

THE PREDICTIVE ROLE OF CHILDHOOD TRAUMA, FEAR OF NEGATIVE
EVALUATION AND INFERIORITY FEELING ON PERFECTIONISM AMONG
UNIVERSITY STUDENTS

by
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EVALUATION AND INFERIORITY FEELING ON PERFECTIONISM AMONG
UNIVERSITY STUDENTS

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My accomplishments since I was a kid, standing behind accepting my failure, when I fell, lifting our home, getting me, Mom, Dad, brother, friend, in every part of my life next to me, that makes me feel like I'm the most valuable asset in the world Mother
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My most valuable assets in life are my sisters Beyzanur Küçük and Nagehan Kösem, who are with me in every emotion, every moment, every time I open my eyes, and my most precious niece Mirhan,

To my friend Naz Koca who always says you do it,

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ABSTRACT

The aim of this study is to examine the predictive power of university students' childhood trauma, inferiority feeling and fear of negative evaluation on perfectionism. 345 university students studying in Turkey participated in the research. Personal information form prepared by the researcher, Childhood Trauma Questionnaire (CTQ-33), Inferiority Feeling Scale (IFS), Brief Fear of Negative Evaluation Scale (BFNE), and Frost Multidimensional Perfectionism Scale (F-MPS) were used to collect data. In the study, an independent group t-test was conducted to determine whether the perfectionism levels of university students differ according to gender. Pearson Correlation was applied to determine the relationships between the dependent variable and independent variables. Hierarchical regression analysis was conducted to determine how perfectionism levels were predicted by childhood trauma, inferiority feeling, and fear of negative evaluation. The results showed that the sub-dimensions of childhood trauma- overprotection/ control, inferiority feeling, and fear of negative evaluation significantly predicted perfectionism. There was no significant difference between the perfectionism levels of university students and the gender variable. The findings of the study were discussed according to the relevant literature. Finally, the limitations of the research are discussed and suggestions for future research are presented.

Keywords: Perfectionism, Childhood Trauma, Inferiority Feeling, Fear of Negative Evaluation

ÖZET

Bu araştırmanın amacı üniversite öğrencilerinin çocuklukçağı travması, yetersizlik duygusu ve olumsuz değerlendirilme korkularının mükemmeliyetçilik üzerindeki yordayıcı gücünü incelemektir. Araştırmaya Türkiye’de öğrenim gören 345 üniversite öğrencisi katılmıştır. Verilerin toplanmasında araştırmacı tarafından hazırlanan kişisel bilgi formu, Çocuklukçağı Travmaları Ölçeği (ÇÇTÖ-33), Yetersizlik Duygusu Ölçeği (YDÖ), Olumsuz Değerlendirme Korkusu Ölçeği (ODKÖ) ve Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği (FÇBMÖ) kullanılmıştır. Çalışmada üniversite öğrencilerinin mükemmeliyetçilik düzeylerinin cinsiyete göre farklılık gösterip göstermediğini belirlemek amacıyla bağımsız gruplar t-testi yapılmıştır. Bağımlı değişken ve bağımsız değişkenler arası ilişkileri belirlemek için Pearson Korelasyon uygulanmıştır. Mükemmeliyetçilik düzeylerinin çocuklukçağı travması, yetersizlik duygusu ve olumsuz değerlendirilme korkusu tarafından nasıl yordandığının belirlenmesi amacıyla ise hiyerarşik regresyon analizi yapılmıştır. Sonuçlar, çocukluk çağı travması alt boyutu olan aşırı koruma/kontrol, yetersizlik duygusu alt boyutlarının ve olumsuz değerlendirilme korkusunun mükemmeliyetçiliği anlamlı düzeyde yordadığını göstermiştir. Üniversite öğrencilerinin mükemmeliyetçilik düzeyleri ile cinsiyet değişkeni arasında anlamlı farklılık bulunmamıştır. Araştırmanın bulguları ilgili literatüre göre tartışılmıştır. Son olarak araştırmanın sınırlılıkları ele alınmış ve gelecekteki araştırmalar için öneriler sunulmuştur.

Anahtar Kelimeler: Mükemmeliyetçilik, Çocuklukçağı Travması, Yetersizlik Duygusu, Olumsuz Değerlendirilme Korkusu

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ABRAVIATION LIST

WHO	: World Health Organization
SRMP	: Social Reaction Model of Perfectionism
PSDM	: Perfectionism Social Disconnection Model
ACE	: Adverse Childhood Experiences
HPA	: Hypothalamic-Pituitary-Adrenal
SA	: Social Anxiety
SAD	: Social Anxiety Disorder
FNE	: Fear of Negative Evaluation
F-MPS	: Frost Multidimensional Perfectionism Scale
H-MPS	: Hewitt Multidimensional Perfectionism Scale
CTQ-33	: Childhood Trauma Questionnaire
IFS	: Inferiority Feeling Scale
BFNE	: Brief Fear of Negative Evaluation Scale

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CHAPTER I

INTRODUCTION

For a long time, scientists have tried to find answers to whether the factor that causes behavior is their situation or personality. Studies have led to the emergence of personality psychology and the formation of personality theory. Personality psychology is the study of differences, namely personality, that cause people to behave differently in similar situations (Yıldırım & Sarıçam, 2022). A person develops his/ her personality during the interaction of innate characteristics and environmental factors. It demonstrates individual variances caused by physical conditions, biological differences, cultural characteristics, and the way of upbringing. As a result of the numerous events they encounter, they give various reactions according to their personality traits. One of the personality traits that affect an individual's life is "perfectionism" (Tuncer & Voltar-Acar, 2006).

Perfectionism is accepted as a personality trait that includes high standards and aiming for perfection, excessive effort to achieve goals, and critical evaluations of behavior (Hewitt & Flett, 1991). On the other hand, perfectionism has been defined as the tendency to overly critically evaluate personality and set high standards. In this context, perfectionism is seen to be a multifaceted construct with both intra- and interpersonal elements (Frost et al. 1990). It is a false effort to gain acceptance from others and to remove sense of guilt and worthlessness through displays of outstanding achievement (Curran & Hill, 2019). According to definitions, perfectionism is a multifaceted personality type that is linked to several psychological, social, and academic challenges. Perfectionism is a susceptibility factor that causes problems for adults, adolescents, and children rather than a disorder. People who are determined to

sustain high values and who are analytical, meticulous, and disciplined are perfectionists (Hewitt, 2009).

Researchers stated that scientific studies on perfectionism started towards the end of the 20th century (Hewitt & Flett, 1991). Numerous empirical research has shown perfectionism to be a complicated phenomenon that ranges from normal to neurotic, impairing both regular functioning and psychological health (Chang et al., 2004; Schuler, 2000; Shafran & Mansell, 2001). All this means that perfectionism is not a one-dimensional phenomenon, but is perceived as a multidimensional construct with both maladaptive and adaptive traits (Flett & Hewitt, 2002). In this context, the conceptualization of perfectionism as a multidimensional structure was identified by Frost et al. (1990). He has addressed both the internal and interpersonal side of perfectionism with six dimensions. These dimensions, respectively, are personal standards, concern over mistakes, doubts about actions, parental criticism, parental expectations, and organization (Frost et al., 1990). Likewise, multidimensional structure was later conceptualized by Hewitt et al. (1991) in three different aspects. These dimensions are self-oriented, socially prescribed, and other-oriented perfectionism. Generally speaking, these all dimensions are categorized as either adaptive or maladaptive and there is a difference between them, above all (Frost et al. 1993). Setting high standards that are still attainable, favoring order and structure, feeling satisfied on a personal level, and wanting to succeed and reap benefits are all characteristics of adaptive perfectionism (Enns & Cox, 2002). In contrast, maladaptive perfectionism has been defined as an individual's personal concerns about mistakes and failures, as well as concerns about criticism from others (Frost et al. 1993).

Perfectionist tendencies largely begin with the need for love, acceptance, and approval (Flett et al. 1995). Therefore, perfectionism is closely linked to cognitive, relational, and self-worth. For many people, the perfectionism trait is directly tied to their perspective of who they are in relation to both themselves and others. Early connection interactions teach children that their fundamental wants will be addressed, which supports healthy psychological development. As people mature, their sense of self-identity continues to be shaped by their larger environment, how they are perceived by others, and the input they receive in their daily lives. Early relational processes shape and form the later relational processes of the individual (Mikulincer et al., 2010; Woodfin et al., 2021). According to evolutionary psychology theory, people have adapted to stay in the in-group and survived by focusing on and learning from particularly unfavorable events. However, unpleasant occurrences and stimuli draw more attention in return (Baumeister et al., 2001). One of these negative events is childhood trauma.

Looking at the literature, there are scientific theoretical studies that suggest that perfectionism is a reaction that arises, in particular, from childhood trauma and psychological wounds. This studies links perfectionism to negative childhood experiences including childhood trauma (Chen et al., 2019). Childhood trauma is defined as the behaviors and life events shaped by abuse and neglect, threats to life safety, and other forms of exploitation to which children under the age of 18 are exposed by their caregivers (World Health Organization, 2006). Childhood trauma has been treated in the literature in a way that includes emotional and physical neglect, as well as emotional, physical and sexual abuse (Bernstein et al., 2003). In particular, recent studies have shown that excessive control/protection in Turkish families can be as painful as developmental trauma. For this reason, it has been

considered as the dimension of childhood trauma (Şar et al., 2020). Exposure to childhood trauma has a significant impact on the mental, emotional and physical development of young adults. The development of social and familial factors (e.g., parent-child relationship, parent behavior), as well as personality factors, can also donate to the development of perfectionism (Frost et al., 1990; Stafford et al., 2015). Early theorists hypothesized that perfectionism was caused by demanding and authoritarian parents as well as parents whose approval and affection depended on their child's actions or performance (Hamachek, 1978; Horney, 1950; Missildine, 1963).

