characteristics such as excessive worry in public, avoidance of situations where deficient behaviour or performances might be displayed, and elaborate attempts to camouflage the behaviour expressing mistakes to others. Finally, the third

facet, the **nondisclosure of imperfection**, reflects the necessity to avoid disclosure of behaviour related with imperfection and includes characteristics such as avoidance of acknowledging to errors, not disclosing verbally to others one's problems, and avoidance in interpersonal interactions.

Finally, the third component involves cognition processes which display the information related with perfectionism, processing in cognitive structures (Besser et. al, 2008; Hewitt & Genest, 1990) and the thoughts related with perfectionism theme, evolves automatically (Flett et. al, 1998). These various components of perfectionism have been hypothesized to correlate differentially with types of psychopathology and achievement and relationship problems. In adults and children, excessive concerns regarding any facets of this perfectionist self-presentation, may be associated with public self-consciousness and display a "false front" (Elliott, 1982) or a "false self" can result in developing strive to compensate the absence of a clear sense of identity.

In a research an association was found between perfectionism and destructive behaviour which, explained the role of trait perfectionism in extreme self-harm behaviours (Nock & Prinstein, 2005) and another correlation was found between perfectionism traits and varied forms of maladjustment, including anxiety, depression, and suicide behaviour among children (Essau et. al, 2008; Flett et.al, 2000; Flett et.al, 2008; Hewitt et al., 1997; Hewitt et al., 2002; Huggins et.al, 2008; McCreary et.al, 2004; Stornelli et.al, 2009). Perfectionism tend to affect the psychological components especially components of self (self-esteem, self-efficacy, self-confidence etc.) Many researchers have proven the relation between self-efficacy and perfectionism. Kenneth, Locicero and Jeffrey, proved this association in their research which was conducted on 2000.

Self-efficacy is defined as one's belief in one's ability to succeed in specific situations or accomplish a task (Bandura, 1994). Self-efficacy theory is given by Alfred Bandura which states that people will only indulge in the things, they believe can accomplish or succeed and won't indulge in the things they believe will fail. Efficacious people set their aim, show their dedication and work on their goal, in order to achieve and set commitment towards their goal. They confront threatening situation very efficiently and with confidence. Individuals who doubt on their ability and perceive their task as threat, give up easily, while confronting with difficult situation and quickly lose faith on their abilities and self-worth. This theory states that efficacy is influenced by four factors.

1. Mastery experience

People are more likely to indulge in the task, which they have attempted prior, and likely to avoid unfamiliar or un-attempted task.

2. Vicarious experience

Observing people accomplishing their goal successfully, who are similar to one's self likely to increase self-efficacy.

3. Verbal Persuasion

When people persuade through verbalization that they can succeed in a task, is more likely to perform the task

4. Somatic and Emotional states

Stress, anxiety, fear are likely to affect self-efficacy negatively and also likely to interrupt in coping with threatening situation.

Academic self-efficacy and optimism strongly associated with performance and adjustment, which exert direct effect on academic performance (Chemers, Hu & Garcia 2001). A correlation is found between self-efficacy and index of self-regulation, specifically in effective learning strategies. Self-efficacy, self-regulation, and use of cognitive strategy are positively associated and interrelated and can anticipate achievement (Pintrich & De Groot, 1990). Prediction of expected outcome, motivate students to persist. Rewards increase self-efficacy when correlate with accomplishments and reveal, that students have made increment in learning, whereas rewards distributed for task participation do not forward progress information (Schunk, 1983). The growth of interest relies on elevated self-efficacy. Primary goals tend to elevate children's self-efficacy and intrinsic interest (Bandura & Schunk, 1981). Four psychological processes have been found, which affect human functioning through self-efficacy process (Bandura, A. 1994).

➤ **Cognitive process**

Self-efficacy exerts effect on cognitive process in varied ways. Majority of human behaviour are purposive and regulated by planning and manifesting in valued goal. The more determined perceived self-efficacy leads to decide more challenging goals. Most courses of actions are anticipated in thoughts, through visualization which strengthen their belief and provide them support for performance. Self-efficacy exerts effect on performance in cognition activity. Heterogeneity in perception influences no. of problems solved, effectiveness in problem solving strategies and exactness of self-assessment of responses (Bouffard Bouchard, 1990).

➤ **Motivational process**

Self-efficacy plays an important role and exerts effect on self-regulating motivational process. People motivate themselves by anticipating their actions, and strengthen their belief regarding completing the task, and anticipate their outcomes. People set their goals accordingly. Theories have been built which explains cognitive motivator. Expectancy theory, in which motivation is directed by expectations that certain set of behaviour will lead to desirable outcomes (Vroom, 1964). Casual attribution theory, which states that self-efficacy, directs casual attribution by the process of motivation, which affects performance (Weiner, 1974). Self-efficacy plays an important role in mechanizing motivation (Bandura, 1991). Effect of Casual attribution is found on performance, motivation and affective reactions by the process of self-efficacy (Chwalisz, Altmaier and Russell, 1992; Mc Auley, 1991; Schunk and Gunn, 1986; Schunk and Rice). Motivational process is also governed by three types of self-influences. Self-satisfaction and self-dissatisfaction response to one's performance, perceived self-efficacy to goal accomplishment, readjustment of goals in respect of progress.

➤ **Affective Processes**

Individual's coping capabilities depends on the amount of stressor and depression they experience in threatening situations, as well as motivational level. Individual's self-efficacy depends upon the control over stressful situation. People who exercise better control over threatening situation don't get conjure by disturbing thoughts, but who have poor control over the threatening situations tend to experience high anxiety. They perceive their environment as danger. The stronger perceived coping self-efficacy determines the avoidance behaviour or arousal of anxiety in threatening situation.