The role of childhood trauma in the emergence of perfectionism has been explained by The Social Reaction Model of Perfectionism (Flett et al., 2002) and the Perfectionism Social Disconnection Model (Hewitt et al., 2017). According to these two models explaining perfectionism, perfectionism develops depending on the feelings of hopelessness, shame, and guilt experienced by individuals in childhood, the powerlessness and lack of confidence, the behaviors of parents, and their childhood negative experiences. In these two models, getting love and acceptance from others, regaining a sense of control after negative and traumatic events, structuring the sense of hopelessness, helplessness and shame, and avoiding further maltreatment seem to be particularly related to the development trajectory of perfectionism (Chen et al., 2019). As a result of all these explanations, it is thought that there will be a relationship between childhood trauma and perfectionism.

Another variable whose relationship of perfectionism with the maladaptive side has been discussed by many theorists, especially Adler, is the inferiority feeling (Ashby & Kottman, 1996). Theorists who have addressed perfectionism have focused on emotional issues, such as the individual's feelings of worth and acceptability by

others, as well as the underlying inferiority feeling and shame (Hollender, 1965; Missildine, 1963; Sorotzkin, 1985). Adler (2020) argued that every individual has a healthy inferiority feeling and strives to feel superior and perfect. It explains all the behaviors that people exhibit to overcome the feeling of inadequacy with the strive for superiority (Adler, 2021). In this context, it can be said that an individual is a person who has an inferiority feeling and struggles to overcome this feeling in order to strive for superiority by taking into account the development of other individuals (Şahin, 2020). Since perfectionism is associated with striving for one's goals and having high-performance standards, it is also associated with inferiority feelings (Sapmaz, 2006). According to Şahin (2020), the explanations made with the concepts of inferiority and striving for superiority show that university students who have difficulty in coping with inferiority feelings showing unhealthy development may experience difficulties in terms of their developmental tasks. Based on all these explanations, it is predicted that people with high levels of perfectionism will show unhealthy inferiority feelings.

Maladaptive perfectionism, defined as an individual's concerns about failures and mistakes, can be seen in connection with fear of negative evaluation (FNE). FNE, which is one of the factors affecting the motivation to be successful in an individual's life, can affect the development of perfectionism. This fear is defined as the anxiety and expectation that others will evaluate the person negatively, the distress they feel due to negative evaluation, and avoidance of situations in which they are evaluated (Watson & Friend, 1969). It can also be considered as the anxiety experienced by individuals in the environment in which they evaluate themselves (Learly, 1983). In this context, FNE is considered the most specific determinant of social anxiety (Schlenker & Leary, 1982). This anxiety causes them to believe that others will evaluate them negatively or realize their shortcomings and avoid this situation (Oviya,

2019). The individual who has FNE develops as a result of his/ her thoughts that he/she will be humiliated and rejected by performing poorly in his/her personal relationships, education life, and social interaction. (Çetin et al., 2010).

Socially anxious individual sets high standards for themselves, which is similar to the characteristics of perfectionists (Clark & Wells, 1995). Perfectionist individuals want their performance to be perfect. However, if a perfectionist who wants to do this also thinks that he/she does not have enough capacity to perform an excellent performance, he/she begins to have FNE (Frost et al., 2010). As a result of all this, individuals may want to be perfect in a social environment, such as university life, in order to avoid FNE. In this context, it is thought that FNE may be associated with perfectionism and predict perfectionism.

Considering all these expressions, childhood trauma, inferiority feeling, and fear of negative evaluation are predicted to affect perfectionism. Since there is no study in the literature that addresses all these variables, it is thought that this study will make an important contribution to the field.

1.1. Purpose and Significance of the Study

The aim of this present study is to examine the predictive role of childhood trauma, inferiority feeling, and FNE on perfectionism levels in university students. Also, it is to explore whether the relationship between perfectionism and gender differs.

When the looking at the studies, the multidimensional approach of perfectionism has become popular in the last two decades. Perfectionism has been treated as adaptive and maladaptive as well. The maladaptive side of perfectionism has negative effects on human life. When the literature is examined, the maladaptive side of

perfectionism has been investigated as high anxiety (Flett & Hewitt, 2002), low self-esteem (Ashby et al., 2006), low satisfaction, fear of great intimacy (Martin & Ashby, 2004), and high level of burnout (Stoeber & Rennert, 2008; Tashman et al., 2010), higher levels of personal distress (Egan et al., 2011). One of the factors that may be associated with the maladaptive side of perfectionism is childhood trauma. Theories explained the determinative role of parents' overprotective and controlling attitudes, neglect, and abuse on perfectionism with models (e.g. Flett et al., 2002; Hewitt et al., 2017). However, although the role of childhood trauma and negative childhood experiences on the development of perfectionism is discussed in the literature, there is a gap in the relationship between these two concepts (Chen et al., 2019; Flett et al., 2016). Likewise, there are limited studies examining the association between perfectionism and childhood trauma in Turkey. In this way, this study will contribute to knowledge about the connection of perfectionism with childhood trauma and how childhood trauma influences perfectionism. In particular, studies have addressed childhood trauma on a total score basis. This study will examine the predictor of sub-dimensions of childhood trauma on perfectionism and will be the first study to examine the relationship between the family's over-protection/control dimension and perfectionism. In this way, it is aimed that the findings will contribute to future studies.

Considering the theoretical treatment of perfectionism and inferiority feeling, there are studies that deal with these variables with various variables. Likewise, perfectionism and FNE were also examined with different variables. There is only one study in the literature that deals with perfectionism, inferiority feeling and fear of negative evaluation (e.g. Başkurt, 2020). Considering the importance of these two variables (inferiority feeling and FNE) in the development of perfectionism,

examining them together with childhood trauma will contribute to understanding the perfectionism levels of university students.

University life is a period in which academic success is at the forefront, independence from family and new social relations are established, fear of making mistakes, focusing on not making mistakes, and avoiding the critical and negative attitudes of parents. Perfectionist individuals act according to the expectations of the people around them, especially their parents, and seek their appreciation. As a result, perfectionism can be thought of as a relationship problem because they are afraid of being criticized and evaluated by other people around them (Khalınbaylı & Taş, 2019; Yıldırım & Sarıçam, 2022). Perfectionism and self-evaluation that may arise from the individual's sense of inadequacy seem important to university students. In the same way, childhood traumas are considered important for university students because they assess the neglect and abuse experienced before the age of 18. Because the developmental trauma experienced in childhood will affect the lives of university students, it may be the beginning of their perfectionist tendencies, which they develop in order to get rid of feelings of guilt and shame and restore a sense of control. In addition, considering that FNE is the fear of being evaluated by others, it becomes an important issue to examine its relationship with perfectionism. For these reasons, it is important that the study group is chosen from university students.

It is aimed to contribute to academic studies with the findings of this study. The estimates of childhood trauma, inferiority feeling, and fear of negative evaluation of university students on perfectionism were studied for the first time with this research in accordance with the researcher's knowledge. It is believed that the knowledge of these relationships will guide especially the future academic studies of psychologists and psychological counselors and their applications in the field.

1.2. Research Questions

In this study, answers to the following questions were sought:

1. Is there a significant relationship between childhood trauma, inferiority feeling, fear of negative evaluation and perfectionism?
2. To what extent do childhood trauma, inferiority feeling and fear of negative evaluation predict the level of perfectionism in university students?
3. Do perfectionism scores of university students differ by gender?

1.3. Assumptions

1. It is assumed that the scales used in the study are valid and reliable.
2. It is assumed that the students sincerely reflect their true feelings and thoughts while answering the scales to be used in the research.
3. The statistics to be used in the study are compatible with the variables in the study and the analysis to be performed.

1.4. Limitations

1. The research is limited to students attending university in the 2019-2020 academic year within the borders of Turkey.
2. The research is limited to the data to be collected from university students aged 18-24.
3. The data obtained from the research is limited to the answers given by the participants to the personal information form and the scales used in the study.

1.5. Definitions

Perfectionism: It is defined as a combination of high personal standards set by a person and likewise excessive self-evaluation (Frost et al., 1990).

Childhood trauma: Childhood trauma involves any form of destructive abuse/ neglect by a parent/ caregiver before age of 18 that likely results in the potential or danger to harm to a child (Leeb et al., 2008).

Inferiority Feeling: It is the feeling that arises when a person cannot adapt sufficiently or does not have the competence to overcome it, and which emerges with the belief that he/ she will not be able to overcome the difficulties encountered (Adler, 2021).

Fear of Negative Evaluation: It is defined as a persistent and high-dose worry that the individual is being criticized in a humiliating and hostile way by others (Leary, 1983).

CHAPTER II

CONCEPTUAL FRAMEWORK

This section is given conceptual explanations regarding the research variables such as perfectionism, childhood trauma, inferiority feeling and FNE. The order of inclusion of research variables in the model was taken into account in the structuring of the section. At the same time, the theoretical relationships between childhood trauma and perfectionism, inferiority feeling and perfectionism, and FNE and perfectionism are examined.

2.1. Perfectionism

In this section, perfectionism, which is the dependent variable, is discussed conceptually, then the first representations of perfectionism and modern perspectives are given.

2.1.1. The Concept of Perfectionism

In recent years, the literature has paid more attention to the concept of perfectionism. Although perfectionism has been extensively studied, there is disagreement among theorists on how to operationalize it (Slaney et al., 2001). According to some literature, perfectionism is a personality attribute defined by striving for flawlessness and, a tendency towards intensely judgemental evaluations as well as establishing very extreme performance standards (Flett & Hewitt, 2002; Frost et al., 1990). Additionally, many researchers like Burns (1980), Frost et al. (1990), Hamachek (1978), and Shafran & Mansell (2001) have stated the assumption that perfectionism sets extremely high standards for individual performance. Furthermore, perfectionists frequently place a high value on other people's evaluations and feel

compelled to achieve the greatest standards to prevent disappointment and rejection from significant others (Frost et al., 1990; Hewitt & Flett, 1991). Researchers new to this field face many different conceptualizations of perfectionism. Therefore, perfectionism can be divided into two main dimensions that distinguish between the positive and negative features of the construct (Flett & Hewitt, 2002; Slaney et al., 2001; Stumpf & Parker, 2000).