➤ **Selection process**

Perceived self-efficacy is also influenced by the types of activities and environment, in which an individual wants to indulge. It is also governed by set of preferences. People under take the challenges, which they can handle. People shape their competencies, social interaction and interest according to their preferences. Career choice is one of the examples of power of self-efficacy, based on selection process.

Perfectionism effects psychological wellbeing in a study, it has proven that perfectionism for physical attractiveness likely to arise the risk of eating disorder. Study was conducted on women. The results stated that positive correlation was found between attractiveness and weight preoccupation after controlling for body size. (Davis, Claridge & Fox, 2000) Similarly another study found the close association between perfectionism, weight perception, and self-efficacy found to be related with binge eating the data was gathered by weekly assessment of vomiting, binge eating, laxative use, diet pill and fasting, continuously for 11 weeks. And particularly, women were found to be high in perfectionism.(Bardone-Cone, Abramson, Vohs, Heatherton, & Joiner, 2006) Perfectionism also effect mental health, and physical functioning of an individual

Somatic symptom is a condition in which, an individual feels anxious about their physical sensations. In this condition, an individual focuses more on their physical symptoms. The individual experience excessive thoughts, feelings related to the physical symptoms and manifest it in their behaviour. These preoccupations with physical symptoms tend to induce significant distress in the individual's functional, occupational or academic activity in their daily life. The physical symptoms can or can't be related to a diagnosable medical condition, but the individual who is experiencing the physical symptoms, assumes that they are sick and the intense reaction towards

the physical symptoms is what specify, somatic symptom disorder. A person is diagnosed with somatic symptom disorder because a medical cause can't be recognizing for the physical symptoms. The emphasis is on the extent to which the thoughts, feelings and behaviours are associated with the illness are excessive or out of proportion. Somatic symptom disorder is an estimated 5% to 7%, forming the common categories of patients among the general population. An estimated data, 20% to 25% patients, who are suffering from acute somatic symptoms, are more likely to develop chronic somatic illness. These disorders can develop during the childhood, adolescence, or adulthood. Females are more likely to present with somatic symptom disorder than males, with an approximated female-to-male ratio of 10:1

Diagnostic Criteria for somatic symptoms, according to DSM-V are mentioned below:-

- A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.
- B. Excessive thoughts, feelings or behaviours related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
 1. Disproportionate and persistent thoughts about the seriousness of one's symptoms.
 2. Persistently high level of anxiety about health or symptoms.
 3. Excessive time and energy devoted to these symptoms or health concerns
- C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).

II. Review of literature

Perfectionism is setting excessively high standards for performance, followed by tendencies toward critical assessment of one's behaviour (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Perfectionism tends to effect performance. A study proved that socially prescribed perfectionism was negatively associated with the exam performance, whereas self-oriented perfectionism was positively associated with the exam performance. (Stoeber, Haskew& Scott, 2015) Similar study was conducted on "Perfectionism and exam performance: The mediating effect of task-approach goals" The results showed a correlation between perfectionism, and low personal control with debilitating performance anxiety, somatic anxiety, and less goal satisfaction. (Mor, Day, Flett & Hewitt, 1995)

Perfectionism also tends to effect motivation, achievement and well-being of an individual, a supporting study which was conducted on adolescent (school students) revealed that perfectionism was associated with positive and adaptive outcomes whereas negative reactions to imperfection and perceived parental pressure to be perfect, were associated with maladaptive outcomes and can impair and effect the adolescent's motivation and well-being. (Stoeber, and Rambow, 2006) Similar supporting study was conducted focusing on the role of perfectionism, coping style, self-efficacy, and self-esteem in mediating performance anxiety. The sample was collected from 138 different universities. Men responded more adhering to a detached style of coping whereas women reported experiencing higher level of performance anxiety and experienced higher parental expectations and criticism

Perfectionism tend to affect the psychological components especially components of self (self-esteem, self-efficacy, self-confidence etc.) Self efficacy, which means one's belief in one's ability to succeed in specific situations or accomplish a task Kenneth, Locicero and Jeffrey, proved this association in their research which was conducted on 2000. The findings of a study stated that perfectionism was positively associated with self-efficacy, perfectionists scored higher on Social Self-Efficacy and General Self-Efficacy than maladaptive perfectionists and non-perfectionists. Self-efficacy also plays role in performance especially cognitive task, the effect of self-efficacy on cognitive task was found in a study. Heterogeneity in perception was linked with no. of problems solved, effectiveness in problem solving strategies and exactness of self-assessment of responses. (Bouffard-Bouchard, 1990) Self efficacy is also linked with neurotic traits, anxiety symptoms. Low level of self-efficacy was related with increased levels of trait anxiety/neuroticism, anxiety disorders symptoms, and depressive symptoms. (Muris, 2002) Similar study was conducted Focusing on the relation between Perfectionism, control, and components of performance anxiety in professional artists and the results revealed that a correlation was

found between perfectionism, and low personal control with debilitating performance anxiety, somatic anxiety, and less goal satisfaction. (Mor, Day, Flett & Hewitt, 1995) Perfectionism is also linked with efficiency. A study has proven the association between “Perfectionism and efficiency: Accuracy, response bias, and invested time in proof-reading performance”. The result of the study revealed that perfectionism was inversely associated with efficiency.

In a “Multidimensional model of perfectionism”, introduced by Hewitt, Flett and their colleagues. There are two components of perfectionism. Self-oriented perfectionism consists of actions such as setting standards for oneself and evaluating and censuring one's own actions and Social oriented perfectionism includes the perceived necessity to achieve standards and belief prescribed by others. A study was conducted on the both component of perfectionism, determining their relation with learned resourcefulness in depression and self-esteem. Results indicated that the socially-prescribed perfectionism was related with depression and low self-esteem, while self-oriented perfectionism was closely associated with self-control. (Flett, Hewitt, Blankstein & O'Brien, 1991) Another study conducted on perfectionism and academic procrastination. Their findings stated a positive association was found between perfectionism and academic procrastination. Adolescents, scored high on Self perfectionism, more likely to engage in academic procrastination. (Seo, 2008) Another research was conducted and their results revealed a correlation between depression and socially prescribed perfectionism, self-efficacy dimensions, and procrastination and physical symptoms was also related with personal and social dimensions of perfectionism, low self-efficacy, and depression. (Martin, Flett, Hewitt, Krames, & Szanto, 1996)

Perfectionism is also linked with personality and its type's. A study was conducted to assess the correlation of personality factors (e.g. perfectionism, procrastination, self-efficacy expectancies) with depressive symptom and psychosomatic symptom. The result revealed that correlation was found between depression and socially prescribed perfectionism, self-efficacy dimensions, and procrastination, and physical symptoms was also related with personal and social dimensions of perfectionism, low self-efficacy, and depression. (Martin, Flett, Hewitt, Krames, & Szanto, 1996) An association of self-oriented perfectionism with Type A personality is also seen and proved by a study, which is characterized by individuals who are highly competitive, ambitious, work-driven, time-conscious, and aggressive, simultaneously it was found that high level of depressive symptoms among students also characterized by self-oriented perfectionism, Type a behavior, low self-efficacy, and health symptoms. (Flett, Panico & Hewitt, 2011) Self oriented perfectionism, also shows negative association with self-efficacy. Results of a study indicated that the higher levels of Self-Oriented Perfectionism were correlated with low self-efficacy, while higher levels of Social facets of Perfectionism were correlated with the high self-efficacy. (Hart, Gilner, Handal, & Gfeller, 1998)

Perfectionism effects psychological well-being in a study, it has proven that perfectionism for physical attractiveness likely to arise the risk of eating disorder. Study was conducted on women. The results stated that positive correlation was found between attractiveness and weight preoccupation after controlling for body size. (Davis, Claridge & Fox, 2000) Similarly another study found the close association between perfectionism, weight perception, and self-efficacy found to be related with binge eating the data was gathered by weekly assessment of vomiting, binge eating, laxative use, diet pill and fasting, continuously for 11 weeks. And particularly, women were found to be high in perfectionism (Bardone-Cone, Abramson, Vohs, Heatherton, & Joiner, 2006) Perfectionism also effect mental health, and physical functioning of an individual. Supporting study revealed that neurotic perfectionism was associated with depression and psychosomatic symptoms, whereas no relation was found between neurotic perfectionism and anxiety, which was conducted on male students. Results stated that neurotic perfectionism was associated with depression and psychosomatic symptoms, whereas no relation was found between neurotic perfectionism and anxiety (Sumi & Kanda, 2002) .Another study, proving the effect of perfectionism on mental health, Relationship was seen among “Self-Efficacy, Perfectionism, and Stress in Canadian Nurses”. The findings of the study revealed that the nurses who were high on perfectionism, and low on self-efficacy, were found with low level of job satisfaction, so the results indicated that higher level of perfectionism and higher level of self-efficacy were strongly associated with job and life stress (O'Brien & Page, 1994)

A similar study was conducted to assess the self-efficacy of teachers and to explore the relation between teacher's perception regarding school context, teacher burnout and their level of satisfaction with job. The result of the study revealed that the teacher's self-efficacy and their two variables of burnout were differently associated with both to school context variables and job satisfaction level of teachers (Skaalvik & Skaalvik, 2010).

III. Research Methodology

3.1. Aim

The aim of the study was to assess the association between perfectionism, somatic symptoms and self- efficacy among young adults, and to study the gender difference among perfectionism, somatic symptoms and self-efficacy.

3.2. Objective

1. To study the significant relationship between perfectionism and somatic symptoms among young adults.
2. To study the significant relationship between perfectionism and self-efficacy among young adults
3. To study the significant relationship between self-efficacy and somatic symptoms among young adults.
4. To study the significant difference for perfectionism between young males and young females.
5. To study the significant difference for somatic complaints between young males and young females.
6. To study the significant difference for self-efficacy between young males and young females.

3.3. Hypothesis

1. There will be a significant relationship between perfectionism and somatic symptoms among young adults.
2. There will be a significant relationship between perfectionism and self-efficacy among young adults
3. There will be a significant relationship between self-efficacy and somatic symptoms among young adults.
4. There will be a significant difference for perfectionism between young males and young females.
5. There will be a significant difference for somatic complaints between young males and young females.
6. There will be a significant difference for self-efficacy between young males and young females.

IV Research Design

The research is a quantitative research. Descriptive stats, t- test and correlation were used in this non- experimental research design, to analysis the result of the research. The samples of 198 young adults were collected by the means of questionnaire method.

4.1. Sample

Sample size (N)	198	198
Sex	Young Male	Young Female
Marital Status	Unmarried	Unmarried
Education	Graduation	Graduation
Religion	Hindu	Hindu
Age	17-24	17-24

4.2. Tool description

Child–Adolescent Perfectionism Scale (CAPS). (Flett et al., 2000) The Child and Adolescent Perfectionism Scale consist of 22 items. It contains two subscales: SPP - Socially Prescribed Perfectionism, which contributes 10 items and SOP - Self Oriented Perfectionism which contains 12 items. Subject has to respond each statement on a 5-point Likert-type scale ranging from 1 (*false- not at all true for me*) to 5 (*very true for me*). CAPS scores can ranges between 1 -110. An item 3, 9 and 18 from the CAPS contains reverse scoring and higher score signifies greater Perfectionism for all items. Research group translated original version into Portuguese. During establishment of self-report questionnaire back translation, technical view, pre-test and semantic evaluation was done. It is a 5-point rating scale. The reliability coefficient (Test–retest) is .74 and .66