First of all, similar to the different hypotheses concerning the progressive origins of perfectionism, researchers utilize a number of conceptual frameworks to understand perfectionism. Perfectionism is classified as normal/ neurotic (Hamachek, 1978), positive/ negative (Terry-Short et al., 1995), active/ passive (Adkins & Parker, 1996), adaptive/ maladaptive (Rice et al., 1998), healthy/ unhealthy (Stumpf & Parker, 2000), functional/ dysfunctional (Rheume et al., 2000), and conscientious/ self-evaluative (Hill et al., 2004) by theorists. Moreover, theorists classify perfectionism as perfectionist strivings/ perfectionistic concerns, performance perfectionism, cognitions of perfectionism, and personal standards/ evaluative concerns (Blankstein & Dunkley, 2002; Flett, et al., 1998; Frost et al., 1993; Lombardi, et al., 1998; Stoeber & Otto, 2006). When looking at the conceptualizations, there is a valid understanding that perfectionism is not only a negative trait, but can also be positive (Stoeber & Otto, 2006).

Perfectionism was initially conceptualized in one dimension, emphasizing that it is an abnormal personality trait. Freud's early psychoanalytic theory viewed perfectionistic striving as a sign of neuroticism, presumably due to an abnormal progression of the psychosexual personality progress (Frager & Fadiman, 1998). Additionally, he described it as a punitive and over-controlled super-ego desire for high success and more effective behavior (Freud, 1959 cited in Geçtan, 2020). Freud

(1959) stated that the tendency to perfectionism that began in childhood continued with the internalization of parental prohibitions. The super-ego formed as a result of these internalizations' effects strives to create, design, and maintain a perfect image (Freud, 1959 cited in Geçtan, 2020).

Horney's (1950) and Adler's (1956) psychodynamic ideas provided the foundation for perfectionism research. Horney (1950) coined the phrase "tyranny of the shoulds" to describe perfectionism. Also, she defined it as trying to create, preserve and maintain one's own image, which is devoid of perfectionism (Horney, 1950). She argued that individuals' efforts to prove self-esteem and personal superiority through perfectionism represent their neurotic need for perfection and infallibility. The individuals consider themselves superior to other people with their own perfection. Perfectionists try to conceal their flaws and weaknesses secret, but they may suffer from feelings of anxiety, inferiority feelings, criticism, blame, and making mistakes (Yazgan İnanç & Yerlikaya, 2012).

On the other hand, according to Adler (1956), maintaining high standards of achievement is an adaptive feature of human development, which is used to cover up or eliminate one's flaws. He added that extreme perfectionistic efforts could be harmful because people are constantly occupied and pushed on by a sense of inferiority as they perpetually compare themselves to the unreachable goal of perfection. According to him, striving for perfection is natural and healthy. Healthy perfectionists set realistic goals for themselves. On the other hand, maladaptive perfectionists set unreasonable goals and strive for superior performance. Maladaptive perfectionists have a great fear of criticism, are concerned about making mistakes, have an excessive focus on order, and crave endless praise. Because they are afraid of losing, they become self-centered or lack social engagement. Normal perfectionists

aim for universal perfection, whereas maladaptive perfectionists seek personal superiority (Rice & Preusser, 2002). Both of them typically have high expectations for their conduct and respond when those expectations are not met. Due to the discrepancy between their performance and expectations, adaptive perfectionists only encounter minor distress. On the other hand, maladaptive perfectionists go through a lot of distress (Beauregard, 2012).

The approach of perfectionism as a multidimensional structure rather than a one-dimensional structure started in the 1990s (Frost et al., 1990; Hewitt & Flett, 1991). To explore perfectionism, researchers have combined several models as well as separate models and their underlying sub-dimensions (Curran & Hill, 2019). In order to combine different dimensions and conceptualizations of perfectionism, the researchers discovered the two-factor perfectionism model that captures the common variation between the nine characteristics of the two scales. These two scales were the Frost multidimensional perfectionism scale (F-MPS) and the Hewitt multidimensional perfectionism scale (H-MPS). The two-factor model was conceptualized as *positive strivings*, and *maladaptive evaluative concerns* (Frost et al., 1993; Smith et al., 2016; Stoeber & Otto, 2006). Maladaptive evaluation concerns included concern over mistakes, parental criticism, parental expectations and doubt about actions from the F-MPS, and socially prescribed perfectionism from the H-MPS. On the other hand, positive strivings included personal standards and organization from F-MPS, self-oriented and other-oriented perfectionism from H-MPS. The dependability and replicability of the two-factor model are now backed by expanding empirical data and consensus (e.g., Bieling et al., 2004; Chang, 2002; Hill et al., 2004; Stairs et al., 2012). In this context, Stober (2018) has proposed that the two-factor model is the conceptual framework that applies to synthesize various, sometimes contradictory

dimensions of perfectionism. In addition, personal standards perfectionism and evaluative concerns perfectionism are alternate terms proposed by Dunkley et al. (2000). Stoeber and Otto (2006) on the other hand refer to those terms as perfectionistic strivings and perfectionistic concerns. The dimension taken as perfectionistic strivings captures forms of perfectionism, encompasses and reflects the individual's striving for perfection and traits associated with extremely high personal performance standards. Perfectionistic concerns, the second component, includes worries about making mistakes, fear of receiving unfavorable feedback from others, and perceptions of a gap between performance and expectations (Frost et al., 1993; Stoeber & Otto, 2006). According to Blatt (1995), perfectionistic strivers are frequently overcome by feelings of inferiority, procrastination, and dissatisfaction with their performance. To understand the concept of perfectionism, it is very important to understand the distinction between the two categories. People with high perfectionist strivings also have high perfectionist concerns, and these two categories are highly correlated. At the same time, although the two are related, they have different and often contradictory patterns. Positive connections with negative qualities, processes, and consequences, and symptoms of mental disorder and psychological maladjustment are seen in perfectionistic concerns. On the other hand, perfectionistic strivings, usually demonstrate positive connections—that is, positive relationships with desirable traits, processes, and results, as well as indicators of subjective well-being and superior psychological adjustment (Stoeber & Otto, 2006). Some studies have examined the different relationships between perfectionistic strivings and perfectionistic concerns, taking a group-based approach. According to this approach, there are three different groups of perfectionists: healthy perfectionists (also called adaptive perfectionists), unhealthy perfectionists (also called maladaptive

perfectionists) and non-perfectionists. Healthy perfectionists have high perfectionistic strivings and low perfectionistic concerns; unhealthy perfectionists who have both high perfectionistic strivings and high perfectionistic concerns; non-perfectionists are defined as individuals with low perfectionistic strivings (Rice & Ashby, 2007; Stoeber & Otto, 2006). They experience negative emotions such as FNE, anxiety, external control of reinforcement, need for the audience (Hewitt & Flett, 1991) as well as health issues such as stress (Flett et al., 1995), depression, and eating disorders (Flett et al., 1989). In this research, perfectionism has been considered maladaptive (negative/unhealthy/neurotic).

2.1.2. Initial Representations (One- Dimensional) of Perfectionism

In the first studies on perfectionism, researchers considered perfectionism as a one-dimensional structure in their studies (Frost et al., 1990). The importance of the individual's self-evaluation and success standards is emphasized in these definitions, which are mostly based on the researchers' observations and clinical evaluations. In other words, they focused on the perfectionism that an individual defines only about himself/ herself. Their most important contribution to this field is that perfectionism is a maladaptive personality trait, and they state that perfectionists are difficult to reach/set high standards for them (Blankstein & Dunkley, 2002).

Hollender (1965), a Freudian psychoanalyst, is a researcher who did the first work on the conceptualization of perfectionism. He defined perfectionism as a striving to achieve family acceptance through impeccable behavior and success. He proposed that the need to enhance one's self-image and win approval from others drives perfectionists. These effects could start to show during childhood. He observed that perfectionism did not meet their own high standards, did not enjoy their efforts

adequately, and focused entirely on the individual's own shortcomings. People with a perfectionist inclination can weaken themselves in every way by hesitating for fear of disappointment, strategically distancing themselves from opportunities for victory.

Hollender (1965) proposed that compulsive behavior is learned when children feel compelled to gain their parents' adoration and approval by behaving impeccably. The main reason that perfectionists vary from healthy, high achievers is that they are unable to feel a sense of satisfaction from their effort.

Hamachek (1978) asserts that aiming for perfection has turned perilous when a person hesitates to take advantage of possibilities out of fear of performing poorly. In contrast to Hollender's (1965) negative portrayal of perfectionists, he is one of the researchers who suggest that perfectionism is not really a bad thing. Hamachek (1978) stated that perfectionism has two dimensions: normal and neurotic. People who have adaptive self-expectations, set high standards for their performance, and at the same time understand their limitations and pleasure, are normal perfectionists, according to this theorist. Furthermore, normal perfectionists do not tend to underestimate themselves and thus maintain their self-worth. Conversely, neurotic perfectionists, think of the impossible and believe that their performance is inferior. He suggested that neurotic perfectionism stems from two types of emotional environments. The first type is that there is no confirmation or that the approvals are inconsistent. The child is unable to distinguish between what is right and wrong or how to please his/her family. The other type of environment is one in which the child is approved only when he/she exhibits correct and perfect behavior. Parental approval is only granted for behavior that is done correctly. For this reason, individuals set goals that can not be achieved in the future and believe that only when they achieve these goals will they receive approval from those around them. Hamachek (1978) also suggested that good

modeling helps natural perfectionism grow. In this way, a child observes and distinguishes himself/ herself as an individual who exhibits typical perfectionism.

Burns (1980), who addresses perfectionism negatively and unidimensionally, defines it as a cognitive network that includes an individual's expectations, evaluations, and comments about himself/ herself and others, and. He argues that perfectionists set hard-to-reach goals and make intense efforts to achieve them. Unlike Hollender and Hamacheck's psychodynamic view, Burns (1980) describes perfectionism as part of the dichotomous thinking or thinking habits which is defined by Beck et al. (1979). Researchers suggest that perfectionists go down that road to be loved by everyone around them. Moreover, perfectionists despite their accomplishments, generalize their failures and perceive themselves as unsuccessful. On the other hand, perfectionist people set strict and high standards when evaluating themselves as well as focusing more intensively on the evaluation process and spending a lot of time on it (Patch, 1984; Tangney & Dearing, 2002). Burns (1980) linked perfectionism to anxiety, writing disability, depression, obsessive-compulsivity disorders, relationship problems and health problems. He proposed that perfectionists, who believe they have failed as frequently as possible because they are unable to satisfy their incomprehensibly high standards, react to failure by experiencing depressive symptoms, anxiety, and a loss of self-worth.