The General Self-Efficacy Scale (Jerusalem and Schwarzer, 1981) The General Self-Efficacy Scale comprise of 10-item, which is designed to evaluate optimistic self-beliefs. It is a psychometric scale. The scale was initially developed in 1981 in German language by *Matthias Jerusalem* and *Ralf Schwarzer* and later on revised and translated to 26 different languages, and has been taken use in many studies. The scale is designed for the general adult population, including adolescents. The scale is used for individuals above 12 years of age. Reliability coefficient (Cronbach's alphas) vary from .76 to .90

The Somatic SymptomScale–8 (SSS-8) It is a self-reporting scale which is designed to assess somatic symptoms among the individuals. It is an elaborative version of the Patient Health Questionnaire - 15 (PHQ-15). It is a five-point Likert scale, on which subject has to respond, on the basis of somatic symptoms, experienced within past seven days. The SSS-8 is based on settings with restricted measurement time. This scale includes the following symptoms:

- Stomach or bowel problems
- Back pain, Headaches
- Pain in your arms, legs, or joints
- Chest pain or shortness of breath
- Feeling tired or having low energy
- Trouble sleeping, Dizziness

4.3. Procedure

For the present study, participants falling under the age group of were contacted personally for data collection. After taking their consent, rapport was formed to make the participant comfortable. Participant were made ensure that their responses would be kept confidential, and there are neither wrong nor right responses. After these questionnaires were handed over to the participants and instructions were read verbatim from the manuals of each test. During the conduction, participant's doubt was clarified, and it was ensured that all the items in the questionnaire are answered by them. After completing the questionnaires, the participants were thanked for their cooperation and participation. A set of three questionnaires were distributed among the young males and young females. When the data collection was collected, scoring was done as per the instructions in the manual and the scores of each participant were added in the excel sheet.

4.4. Statistical Analysis

1. Descriptive statistics was used in this research.
2. Inferential statistics was used in this research..
3. T- Test method was used to study the significant difference between the gender on the somatic complaints, self-efficacy and perfectionism variables.

Correlation method was used to study the relationship between perfectionism, somatic symptoms and self-efficacy among young adults.

V Result Analysis

DESCRIPTIVE STATISTICS

The statistical analyses are processed using the SPSS 20.0 including the following techniques: t-test. All the results are discussed under their respective tables. For a detailed description dimensions of all the variables have been discussed. Self-perfectionism and social-perfectionism are the dimensions of perfectionism variable whereas self-efficacy and somatic symptoms are the other variables used in the study.

Table no. 1

Variables	Mean	Std. Deviation
1. Self-Perfectionism	40.8737	8.23014
2. Social Perfectionism	33.8030	7.44432
3. Self-efficacy	24.3081	8.41144
4. Somatic symptoms	15.4495	7.35434

Mean score and S D of the sample for all variables

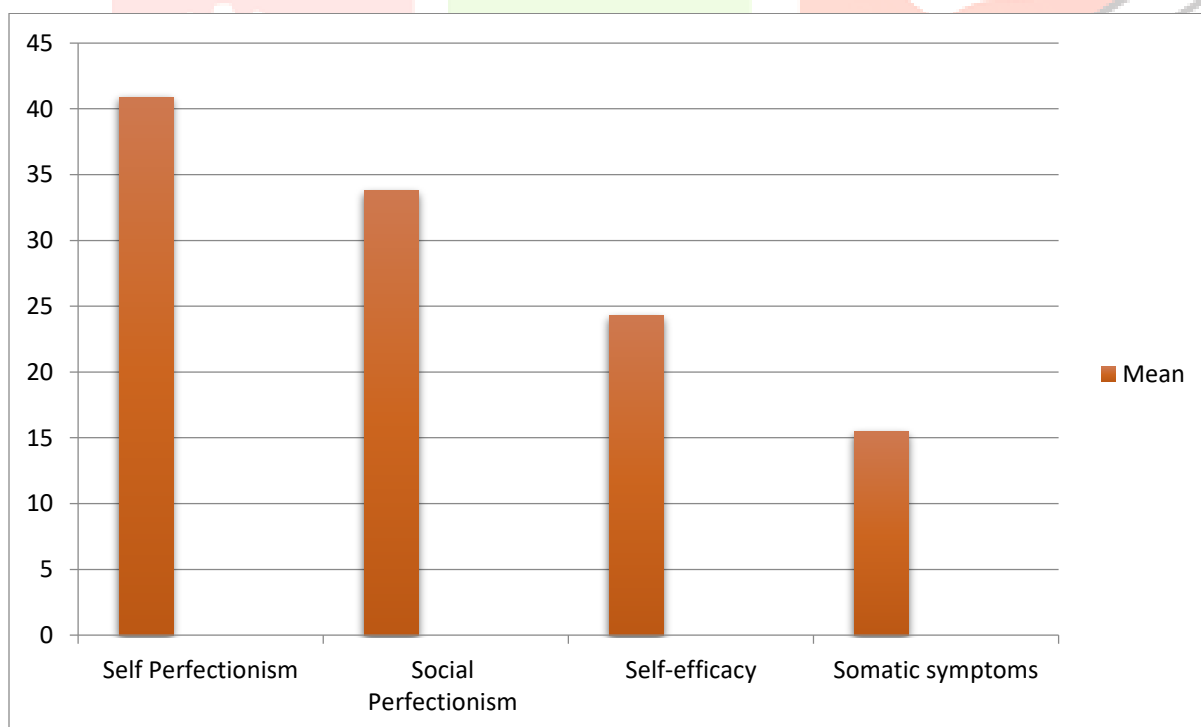


Figure 2: depicts perfectionism, self-efficacy and somatic symptoms with respect to their mean in a graphical form.

The graph shows highest mean for self-perfectionism and social perfectionism, which are 40 and 33, whereas mean for self-efficacy 24 and the lowest value for mean is 15, which is for somatic symptoms.

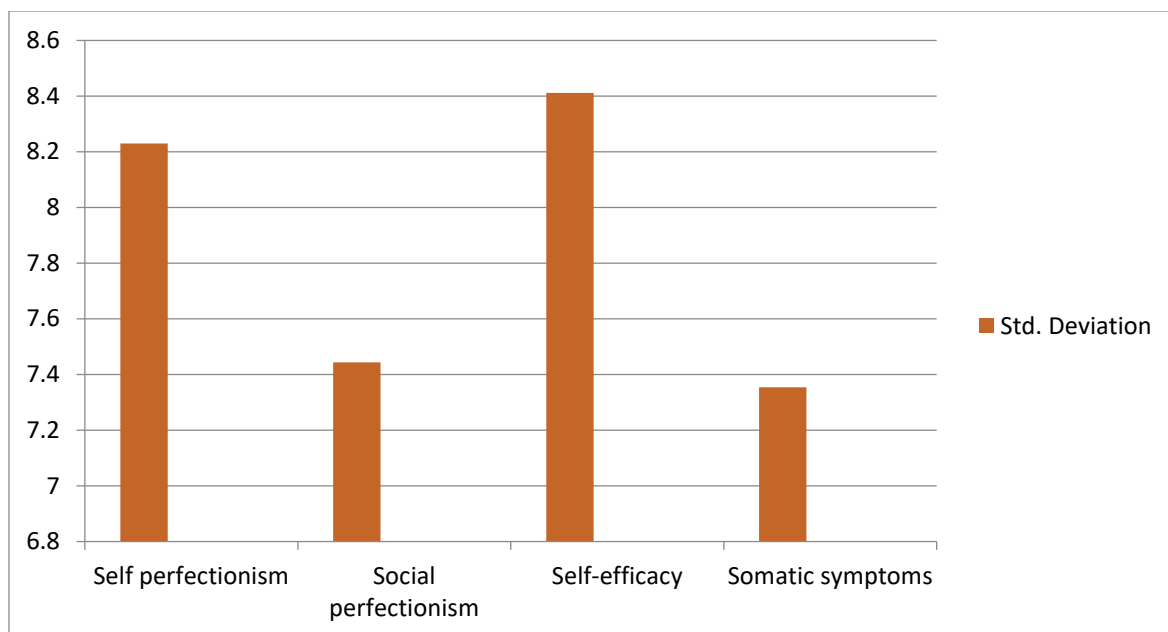


Figure 3: depicts perfectionism, self-efficacy and somatic symptoms with respect to their standard deviation in a graphical form.

The graph shows highest standard deviation for self-efficacy which is 8.4, whereas standard deviation for self-perfectionism is 8.2 and the lowest value for standard deviation is 7.3, which is for somatic symptoms

COMPARISON OF MEANS

Variables	N	Mean	Standard deviation	t	Sig.
1. Self-Perfectionism					
• Young female	198	41.9798	7.12710	1.904	.059
• Young male	198	39.7677	9.10464		
2. Social Perfectionism					
• Young female	198	35.4343	6.51867	3.153	.002
• Young male	198	32.1717	7.97066		
3. Self-efficacy					
• Young female	198	23.5253	8.44108	1.312	.191
• Young male	198	25.0909	8.35084		

4. Somatic symptoms					
• Young female	198	16.8788	6.81576	2.781	.006
• Young male	198	14.0202	7.62512		

Table no.4

Table shows, significant difference for perfectionism, self –efficacy and somatic symptoms between young male and young female.

t- Value for self-perfectionism and social perfectionism comes out to be 1.904 and 1.314, which is not significant and means there was no significant difference found for perfectionism between young males and young females. t- Value for Self-efficacy comes out to be 1.312, which was also not significant and no significant difference found for perfectionism between young males and young females. Similarly, for somatic symptoms t- value for somatic symptoms comes out to be 2.781, which is not significant, no significant difference for somatic symptoms between young males and young females.

Table no.5

Correlations				
	Self-perfect.	Socially P.	Self-Efficacy	Somatic Symptoms
Self-perfectionism.		.623**	-.424**	.472**
Socially Perfectionism.	.623**		-.420**	.560**
Self- efficacy.	-.424**	-.420**		-.485**
Somatic-Symptoms	.472**	.560**	-.485**	

***. Correlation is significant at the 0.01 level (2-tailed).*

Above table, represent relationship between perfectionism, self-efficacy and somatic symptoms among young adults

Negative relationship is found between perfectionism (self-perfectionism, social-perfectionism) and self-efficacy, which means that a significant relationship is present between perfectionism and self-efficacy. Positive association is found between self-perfectionism and somatic symptoms, which also mean, that a significant relationship is present between perfectionism and somatic symptoms. Self-efficacy and somatic symptoms were found to be negatively correlated, which means that a significant relationship is present between somatic symptoms and self-efficacy.

The purpose of the study was to determine the significant relation between perfectionism, self-efficacy and somatic symptoms among young adults, and also to assess the gender difference for perfectionism, self-efficacy and somatic symptoms between young male and young female. Perfectionism is a trait, focusing towards flawless and setting high performance standards for themselves, accompanied by self-evaluations and conscious regarding others evaluations.. Some People find it healthy inner drive to enhance progress in their performance, to attain goal, but many theorists have hypothesized that perfectionism tendencies plays a pathogenic role in many disorders (e.g., Bruch, 1973) and it has also been linked with various forms of maladjustment and psychosomatic problems.

Psychosomatic symptoms is a condition in which, a person feels anxious about their physical sensations such as pain or fatigue. In this condition, an individual focuses on their physical symptoms. The individual experience excessive thoughts, feelings related to the physical symptoms and manifest it in their behaviour. This preoccupation with physical symptoms causes significant distress in the individual's functional, occupational or academic activity in their daily life. In many researches, it has proven that perfectionism exert its impact on psychological well-being of an individual, which likely to affect performance, motivation level, self-esteem and self-efficacy of an individual.