According to Burns (1980), perfectionism is learned from childhood, and parental relationships heavily influence it. Additionally, he argued that perfectionism is more likely to emerge in children as a result of their interactions with perfectionist families. Perfectionist parents are more likely to praise their child when they do well while simultaneously seeming worried and upset when they make mistakes. Burns (1980), like Hollender (1965) and Hamacheck (1978), underlined that perfectionism

emerges when faultless performance leads to approval and love, whereas children learn that making mistakes leads to parental rejection. According to Burns (1980), perfectionist parents are even more likely than non-perfectionist parents to think that their children's successes are a direct result of their own efforts.

Patch (1984) defined perfectionism as a psychopathological condition that leads to chaos. It is emphasized that perfectionism is pathological and a destructive personality trait (Burns, 1980; Hewitt et al., 2002; Rice & Ashby, 2007; Stoeber & Otto, 2006). Patch (1984) stated that, similar to Burns's (1980) views, perfectionism is an inherently destructive preoccupation with the inaccessible preoccupation that keeps people in turmoil and creates incompatibility. Perfectionist people over-generalize their failures. On the contrary, they minimize their success. As a result, they regard themselves a failed individual.

Hamachek (1978), Burns (1980), and Patch (1984) are known as the first representations of perfectionism in the literature, and the features they use to describe perfectionism as Hollander (1965) discuss are partially consistent. The desire to achieve a high standard of performance in every aspect of life or in other areas is known as perfectionism. Perfectionists are prone to self-criticism, judge themselves based on their performance, and are constantly looking for ways to make their work better. All of these researchers believe that the motivations of perfectionists include the need to increase self-esteem, avoid rejection, and win the acceptance or approval of significant others.

While the first researchers on perfectionism are investigated, it is realized that they considered this variable in one dimension in measurement tools, which are widely used to measure perfectionism. Burns (1980) created one of these measuring

tools. Burns (1980) developed a part of the Dysfunctional Attitudes Scale, specifically based on setting personal standards and sentiment to mistakes. On the other hand, another scale often used in the early research on perfectionism is the one -dimension of perfectionism in The Eating Disorders Inventory (EDI). This dimension emphasizes parental expectations and personal standards (Garner et al., 1983). Another measuring tool that deals with perfectionism in a one-dimensional way is the Perfectionist Cognitions Scale. The items of the scale consisting of a twenty-five-point scale reflect perfectionist thoughts (Flett et al., 1998).

It can be seen that the research in perfectionism began many years ago. Perfectionism was initially viewed as incompatible and one-dimensional by researchers (Burns 1980; Hamachek, 1978; Hollender 1965; Patch, 1984). However, it has recently become a popular field of research, and many ideas have been proposed as a result of its conceptualization. The main development in the structure of perfectionism is that the concept is treated as a multidimensional structure. The theory of multidimensional structure is shaped by how the aforementioned theorists dealt with perfectionism. Perfectionism has been discussed in multidimensional in the next chapter.

2.1.3. Modern Perspective (Multidimensional) of Perfectionism

Recent studies concluded that the nature of perfectionism can only be understood from a multidimensional perspective. The need to look at interpersonal components as well as the components of perfectionism that one defines about oneself has been emphasized. The notion that perfectionism contains both adaptive and maladaptive components is also supported by a significant number of recent empirical studies on the topic. It is seen that perfectionism is handled with two different models

in field screening and used in research (Frost et al., 1990; Hewit & Flett, 1991). These two models are described below.

Frost, Marten, Lahort and Rosanblate (1990)'s Multidimensional Model of Perfectionism:

The view of perfectionism as a multidimensional personality structure was by Frost, Marten, Lahart and Rosenblate (1990). This study was based on the approach of Frost et al. (1990) and used F- MPS developed based on this model. In developing the elements of their MPS, he emphasized the writings of several important perfectionism theorists (e.g., Adler, 1931; Burns, 1980; Hamachek, 1978; Hollender, 1965). He defined perfectionism as an individual's tendency to be overly critical of their own performance and a desire to achieve perfect performance. Like previous researchers, they focused on the extent to which perfectionism criticizes oneself negatively. He stated that perfectionists' inability to be completely certain of their actions is a distinguishing feature of perfectionism. This is also the most important aspect of perfectionism in relation to psychopathology. In keeping with Adler's (1931) and Hamachek's (1978) conceptions of perfectionism, he argued that critical self-evaluation is directly linked to maladaptive outcomes rather than setting high standards. He said that striving for perfection can be beneficial as long as people don't look at themselves with an overly critical point of view (Frost et al., 1990).

Frost et al. (1990) developed a perfectionism scale to evaluate this multidimensional structure. The scale has six dimensions: concern over mistakes, personal standards, doubts about actions, parental criticism, parental expectations, and organization. *Concern over mistakes* considered the most central dimension, and individuals tend to be overly critical of their own assessments, being highly

susceptible to making mistakes, while setting high standards for achieving excellence.

Personal standards are the establishing of extremely high standards for self-evaluation, as well as the disproportionate emphasis put on these high standards.

Doubts about actions means that individuals tend to doubt their own performance and behavior. At the same time, this dimension is similar to the level of concern over mistakes because there are over-criticisms of perfectionists in both dimensions.

Parental expectations refer to the individual's parents' perceived expectations in terms of demanding ideal completion of duties, whereas *parental criticism* refers to excessive criticism and punishment by the parents when the child does not fulfill the responsibilities given by the family. In addition, both of them, which are the interpersonal dimensions of perfectionism, are related to the fact that one's family sets high performance standards and it is undesirable for them to fall behind these expectations. Finally, the last dimension, *organization*, refers to how people approach reaching their goals, and this term has been defined as orderliness and precision.

In addition, he stated that different aspects of perfectionism are based on past theories (Frost et al., 1990). Burns (1980) proposed that exaggerated emotional responses to perceived failure and maladaptive cognitive processes, which he believed supported perfectionism, demonstrate concern over mistakes. It's also compatible with Hamachek's (1978) distinction between neurotic perfectionists and normal perfectionists. Doubt about actions is addressed in Burns' (1980) and Adler's (1931) theories, in where perfectionism can lead to self-defeating behaviors and interrupt successful goal-seeking. On the other hand, Frost's organization and personal standards components are likely to reflect the healthy and adaptive perfectionism supported by earlier and later ideas (Slaney et al., 2001). According to theories put out by Hollender (1965), Hamachek (1978), Burns (1980) and Patch (1984), the

development of perfectionism is intimately tied to parental expectations and parental criticism, two of Frost's most distinctive traits. According to Frost et al. (1990), perfectionist individuals perceive their parents as overly critical and believe they have never met their parents' expectations. Frost's viewpoint is similar to that of other researchers, who stated that perfectionists were raised in childhood in an environment where love and approval were conditional. However, he stated that perfectionists are people who place a high value on organization, punctuality and order. Furthermore, while these characteristics are unrelated to the nature of perfectionism, they provide guidance on how the individual should achieve perfectionist standards. Frost et al. (1990) classified perfectionism as an objectionable and negative personality trait into six dimensions, while the other model of multidimensional perfectionism in the literature was proposed by Hewitt and Flett (1991).

Hewitt and Flett (1991)'s Multidimensional Model of Perfectionism:

According to Hewitt and Flett (1991), perfectionism refers to the individual's expectations of the individual, as well as the expectations of the individual and other people. They developed H-MPS to measure perfectionism. This scale consists of three sub-dimensions namely *self-oriented perfectionism*, *socially prescribed perfectionism*, *other-oriented perfectionism*.

The dimension that seeks perfection in their own behavior and has extremely high expectations is *self-oriented perfectionism*. This perfectionism often has unnecessarily high expectations. The idea that people who matter to them have unnecessarily high standards is called *socially prescribed perfectionism*. In this dimension, the person feels obliged to meet the expectations of others. Finally, *other-*

oriented perfectionism care about other people being perfect. The perfectionist who is focused on others holds others to impossibly high standards (Hewitt et al., 1991).

2.2. Childhood Trauma

In this chapter, the concept of childhood trauma is discussed in detail and afterward the types, effects of childhood trauma are examined. Finally, childhood trauma and perfectionism are discussed from a theoretical perspective.

2.2.1. The Concept of Childhood Trauma

The most vulnerable group in every society is children and every child has the right to love, protection, health, education and housing (United Nations, 2018). Article 1st of The Convention on the Rights of the Child defines children as all human beings below the age of 18 years unless a specific law specifies that majority is attained earlier. The convention emphasizes the importance of children must be protected from all forms of abuse, punishment and maltreatment by their parents or other caregivers (UNICEF, 2004). However, millions of children are abused and neglected by their parents or other caregivers and interpersonal violence is linked to long-term health and societal issues (World Health Organization [WHO], 2014). Since child maltreatment is a violation of children's rights, preventing it has become a public health priority (Chen & Chan, 2015).

Trauma is a critical experience that occurs when situations that threaten an individual can not be eliminated by defensive mechanisms; feelings of inferiority and a tendency to leave the power of their life are formed; which creates a permanent shock in the individual's perception of himself/ herself and his/ her environment. Trauma develops specifically for the situation to which the individual is exposed. One of the most important cases that can have a traumatic effect on an individual is

childhood trauma (Karakaya et al, 2021). Since neglect and abuse in childhood are considered problems that must first be treated and ultimately investigated, the idea of childhood trauma is focused on experiences of abuse or neglect (Leventhal, 2005). Terr (1991), the only eventful childhood trauma (Type I) that arise in interpersonal relationships with repetitive or complex trauma (Type II) makes a distinction between a paradigm developed. The term "maltreatment" has been used to describe emotional, physical or sexual abuse, emotional and physical neglect, as well as inadequate parental care or overprotection (Gilbert et al., 2009; Kessler et al., 2010). In addition, the terms "child maltreatment", "childhood trauma" and "abuse and neglect" are often used interchangeably (Hopfinger et al., 2016; Leeb et al., 2008). Despite the widespread use of the term "abuse and neglect" in the literature, research- and media-oriented public opinion tends to emphasize the role of abuse and ignore the role of neglect (Gilbert et al., 2009). In addition, Sar et al. (2017) mentioned the concept of excessive control and protection of the caregiver over the child, which is also known to be common in Turkish families. Overcontrol and overprotection have been evaluated as negative parental behavior in which caregivers are overly involved in child activities, and it has been suggested that these concepts are traumatizing (Parker, 1983 cited in Şar et al., 2020). It is these parents who try to limit their children's freedom by preventing them from experiencing the world on their own. If parents cannot provide autonomy to their children, their self-efficacy decreases and their vulnerability to danger increases (Wood et al., 2003 cited in Şar et al., 2020). In this context, he considered and evaluated the concepts of overcontrol and overprotection as a sub-dimension of childhood trauma (Şar et al., 2020). Therefore, in this research, the terms childhood trauma (Type II) and childhood maltreatment have been used in a modifiable way. In addition, the focus of this thesis

has been childhood trauma, especially “abuse and neglect” and “overcontrol/overprotection”.

Childhood trauma (as known as abuse and neglect) can be defined from both legal and psychological perspective. Legal definitions provide general definitions, while medical definitions (such as The World Health Organization) often provide a more detailed explanation (Tomison & Tucci, 1997). According to WHO (2006), childhood trauma is defined as the abuse and neglect of the child under the age of 18, including behaviors that intentionally harm the health, development throughout their life. This trauma includes all kinds of physical and psychological abuse, neglect, sexual abuse, commercial abuse. According to another definition, childhood trauma involves any form of destructive abuse or neglect by a parent or other caregiver before age of 18 that likely result in the potential or threat to harm to a child (Leeb et al., 2008). Bernstein et al. (2003) also used the literature to develop a description of childhood trauma. According to him, childhood trauma includes sexual abuse that includes sexual contact and behaviors against the child, emotional abuse that includes verbal humiliation against the child's sense of worth, and physical abuse that includes bodily attacks against the child by an older person. It also includes physical neglect, which includes not having his physical needs met, and emotional neglect where the child's basic emotional needs are not met (Bernstein et al., 2003).

People who cause childhood trauma are typically caregivers or others who are around the child and they act or fail to act that impairs the child's development. The child is negatively impacted psychologically, physically, socially, or sexually as a result of these acts or failures to act, posing a threat to the child's health and safety (Bromfield, 2005; Taner & Gökler, 2004). All cases in which the parents, caregivers or other adults responsible for the child's upbringing and care, disrupts the

developmental process of the child are covered by the definition of this (Tıraşçı & Gören, 2007).

2.2.2. Types of Childhood Trauma

Childhood trauma is also known as child maltreatment refers to both child neglect and abuse of children (McCoy & Keen 2014). Since the study of this topic spans different disciplines, the concepts and approaches may differ (Odacı & Çelik, 2017). In terms of terminology, psychologists and counselors use the terms "abuse" and "neglect", whereas lawyers use the phrase "maltreatment", and healthcare personnel use the term "battered child syndrome and abuse" (Kemper et al., 1984 cited in Odacı & Çelik, 2017). Child abuse and neglect is health issue that has long-term consequences for a child's health (Güler et al., 2002). WHO (2006) has identified four types of childhood trauma. These include physical, sexual, emotional abuse as well as neglect.

At this point, the distinction between child abuse and child neglect is striking (Güler et al. 2002). While child abuse is an active act that includes all types of maltreatment that harm the child's psychological, physical, sexual, or social well-being; child neglect refers to a passive act that harms a child's physical and mental health and safety as a consequence of caregivers' failure to meet his/ her basic needs (Yurdakök, 2010). According to Sarı et al. (2016), child abuse refers to any behavior that harms to a child's healthy growth, thoughts, life, and values, and that involves physical, sexual, or emotional abuse. Child abuse is an act of commission that has the potential to harm a child at the moment it occurs (Leventhal, 2005). The forms of abusive actions that can be performed against children are classified into three categories in operational definitions: psychological, physical, and sexual abuse

(Dubowitz et al., 2004). On the other hand, child neglect is described as the failure to meet a child's basic needs and wishes as well as the caregiver's failure to address the child's health, physical or psychological development needs, or the caregiver's failure to perform this duty properly, and the omission of the child's basic needs and wishes (Tıraşçı & Gören, 2007). Neglect can be divided into two categories: emotional and physical neglect (Dubowitz et al., 2004). However, according to academics, neglect is an act of omission and often denotes a pattern of low parental care or insufficient in one or more of the domains (Barron & Jenny, 2011; Leventhal, 2005). While the literature on adversity tends to focus on the physical or social components of neglect, there is some recognition of the emotional property of neglect (Pederson & Wilson, 2009; Zweig & Paris, 1991). Emotionally or physically neglected children share emotional vulnerabilities and behavioral problems, such as internalizing and externalizing behaviors. This conclusion emphasizes the necessity of examining not just the physical but also the emotional aspects of neglect (Pianta et al., 1990). According to Dereboy et al. (2018), child neglect and abuse can occur physically and emotionally, while child abuse also has a sexual dimension. As a result, child neglect and abuse open permanent wounds in children's lives, and the types of neglect /abuse set the stage for problems that will be seen in adulthood.

Below are detailed descriptions of the types of childhood trauma, neglect and abuse and overcontrol/ overprotection:

Physical Neglect: It is defined as the caregiver's incapacity to provide the kid with the necessary food, clothes, housing, and medical treatment to protect the child's health, safety, and well-being (Gilbert et al. 2009; Herruzo et al. 2020; Stoltenborgh et al. 2012). It has also been defined as a denial or delay in receiving medical treatment, insufficient monitoring, removing a child from the house, and neglecting the child's

safety (Bernstein et al., 2003; Giardino et al., 2010). The definition of physical neglect is the simplest form of neglect (Topçu, 2009). According to Stowman and Donohue (2005), some young people who have been physically neglected seem continually tired and hungry, have poor hygiene, and are inadequately clothed for the weather. In addition, physically neglected children's parents are often resentful and angry towards their children. It has been reported that tension prevails in the parent-child relationship, and parents consider their children to be problematic (Stith et al., 2009). Moreover, caregivers who neglect their children are sometimes unable to control their children's aggressive behavior. As a result, aggressiveness may be unrestrained, and the youth may engage in aggressive, hostile, or delinquent conduct in interpersonal relationships (Feerick et al., 2006).

Emotional Neglect: It is characterized as the incapacity of caregivers to satisfy and supply for a child's fundamental psychological and emotional requirements, such as trust, the desire for love, care, a sense of belonging, and support (Bernstein et al. 2003; Cohen et al., 2017; Feerick et al. 2006). The person in charge of the children's care ignores the youngster, contests their emotional receptivity, or doesn't provide them enough access to mental health treatment. For instance, the caregiver ignores an infant's screams or an older child's attempts to engage in conversation (Barnett et al., 1993). In addition, emotional neglect includes behaviors such as failing to engage in activities that will ensure the development of the child in social areas and failing to adequately teach social rules (Yurdakök & Ince, 2010). The prevalence of emotional neglect and abuse in childhood is much higher than physical and sexual abuse. But since it is difficult to measure these phenomena, the consequences of emotional neglect are less noticeable (Çelik & Hocaoglu, 2018).

Physical Abuse: Physical abuse is a worldwide public health problem perpetrated by parents and other caregivers to children (Gilbert et al., 2009). Physical abuse, along with emotional abuse, is one of the most common types of childhood trauma, and it is the simplest type to diagnose (Kozcu, 1991; Polat, 2007). Physical abuse is defined as the intentional or unintentional use of physical force or force that harms a child's survival, health, development or dignity by an adult (Al-Shail et al., 2012; WHO, 2006). It is sufficient if the damage inflicted has a 48 hour impact on the child (Oral et al., 2001). In other words physical abuse is a form of abuse that causes fractures, burns, cuts that cause physical harm, as well as non-accidental injury and death of the child. The most common form is the child being beaten (Barnett et al., 1993). Physical abuse of a child can also be observed when it causes physical injury to a child by a parent or caregiver (Childhelp USA, 2017). Physical abuse of a child is a method of discipline from a slap to the use of various objects and is used to punish (Kara et al., 2004; Pelendecioğlu & Bulut, 2009). However, the consequences of this abuse are not only physical but the development of the child's social, behaviour and emotional levels are also negatively affected (Landry, 2014). The adverse effects of physical abuse on mental health in childhood and adulthood, as well as both introverted and extroverted behavioral problems, can be seen (Peltonen et al., 2010).

Emotional Abuse: According to the available literature, emotional abuse is also referred “psychological maltreatment” ‘and “psychological abuse” (Felitti et al., 1998; Glasser, 2002; Stoltenborgh et al., 2012). It is defined as actions such as screaming against the child, acting rudely and harshly, criticizing the child excessively, acting carelessly and defaming the child's identity, including verbal abuse and orders that cause damage to the psychological health of children and young people (Theoklitou et al., 2012). Specifically, it is defined as any disparaging action performed on a young

person by an adult, whether the verbal or nonverbal assault on the child's sense of welfare (Bernstein et al. 2003; Feerick et al. 2006). A child's psychological or emotional abuse can occur when a parent or caregiver does not provide the love, attention, and care necessary for the child's health, safety, and well-being (Childhelp USA, 2017). Emotional abuse is commonly perpetrated by someone in the child's immediate vicinity who has authority/ power over him or her (Kara et al., 2004). It includes verbal attacks and emotional harm such as making the child feel that he/she is unloved, unwanted, worthless, insulting, giving excessive orders, ignoring, mocking, belittling, threatening, seeking fault, expecting more than he/she is capable of (Polat, 2007). The American Professional Society on the Abuse of Children (APSAC) also defines "emotional abuse" as a recurrent pattern of caregiver conduct or severe incident(s) that convey to children that they are unworthy, flawed, unwanted, undesirable, in danger, or of value only in servicing another's needs (APSAC, 1995 cited in Glasser, 2002). The rules go on to outline six different types of emotional abuse:

- Spurning (hostile rejection/degradation that is both vocal and nonverbal),
- Terrorizing (activity that threatens or is likely to damage a child physically or endangers the child or the child's loved ones),
- Exploiting/corrupting (encouraging the development of undesirable behaviour in the child),
- Denying emotional responsiveness (ignorance of the child's need to interact, failure to display good affect toward the child, and lack of emotion in interactions with the child),
- Isolation (depriving a child of opportunity to communicate with peers or adults),

- Mental, physical, medical, and educational deprivation (ignoring or failing to provide for the child's requirements).