Self-efficacy is one's belief in one's ability to succeed in specific situations or accomplish a task (Bandura, 1994). Self - efficacy theory is given by Alfred Bandura which states that people will only indulge in the things, they believe can accomplish or succeed and won't indulge in the things they believe will fail. Efficacious people set their aim, show their dedication and work on their goal, in order to achieve and set commitment towards their goal.

The statistical tools used in this study was correlation, for determining the significant relation between perfectionism, self-efficacy and somatic symptoms, whereas t-test was used for studying the gender difference among perfectionism, self-efficacy and somatic symptoms and descriptive statistics was used to calculate the mean and standard deviation. The result of the research shows significant relationship between perfectionism, self-efficacy and somatic symptoms among young adults. A negative significant correlation was found between perfectionism and self-efficacy, which means that high level of perfectionism, is associated with low level of self-efficacy. The result of this study is supporting to other studies. Positive and negative perfectionism was found to be associated with life satisfaction, subjective well-being and self-efficacy (Chan, 2007). In a study, similar results were found (negative correlation) between self-efficacy and perfectionism (Hart, Gilner, Paul, Handal and Gfeller, 1998). Another result of the supporting study revealed that socially-prescribed perfectionism had a negative impact on academic self-efficacy, ultimately triggering academic burnout. This suggests that it is important to have educational and counseling (Yu,Chae and Chang,2016)

Similarly, negative significant correlation was found between somatic symptoms and self-efficacy. The result of this study is supporting to other studies. Low level of self-efficacy found to be associated with high level of anxiety and depressive symptoms (Muris, 2002). Bullying behaviours was found to be associated with an increase in psychological health complaints, which leads to increased levels of psychosomatic complaints and generalized self-efficacy found as a moderator of the relationship between bullying behaviours and psychological health complaints (Mikkelsen and Einarsen, 2002). Another supporting study was conducted on the relationship between self-efficacy and its subscales with mental health and the findings stated that self-efficacy has a positive correlation with general health and social functions; and have a negative correlation with somatic symptoms, anxiety and sleep disorder, and depression symptoms (Mostafai1, Mohiadin and Mostafai, 2012). Perfectionism and somatic symptoms was found to be positively correlated. High level of perfectionism was associated with high level of somatic symptoms. Similar study was found, supporting the result of this study, self-oriented perfectionism was related only to anorexic tendencies and attitudes, social dimensions of perfectionism were related broadly to eating disorder behaviours. (Hewitt, Flett and Ediger, 1985)

In this research, no significant difference was found for perfectionism between young males and young females, similar results were obtained for somatic symptoms between young males, which mean no significant difference was found. And at last, same results was also found for self-efficacy, which means no significant difference was found for self-efficacy. So, no significant gender difference was found for perfectionism, self-efficacy and somatic symptoms; this may be attributed to the fact that sample were collected from young adults belonging to middle socioeconomic status and also data was limited to metropolitan city, where people believe in equality, treat girl and boy child equal, by providing both of them, quality of education, by making them utilize their potential and encouraging them to participate and to build their future by using their maximum potential. So that's why no gender difference was found for self-efficacy, perfectionism and somatic symptoms.

VI. Conclusion

In conclusion, above results demonstrate the significant positive relation between perfectionism and somatic symptoms, which concludes that hypothesis 1 was accepted. Similarly, it was hypothesised that self-efficacy would have a relationship with perfectionism. The results of this study tallied with that hypothesis, in that self-efficacy was negatively related to perfectionism, which means hypothesis 2 was accepted. Similarly, significant negative association was found between self-efficacy and somatic symptoms, which concludes that hypothesis 3 was also accepted.

Next, it was hypothesised that there would be a significant gender difference between males and females inclination to perfectionism. Surprisingly, this hypothesis 4 was rejected as no differences were found in this regard. Similarly, no gender difference was found for self- efficacy and somatic symptoms between young male and young females, which concludes that hypothesis 5 and hypothesis 6 was also rejected.

IMPLICATIONS FOR THE FUTURE RESEARCH

This study can be used as future research and can help others to complete their research work related to perfectionism. It can be used to study the impact of perfectionism among young adults on their self-esteem, well-being or any other variable, which effect physical and psychological wellbeing. This study can be used in other organization, educational settings to study and its outcome of the study can be used for further researches.

LIMITATIONS

One of the limitations of the study was size of the sample which was restricted or acted as obstacle to meet the objective of the study. Many of the young adults were not aware about the terminology used in the questionnaire, so the probability of error was high. Many young adults were conservative in nature and were not comfortable in revealing their personal information. Major limitation of the study was restricted to urban areas and from one localized area data was collected.

REFERENCES

1. Bandura, A. (1994). Self-efficacy. In V.S. Ramachandran (Ed.), *Encyclopedia of human behavior* (vol. 4, pp. 71-81).
2. Bardone-Cone, A. M., Abramson, L. Y., Vohs, K. D., Heatherton, T. F., & Joiner, T. E. (2006). Predicting bulimic symptoms: An interactive model of self-efficacy perfectionism, and perceived weight status. *Behaviour Research and Therapy*, 44(1), 27-42.
3. Besser, A., Flett, G. L., Guez, J., & Hewitt, P. L. (2008). Perfectionism, and cognitions, affect, self-esteem, and physiological reactions in a performance situation. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 26, 206–228.
4. Bong, M., Hwang, A., Noh, A., & Kim, S. I. (2014). Perfectionism and motivation of adolescents in academic contexts. *Journal of Educational Psychology*, 106(3), 711.
5. Bouffard-Bouchard, T. (1990). Influence of self-efficacy on performance in a cognitive task. *The Journal of Social Psychology*, 130(3), 353-363.
6. Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa, and the person within*. New York, NY: Basic Books..
7. Cain, A. S., Bardone-Cone, A. M., Abramson, L. Y., Vohs, K. D., & Joiner, T. E. (2008). Refining the relationships of perfectionism, self-efficacy, and stress to dieting and binge eating: Examining the appearance, interpersonal, and academic domains. *International Journal of Eating Disorders*, 41(8), 713-721.
8. Chan, D. W. (2002). Stress, self-efficacy, social support, and psychological distress among prospective Chinese teachers in Hong Kong. *Educational psychology*, 22(5), 557-569.
9. Chan, D. W. (2007). Positive and negative perfectionism among Chinese gifted students in Hong Kong: Their relationships to general self-efficacy and subjective well-being. *Journal for the Education of the Gifted*, 31(1), 77-102.