Emotional abuse can lead to abnormal or disordered attachment development, a tendency for victims to place responsibility on themselves, acquired helplessness, and too passive conduct, among other things (Abbasi et al., 2015). Finally, emotional abuse can occur by itself or as a part of other kinds of abuse or neglect. It may happen as a result of an active or passive act, verbal or non-verbal, voluntary or involuntary. Emotional abuse is very difficult to identify, recognize and take legal action (Taner & Gökler, 2004).

Sexual Abuse: Childhood sexual abuse is the type of childhood trauma that is most difficult to measure and investigate due to the lack of knowledge about this behavior in children. Child sexual abuse is not only the smallest portion is reported forms of abuse, but also accounts for 5% of all reported cases of child maltreatment (Adair, 2017). Sexual abuse is defined as the involvement of the child in a sexual activity that he or she cannot fully grasp, cannot give full consent for, or is not ready for in terms of development, or that violates the given laws or social taboos of the society (WHO, 2006). According to Oral et al. (2001), sexual abuse is described as any action towards a child which is done for sexual satisfaction by an individual who is at least six years older than the child. Unlike other types of abuse, it can go unrecognized for a long time and for years. Similarly, sexual abuse is the use of a child under the age of 18 for sexual satisfaction by an adult who has completed his/her psychosocial development. It encompasses a wide variety of sexual behaviors including exhibitionism, touching of the genitals, rape, voyeurism, pornography (Polat, 2007). Sexual abuse is classified into two types: contact abuse and non-contact abuse. Physically touching a kid's sexual organs, rape or penetration with a body part or

object, forcing a child to participate in sexual activities, forcing a child to undress, or urging a child to touch someone else are all examples of contact abuse. Sexual abuse is not only penetrative; it can also include caressing, kissing, and oral sex. Non-contact sexual abuse occurs when a kid is assaulted without being touched. It includes: exposing or flashing, presenting pornography, exposing a child to sexual activities, forcing them to masturbate, and forcing a child to create, view, or distribute child abuse photographs or movies (Leeb et al., 2008). Culture has also a very important effect on whether a behavior is considered as abuse or not. In some cultures, kissing children on the lips may be acceptable for a way of showing the family's affection, just as beating a child is seen as a disciplinary method, as is the case with physical abuse (Polat, 2006).

Overcontrol/ Overprotection: A growing number of studies in the literature have investigated the influence of perceived parenting on personality traits and psychopathology using questionnaires such as the Parental Bonding Instrument and the measure of Parental Style, which assess overprotection and overcontrol. These measurements assessed overprotection/overcontrol and abuse for each parent (Parker et al., 1979; Parker et al., 1997). In fact, according to Parker (1983), it has been suggested that overprotection and overcontrol are developmentally traumatizing (cited in Şar et al., 2020). Higher levels of perceived parental overprotection have been seen in children who have experienced different types of childhood trauma and developmental trauma to be related to emotional and behavioral regulation difficulties and relational problems (Boucher et al., 2017; Lim & Barlas, 2019; Sar et al., 2020). The simplest method to understand the concept of overprotection is to take into account the parental actions that constitute an adequate level of protection in the context of a child's development. In a perfect world, parents would empower their

children to make decisions according to their age and stage of development while encouraging them to engage in activities they like (Parker, 1983). As the child develops and matures, these parental behaviors promote a sense of independence in the child. On the other hand, overprotective parents exhibit controlling, invasive, or condescending behaviors. These behaviors might include telling a child what to wear or restricting a child's ability to make age-appropriate judgments (Parker, 1983).

Overprotection/control is a dimension known to be common in Turkish families and subsequently integrated into childhood trauma. According to Wood et al. (2003), it is autocratic attitudes and behaviors that include overprotection, which is defined as excessive regulation of children's activities and routines by the caregiver, continuous instructions by parents to the child about how to think and feel, and constantly making decisions on behalf of the children. In addition, excessive parental involvement in a child's emotional development is known as overprotection/control, which encourages reliance on parents (Barber, 1996). These actions are thought to communicate to children that their surroundings are dangerous, preventing them from developing an accurate picture of dangerous or non-threatening events and lowering their perceived capacity to manage (Ballash et al. 2006; Chorpita & Barlow, 1998). Patients who had overprotective parents allege their confidentiality was violated and that they were not allowed to mature because their parents didn't want them to (Parker, 1983). In addition, extended infantilization, excessive physical or social contact, separation concerns, dependency encouragement, anxiety in the parental position, and challenges with control including either an overindulgent permissiveness or an authoritarian excess are all signs of overprotective parenting (Sherman, 2015). According to Smith and Myron-Wilson (1998), vulnerable children are those who are

overprotected by their parents. Internalizing concerns such as social anxiety is typically associated with parental overcontrol (Hudson & Rapee, 2001).

2.2.3. The Effects of Childhood Trauma

Currently, there is a growing study that childhood trauma seriously hinders brain development. Through research, researchers have long evaluated the psychological, behavioral and emotional effects of childhood trauma experienced by a child in infancy and early development, as well as the understanding of how abuse affects development and the brain during those periods (Painter & Scannapieco, 2013). Childhood trauma may have life-altering consequences for a child. Disruption or damage to the brain at important periods of development can result in severe abnormalities or neurodevelopmental impairments, which can have a detrimental impact on a child's cognitive, behavioral, and social functioning (Perry et al., 1995; Solomon & Heide, 2005; Terr, 1991). According to research, those who have experienced childhood trauma are more likely to experience psychological and physical issues as adults since the negative impacts of childhood trauma are said to last into adulthood (Edwards et al., 2003).

Research has provided evidence that experiencing childhood trauma disrupts the aging process. In addition, trauma leaves the individual with psychological deficiencies throughout their life (Stirling & Amaya-Jackson, 2008; Zlotnick et al., 2008). Thus, it can cause exaggerated emotional distress and learned helplessness in individuals (Davidson & McEwen, 2012). If the abuser is the caregiver of the child, childhood trauma has a serious impact on early attachment processes. The child can change their positive perception of themselves, their perception of life, and their trust in others if they have negative and harmful connections (Dye, 2018).

In addition, Bremner (2006), one of the pioneers of these studies stated that traumatic stress affects both the anatomy and operation of the brain. According to Putnam (2009), early childhood maltreatment impede neurological and psychological growth. Also, Bremner (2006) claims that the hippocampus, amygdala, and prefrontal cortex are among the most damaged parts of the brain by severe stress. Childhood trauma triggers the body's physiologic stress response mechanisms. Furthermore, this system is comprised of a number of interrelated systems that collaborate to shift the body's attention away from homeostasis and toward emergency response. The thalamus in the brain processes the inputs from the traumatic event through the body's sensory systems, which then activates the amygdala, an important component of the brain's fear detection and anxiety circuits (Bellis & Zisck, 2014).

It has been understood that trauma affects the system in interconnected brain circuits and changes in the hormonal systems that control stress. This effect alters memory, information processing, and the hypothalamic-pituitary-adrenal (HPA) axis, and may impair trauma survivors' ability to control their response to stress, behavioral and cognitive (Briere & Scott, 2006; Nemeroff, 2004). When a dangerous event occurs, the HPA axis kicks in, causing an increase in bodily functions, including immunity and inflammation, as well as corticosteroids that interact with cognitive processes. HPA progresses unevenly as a result of excessive corticosteroid secretion caused by persistent or severe stress. Because traumatized children's brains continue to develop, they are more vulnerable to corticosteroid overuse. Disruption of the HPA axis causes hormonal imbalances and symptoms of depression in the individual. As a result, the brain regions responsible for controlling strong emotions are disabled as a result of trauma. Therefore, reliving stresses suppresses emotional control and actions, while increasing emotional reactivity (De Kloet et al., 2005). Trauma survivors cannot

get rid of memories, fears and thoughts about the event as they move on with their lives, as if they were still living the moment. As a result of all this, emotional traumatic memories are trapped and stored in the brain (Dye, 2018; Williams, 2006). According to Perry (2006), trauma disrupts normal brain development in many critical areas. Furthermore, early childhood trauma interferes with proper brain development and results in incompatibility between biological and developmental ages (Dye, 2018). Furthermore, high amounts of glucocorticoids, which are often generated during stressful situations, have been linked to deficiencies in acquiring new skills and information (Bremner, 2006). The consequences of childhood trauma followed by chronic stress can affect children's neurological, immunological and hormonal development (Berens et al., 2017).

Trauma does not just affect the brain, it affects the body. Many illnesses and disorders that occur later in life have been related to childhood trauma, affecting physical and mental health (Felitti et al., 1998; Finkelhor et al., 2015). Because the Adverse Childhood Experiences (ACE) research reveals a strong link between trauma and disease, it is critical to infer that persons exposed to childhood trauma should be viewed as the root causes of morbidity and death in adulthood (Felitti et al., 1998). Future repercussions of these effects lead to the emergence of antisocial and unhealthy behaviors, as well as the emergence of chronic diseases and premature death (Anda et al., 2006).

ACE Study (1995) is one of the most important analyzes comparing the relationship of participants' current health to childhood experiences. The individuals in this research who had a history of neglect and abuse experienced a variety of physical and psychological issues, according to the findings. These problems include alcoholism, severe obesity, suicide attempts, skeletal fractures, depression, and

cancers as self-soothing coping strategies (Felitti, et al., 1998). According to the ACE study, adverse childhood experiences are more widespread than previously reported, and they have a major influence on adult health. Furthermore, ACE has a significant impact not only on the person's health and quality of life but also on the child's whole life (Sciaraffa et al., 2018; Van der Kolk, 2007).

Prolonged and serious trauma often occurs early in life, leading to a chronic failure to regulate emotions, and in some cases, to a deterioration in social relations (Çelik & Hocaoglu, 2018). Substance abuse, depressive disorders, PTSD and anxiety disorders, personality disorders, self-injurious behaviors, attachment and eating disorders, behavioral control, conduct disorders, violence, criminality, and suicidal behavior are all frequent among trauma survivors (Enoch, 2011; Gilbert et al., 2009; Yates et al., 2008). Children who have experienced childhood trauma struggle with self-regulation, focus, attention, and interpersonal interactions (Sciaraffa et al., 2018). Furthermore, children who have been exposed to trauma can feel helpless. As a result, children may develop assumptions that affect the way they interact with others and their environment, as the cognitive reasoning needed to correctly interpret an event has not yet developed. Older children who begin to communicate with their peers outside the family environment feel guilt or shame about the traumatic event, even if they better cope with the stress caused by the trauma, and this continues into adulthood (Osofsky, 1997).

Whitfield (1998) argued that all individuals with a traumatic past have similar thoughts and behaviors. Some of the concerns he discusses include: all-or-nothing reasoning, the urge to control (connect), excessive duty towards others, and a lack of self-care in addition to satisfying fundamental requirements, inappropriate conduct, abandonment issues, and conflict. Finally, childhood experiences of neglect and abuse

are effective in the emergence of many psychopathologies. These experiences affect college students' view of the world and friendship relationships and play a role in shaping coping and emotion regulation strategies (Kim & Cicchetti, 2010; Runtz & Schallow, 1997; Wright et al., 2009).

2.2.4. Childhood Trauma and Perfectionism

Along with personality traits, social and familial variables also play a role in the development of perfectionism. Another factor that plays a role is the family's approval and rejection behavior on the child. Therefore, a healthy and quality parent-child relationship in the early childhood period has a key impact on the healthy development of perfectionism in young adulthood. According to Flett et al. (2002) and Frost et al. (1990), children who have been subjected to physical and emotional abuse may exhibit perfectionist behaviors in order to acquire control in an environment over which they have no influence, to prevent humiliation, and to escape the sense of guilt/shame. According to The Perfectionism Social Disconnection Model (Hewitt et al., 2017) and The Social Reaction Model of Perfectionism (Flett et al., 2002), perfectionism develops as a result of negative parental behaviors and childhood trauma that feed the feelings of hopelessness, guilt and shame, perfection, lack of confidence and inadequacy experienced in the past.

The Social Reaction Model of Perfectionism (SRMP) is based on the view that children raised in a broken family will become perfectionists as a result of their parent's lack of love, as well as physical and psychological abuse. According to SRMP, perfectionism can develop in individuals who have been exposed to maltreatment and trauma by others. As a result, they may tend to focus on being perfect to avoid further traumatic events. In addition, they exhibit perfectionist

behaviors in order to cope with the difficulties and problems they encounter in all areas of their lives. Perfectionism can encompass multiple goals, either socially or as a reaction to challenges. One of these goals is the perfectionist behavior of children to avoid or minimize abuse, to avoid embarrassment or humiliation by others. The other is that he/ she exhibits perfectionist tendencies as a way of establishing control in their life (Flett et al., 2002). Furthermore, if parents fail to set reasonable goals for their children and offer constructive criticism, children will create unreasonable expectations for themselves. Children who experience difficult living circumstances and may not get constructive criticism from their families may develop perfectionist tendencies as a form of self-preservation. Even the most exacting parents are likely to be pleased with their children's perfect behavior, and it can also lessen the frequency and intensity of confrontations in close relationships (Hamachek, 1978). In this way, a child who has developed excellent tendencies is less likely to attract negative attention through neglect, criticism, and physical violence than a child who has not developed excellent tendencies. The link between perfectionism and childhood trauma is described in Lindberg and Distant's (1985) article case history. This case example deals with a fourteen-year-old girl who was emotionally neglected by her alcohol-addicted parents for 10 years and was sexually abused by her grandfather. It can be said that this girl can be said to be able to escape from the negative emotions that may be caused by the trauma she experienced by behaving like a perfectionist (Lindberg & Distad, 1985 cited in Flett et al., 2002).

The study conducted by Frost et al. (1991) provides consistent empirical studies of the social reaction model. In this study, both students and their parents were asked questions to determine parental harshness measurements. The study's findings revealed that maternal harshness is linked to perfectionism in girls. Similarly, the

father's perceived hardness was evaluated by girls and associated with perfectionism in girls. These results indicate that some of the girls in the study may have developed perfectionist traits as a way of coping with parental criticism and harshness. Parental criticism and parental expectation on the FMPS scale demonstrate the importance of early childhood experience (Frost et al., 1991).

According to The Perfectionism Social Disconnection Model (PSDM), perfectionism develops as a result of the maladaptive/asynchronous parent-child relationship where the child's safety, support, and care needs are inadequately met or ignored (Hewitt et al., 2017). This asynchrony might be due to inadequate parenting techniques, but it could also be due to children's impressions of their parents' lack of warmth, engagement, and support, and control. It may be due to inadequate techniques and impressions of the family. In addition, asynchrony is defined as the mismatch between the needs of children and what caregivers offer. The lack of connection allows for a persistent sense of self where attachment concerns and love are undeserved. As a result, PSDM suggests that the child has perfectionist behaviors in order to be accepted and repair the sense of perfection. Because when the child is perfect, he/ she thinks that he/ she is approved and accepted. According to this approach, adverse self-models reflected by early attachment concerns and feelings of defect/shame are at the root of perfectionism. As a result, it is thought that poor parenting affects perfectionism development by instilling attachment concerns and a feeling of lack (Hewitt et al., 2017).

According to both models (SRMP and PSDM), people strive for excellence after bad or traumatic experiences to re-establish control, to provide the need for love and approval from others, to correct feelings of hopelessness, guilt, and inadequacy, and to prevent further abuse or trauma. Adverse childhood experiences or abuse

appears to be significant to the development of perfectionism from these views (Chen et al., 2019). There is a plethora of research that supports the links between interpersonal aspects of perfectionism and negative parenting behaviors such as parental overcontrol, neglect, conditional approval, and harshness, according to these developmental models of perfectionism (Chen et al., 2019; Flett et al., 2002; Hewitt et al., 2017).

2.3. Inferiority Feeling

In this section, the concept of inferiority feeling, inferiority feeling and perfectionism are included.

2.3.1. The Concept of Inferiority Feeling

One of the most popular basic concepts of Adler's "Individual Psychology" is the inferiority feeling (Strano & Petrocelli, 2005). Adler (2020) argued that all people are born with feelings of inferiority and inadequacy. This feeling is caused by bodily or psychological deficiencies that really exist in a person or that a person thinks are imaginary. In different sources, it is also expressed as an inferiority complex/ inferiority feeling (Strano & Petrocelli, 2005). Because Adler (2020), specifically stated that there is no other meaning to be extracted from the inferiority complex than inferiority feeling.

According to Adler (2020), a person is a unit that develops towards growth and maturation with a dynamic principle and must set ideals and goals to ensure this development in the social sphere. With ideals and goals, it is aimed to succeed in the three areas where a person has problems (professional, social relations, and love). To cope with these problems, a certain social interest and activity are required, and to provide them, inferiority-superiority dynamics are required. Corey (2017) stated that

Adler's theory focuses on the inferiority feeling as normal for all individuals and as a source of all human striving. Inferiority feeling carries meaning in the light of inferiority- superiority dynamics. All people are born with inferiority feelings because, for a person to achieve a goal (social interest) and have a sense of superiority, he/ she must be in an inferior feeling (Adler, 2020). For this reason, Adler (2020) emphasized that in order to understand human behavior, it is necessary to understand inferiority feeling and views related to the striving for superiority.

Mosak and Maniaci (1999) defined inferiority as the ability to be evaluated objectively and outside. Inferiority is always contextual and never a judgment of general value. In addition, inferiority feeling is universal and normal and important to understanding human striving (Ansbacher & Ansbacher, 1956). Feeling of inferiority can lead to compensatory behaviors that are either adaptive or maladaptive (Ansbacher & Ansbacher, 1956; Mosak & Maniaci, 1999). The inferiority complex, on the other hand, is a maladaptive pattern in which the individual believes that he or she is incapable of solving difficulties in a socially desirable manner. Individuals with inferiority complex incorporate inferiority feeling into their daily jobs and withdraw from social activities (Ansbacher & Ansbacher, 1956). Inferiority feeling leads a person to move towards self-completion, that is, to establish superiority. This striving is made to enable the individual to move to perfection that he/she thinks is higher level than his/her current position that considers inferiority (Corey, 2017). According to Ansbacher and Ansbacher (1956), one of the first feelings that every person has is inferiority feeling because the child perceives himself/herself as helpless, incomplete, insecure, dependent, insufficient, and premature in comparison to his or her parents, other adults, and siblings. As a result, feeling of inferiority is natural and unavoidable for all humans. However, this whole situation is purely subjective and depends on the