10. Chang, E. C., Ivezaj, V., Downey, C. A., Kashima, Y., & Morady, A. R. (2008). Complexities of measuring perfectionism: Three popular perfectionism measures and their relations with eating disturbances and health behaviors in a female college student sample. *Eating behaviors*, 9(1), 102-110.
11. Chemers, M. M., Hu, L. T., & Garcia, B. F. (2001). Academic self-efficacy and first year college student performance and adjustment. *Journal of Educational psychology*, 93(1), 55.component of classroom academic performance. *Journal of Educational Psychology*, 82, 33-40.
12. Davis, C., Claridge, G., & Fox, J. (2000). Not just a pretty face: physical attractiveness and perfectionism in the risk for eating disorders. *International Journal of Eating Disorders*, 27(1), 67-73.
13. Elliott, G. C. (1982). Self-esteem and self-presentation among the young as a function of age and gender. *Journal of Youth and Adolescence*, 11, 135-153.
14. Enns, M., Cox, B., & Inayatulla, M. (2003). Personality predictor's of outcome for adolescents hospitalized for suicidal ideation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 720-727.
15. Essau, C. A., Leung, P. W. L., Conrard, J., Cheng, H., & Wong, T. (2008). Anxiety symptoms in Chinese and German adolescents: Their relationship with early learning experiences, perfectionism, and learning motivation. *Depression and Anxiety*, 25, 801-810.
16. Eum, K., & Rice, K. G. (2011). Test anxiety, perfectionism, goal orientation, and academic performance. *Anxiety, Stress, & Coping*, 24(2), 167-178.
17. Flett, G. L., Blankstein, K. R., & Hewitt, P. L. (2009). Perfectionism, performance, and state positive affect and negative affect after a classroom test. *Canadian Journal of School Psychology*, 24(1), 4-18.
18. Flett, G. L., Hewitt, P. L., & Cheng, W. M. W. (2008). Perfectionism, distress, and irrational beliefs in high school students: Analyses with an abbreviated Survey of Personal Beliefs for adolescents. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 26, 194-205
19. Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Gray, L. (1998). Psychological distress and the frequency of perfectionistic thinking. *Journal of Personality and Social Psychology*, 75, 1363-1381
20. Flett, G. L., Hewitt, P. L., Blankstein, K., & O'Brien, S. (1991). Perfectionism and learned resourcefulness in depression and self-esteem. *Personality and individual differences*, 12(1), 61-68.
21. Flett, G. L., Hewitt, P. L., Boucher, D. J., Davidson, L. A., & Munro, Y. (2000). The Child-Adolescent Perfectionism Scale: Development, validation, and association with adjustment. Unpublished manuscript, York University, Toronto, Ontario, Canada.
22. Flett, G. L., Panico, T., & Hewitt, P. L. (2011). Perfectionism, type A behavior, and self-efficacy in depression and health symptoms among adolescents. *Current Psychology*, 30(2), 105-116.
23. Hadjistavropoulos, H., Dash, H., Hadjistavropoulos, T., & Sullivan, T. L. (2007). Recurrent pain among university students: Contributions of self-efficacy and perfectionism to the pain experience. *Personality and Individual Differences*, 42(6), 1081-1091.
24. Hamachek, D. E. (1978). ["Psychodynamics of normal and neurotic perfectionism"](#). *Psychology*. 15: 27-33
25. Hart, B. A., Gilner, F. H., Handal, P. J., & Gfeller, J. D. (1998). The relationship between perfectionism and self-efficacy. *Personality and individual differences*, 24(1), 109-113.
26. Hewitt, P. L., & Flett, G. L. (1991a). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, 60, 456-470.
27. Hewitt, P. L., & Flett, G. L. (1993b). Perfectionistic self-presentation and maladjustment. Paper presented at the annual conference of the American Psychological Association, Toronto, Canada.
28. Hewitt, P. L., & Genest, M. (1990). The ideal self: Schematic processing of perfectionistic content in dysphoric university students. *Journal of Personality and Social Psychology*, 59, 802-808.
29. Hewitt, P. L., Flett, G. L., & Fairlie, P. (1994) Self-presentational style and maladjustment: Presenting the perfect self.
30. Hewitt, P. L., Flett, G. L., & Ediger, E. (1995). Perfectionism traits and perfectionistic self-presentation in eating disorder attitudes, characteristics, and symptoms. *International Journal of Eating Disorders*, 18(4), 317-326.

31. Hewitt, P. L., Newton, J., Flett, G. L., & Callander, L. (1997). Perfectionism and suicide ideation in adolescent psychiatric patients. *Journal of Abnormal Child Psychology*, 25, 95–101.
32. Huggins, L., Davis, M. C., Rooney, R., & Kane, R. (2008). Socially prescribed and self-oriented perfectionism as predictors of depressive diagnosis in preadolescents. *Australian Journal of Guidance and Counseling*, 18, 182–194
33. Hunk, D. H. (1983). Reward contingencies and the development of children's skills and self-efficacy. *Journal of Educational Psychology*, 75, 511-518.
34. Kenney-Benson, G., & Pomerantz, E. (2005, February). The role of mothers' use of control in children's perfectionism: Implications for the development of children's depressive symptoms. *Journal of Personality*, 73, 23–46.
35. Kugler, B. B., Bloom, M., Kaercher, L. B., Truax, T. V., & Storch, E. A. (2012). Somatic symptoms in traumatized children and adolescents. *Child Psychiatry & Human Development*, 43(5), 661-673.
36. Libby, S., Reynolds, S., Derisley, J., & Clark, S. (2004, September). Cognitive appraisals in young people with obsessive-compulsive disorder. *Journal of Child Psychology and Psychiatry*, 45, 1076–1084.
37. Locicero, K. A., & Ashby, J. S. (2000). Multidimensional perfectionism and self-reported self-efficacy in college students. *Journal of College Student Psychotherapy*, 15(2), 47-56.
38. Martin, T. R., Flett, G. L., Hewitt, P. L., Krames, L., & Szanto, G. (1996). Personality correlates of depression and health symptoms: A test of a self-regulation model. *Journal of Research in Personality*, 30(2), 264-277.
39. McCreary, B. T., Joiner, T., Schmidt, N. B., & Ialongo, N. S. (2004). The structure and correlates of perfectionism in African American children. *Journal of Child and Adolescent Psychology*, 33, 313–324.
40. Molnar, D. S., Reker, D. L., Culp, N. A., Sadava, S. W., & DeCourville, N. H. (2006). A mediated model of perfectionism, affect, and physical health. *Journal of Research in Personality*, 40(5), 482-500.
41. Mor, S., Day, H. I., Flett, G. L., & Hewitt, P. L. (1995). Perfectionism, control, and components of performance anxiety in professional artists. *Cognitive Therapy and Research*, 19(2), 207-225.
42. Muris, P. (2002). Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample. *Personality and Individual Differences*, 32(2), 337-348.
43. O'Brien, S., & Page, S. (1994). Self-efficacy, perfectionism, and stress in Canadian nurses. *Canadian Journal of Nursing Research Archive*, 26(3).
44. Pintrich, P. R., & De Groot, E. V. (1990). Motivational and self-regulated learning
45. Rasquinha, A., Dunn, J. G., & Dunn, J. C. (2014). Relationships between perfectionistic strivings, perfectionistic concerns, and competitive sport level. *Psychology of Sport and Exercise*, 15(6), 659-667.
46. Rice, K. G., Lopez, F. G., & Richardson, C. M. (2013). Perfectionism and performance among STEM students. *Journal of Vocational Behavior*, 82(2), 124-134.
47. Robinson-Smith, G., Johnston, M. V., & Allen, J. (2000). Self-care self-efficacy, quality of life, and depression after stroke. *Archives of physical medicine and rehabilitation*, 81(4), 460-464.
48. Saboonchi, F., & Lundh, L. G. (2003). Perfectionism, anger, somatic health, and positive affect. *Personality and Individual Differences*, 35(7), 1585-1599.
49. Saboonchi, F., & Lundh, L. G. (2003). Perfectionism, anger, somatic health, and positive affect. *Personality and Individual Differences*, 35(7), 1585-1599.
50. Seo, E. H. (2008). Self-efficacy as a mediator in the relationship between self-oriented perfectionism and academic procrastination. *Social Behavior and Personality: an international journal*, 36(6), 753-764.
51. Sherry, S. B., Stoeber, J., & Ramasubbu, C. (2016). Perfectionism explains variance in self-defeating behaviors beyond self-criticism: Evidence from a cross-national sample. *Personality and Individual Differences*, 95, 196-199.
52. Sinden, L. M. (1999). Music performance anxiety: Contributions of perfectionism, coping style, self-efficacy, and self-esteem (Doctoral dissertation, ProQuest Information & Learning).

53. Skaalvik, E. M., & Skaalvik, S. (2010). Teacher self-efficacy and teacher burnout: A study of relations. *Teaching and teacher education*, 26(4), 1059-1069.
54. Stoeber, J., & Eismann, U. (2007). Perfectionism in young musicians: Relations with motivation, effort, achievement, and distress. *Personality and Individual Differences*, 43(8), 2182-2192.
55. Stoeber, J., & Eysenck, M. W. (2008). Perfectionism and efficiency: Accuracy, response bias, and invested time in proof-reading performance. *Journal of Research in Personality*, 42(6), 1673-1678.
56. Stoeber, J., & Yang, H. (2015). Physical appearance perfectionism explains variance in eating disorder symptoms above general perfectionism. *Personality and Individual Differences*, 86, 303-307.
57. Stoeber, J., & Rambow, A. (2007). Perfectionism in adolescent school students: Relations with motivation, achievement, and well-being. *Personality and individual differences*, 42(7), 1379-1389.
58. Stoeber, J., Haskew, A. E., & Scott, C. (2015). Perfectionism and exam performance: The mediating effect of task-approach goals. *Personality and individual differences*, 74, 171-176.
59. Stornelli, D., Flett, G., & Hewitt, P. (2009). Perfectionism, achievement, and affect in children: A comparison of students from gifted, arts, and regular programs. *Canadian Journal of School Psychology*, 24, 267–283. doi:10.1177/0829573509342392
60. Sumi, K., & Kanda, K. (2002). Relationship between neurotic perfectionism, depression, anxiety, and psychosomatic symptoms: A prospective study among Japanese men. *Personality and Individual Differences*, 32(5), 817-826.
61. Vohs, K. D., Bardone, A. M., Joiner Jr, T. E., & Abramson, L. Y. (1999). Perfectionism, perceived weight status, and self-esteem interact to predict bulimic symptoms: A model of bulimic symptom development. *Journal of Abnormal Psychology*, 108(4), 695.