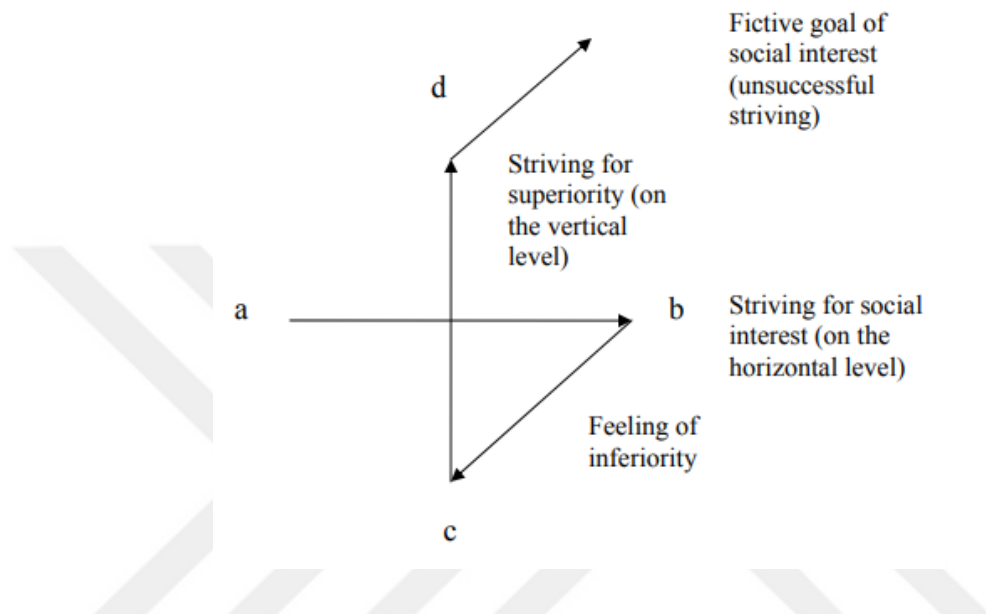
person's perception of reality. Therefore, inferiority feeling is not necessarily negative, because the child feels helpless and imperfect, tries to move forward, and people begin to look for a culture that gives them security outside of their own needs (Adler, 2021).

Inferiortiy feeling is the belief that a person is not able to solve the problem in the face of difficulties that he/she is not able to adapt to adequately and is not ready to cope with (Adler, 2021). Inferiority feeling is also defined as a person's self-comparison. Basically, it acts as a normal and functional motivation for human behavior, becoming a catalyst for the success of the individual. (Adler, 2011; Ansbacher & Ansbacher, 1956; Mosak, 1989). Also, inferiority complex is permanent inferiority feeling in a person (Adler, 2000). According to Griffith and Powers (2007), Adler defined the inferiority complex as an individual's misguided conviction in "personal deficiencies" rather than the general sensation of "incompleteness". Inferiority complex, as defined by Mosak and Maniacci (1999), is "behavioral expressions" of inferiority feeling. It is an overwhelming feeling for human, and overcoming obstacles with life weakens his courage to contribute to society (Griffith ve Powers 2007). Ansbacher and Ansbacher (1956) also believed that each person begins life with a weak physique, which makes them feel inferior. A feeling of inferiority is a feeling of worthlessness that arises due to perceived inadequacy. The inferiority feeling is not a sign of abnormality, as mentioned in the previous paragraph, but the cause of all kinds of perfection in human life. Because a person tries to overcome his/her inferiority feeling and is influenced by the striving for superiority. However, the striving for superiority is special and unique in every person. It is based on the meaning that a person gives to life, that is, it depends on the

purpose of life, and the meaning of life that depends on it is to strive to achieve a goal or an ideal (perfect) person (Adler, 2000).

Figure 1

Striving



Note. (Schau, 2004, p. 73)

According to Ansbacher and Ansbacher (1956), striving for superiority is defined as a person's unhealthy effort to excel at the vertical level (Figure 1). There is a connection between the inferiority feeling and the striving for superiority, and it has been suggested by researchers that the greater the inferiority feeling that the two work together, the greater the purpose of life (Adler, 2000; Huber, 1984). Adler (2020) concluded that the desire to belong to individual life is the most common and powerful force guiding human efforts. Consequently, looking at Figure 1, feelings of inferiority make it difficult for a person to see himself or herself as part of society. This is explained by the b-c lines. The negative situation experienced creates the feeling that the individual is inferior to other people and does not really belong to the

society. As seen in the a-b line, it seems difficult for the individual to immediately interact with people at the same level. People try to strive upwards at the vertical level (c-d line). But once a person adopts the vertical orientation and striving for power becomes the most important move of the person, it is impossible to reach the sense of belonging (Dreikurs, 1997 cited in Sachau 2004, p.73).

Instead of merely having an inferiority complex (in severe circumstances), the individual now has a superiority complex as well, because compensating inevitably leads to over-compensation. As a result, striving for superiority will never result in the overcoming of inferiority feeling (Dreikurs, 1997 cited in Sachau, 2004). However, the person who is trying to overcome the feeling of inferiority will avoid situations, decisions, his/her character, which will always make him look inferior (Ansbacher & Ansbacher, 1956). As it turned out, the “superiority” used is not the concept of superiority gained over other people. It has been used in the sense of moving from the low position that more people perceive to a higher position that is perceived, from the minus that is felt to the plus that is felt (Corey, 2017).

Individual Psychology claims that people are not impulsive. Heredity and environment operate as a framework, influencing but not determining a person's lifestyle. Individuals are moved through life by self-selected objectives that provide them a sense of self-worth, stability, and belonging to a broader world (Mosak, 1989). Furthermore, Mosak (1989) stated that the basic struggle of people; It states completion, perfection, superiority, self-realization, self-actualization, competence, and mastery. Adler (2021) considered the main struggles, the sole purpose of which is to achieve self-gain, as useless efforts and in extreme cases, he thought that they had aspects of psychopathology. On the other hand, he regarded it as psychologically healthy goals to solve life's difficulties, seek self-realization, and make the world a

better place to live. According to Adler (1996), a person finds herself/ himself striving for a goal or goal everywhere in life. Everything develops as though it were attempting to overcome all flaws and attain perfection. This impulse to perfection is called the “goal of overcoming”, that is, the effort to overcome it. The concept of overcoming is a difficult concept to explain. This is due to the fact that the goal that each person aspires to is different. As a result, the concept of overcoming has been generalized and defined as the desire to escape from power, force and reality. All these definitions imply inferiority feeling in the individual, as well as an effort to overcome the feeling of inadequacy. Inferiority feeling can manifest itself as an effort for superiority (Adler, 1996).

The things that determine the purpose of a person's life are inferiority feeling, inadequacy and insecurity (Adler, 2020). Adler stated that inferiority feeling begin in childhood (Yazgan İnanç & Yerlikaya, 2012). There is a defined “primary and secondary” component of the feeling of inferiority. The infant's primary sensation of inferiority is a typical one that it keeps and it serves as inspiration for the child to grow. In contrast, when a child develops an inflated sense of inferiority, the secondary inferiority emotion manifests as an inferiority complex (Stein & Edwards, 2002). Children experience a long period of dependence, during which they are quite helpless and weak, they need adults around them to survive. This experience causes the child, comparing herself/ himself with the larger, stronger adults around her/ him, to develop inferiority feelings (Yazgan İnanç & Yerlikaya, 2012). In addition, the effort to show oneself at a young age is a sign of inadequacy, and children do not openly express their efforts to be strong. The child, who is aware of the feeling of inadequacy, strives for superiority with a sincere impulse. The unstoppable effort to manifest itself creates disorders in the child's mental development. As a result, it

causes an excessive desire for security, thus causing compensatory tendencies that lead to the transformation of courage into arrogance, obedience into cowardice. In addition, failure to compensate for inferiority feelings may lead to the development of an inferiority complex (Adler, 2020). The basis of the effort for superiority, which is the single basic motive in humans, is inferiority feeling (Yazgan İnanç & Yerlikaya, 2012).

When a child is born, the effort for superiority exists as potential rather than actuality, and each child develops this potential in their own unique way (Yazgan İnanç & Yerlikaya, 2012). According to Adler (2021), this process begins at the age of four or five, when life objectives are developed. These constructed life objectives concentrate the effort to achieve supremacy. Life goals are essential because they provide personality integrity and maintain the consistency and intelligibility of one's actions. Each individual has the creative power to set his own life goal and create his own unique life goal. Adler (2021) stated that life goals are invariably crystallized into the personality of the child at the age of four or five and will not change in the rest of their life. Each experiences this impulse, the effort for superiority differently, in this sense, it is unique to the individual. It is also the creative power that takes its origins from the feelings of inadequacy, but the way this creative power emerges differs from person to person. While it can be both constructive and beneficial to the person, it can be observed in a way that is harmful to the environment and itself for its own will, such as dominance in other people (Yazgan İnanç & Yerlikaya, 2012).

The reasons why an individual experiences helplessness in the face of life events, is prevented from creativity and is unable to use their power are related to the typical three lives spent in the first five years of life (Adler, 2005; Adler, 2010; Adler, 2020; Adler, 2021). According to Individual Psychology, these experiences provide

the basis for the feeling of inadequacy and are called the sources of inferiority feeling. The first the experience is that the child is born with insufficient organs, the second is pampered, and the third is neglected (Adler, 2021).

Organ inferiority: Adler (2020) stated that children born with insufficient organs have to endure intense distress. Therefore, they feel inadequate to meet their developmental tasks. It develops an inferiority feeling that is manifested throughout life as a result of the immaturity of organs, lack of independence, need for dependence on stronger persons, and a painful sense of dependence on others (Adler, 2005). In addition, children who were born with inadequate organs suffered from various diseases during infancy, and became weak, to interpret life incorrectly. Such children do not think that the meaning of life is to do useful things for others. They constantly deal with their own feelings and in the future compare themselves with others and despair. The feeling of inadequacy in them is strengthened by the pity and ridicule of their friends. As a result, they turn in on themselves, lose hope of being a useful member of society, and feel humiliated by the World (Adler, 2021). With the negative consequences of a rigorous education of children who are born with insufficient organs, their inferiority feelings gain strength and they cannot get rid of these feelings placed in the first days of their childhood. The cold behavior that they see in their childhood prevents them from their attempts against their environment. When they finally find themselves in a world without love, they believe that it is impossible to establish a relationship with this world (Adler, 2010).

Be pampered: The secondary source that leads to mistakes in making sense of life is pampering the child. The pampered child wants their wishes to be regarded as the law by their environment. It looks to enjoy its privileged position as a birthright without effort in return. In the future, when attention and attention to the environment

is not the focus and their feelings are not emphasized, he/ she perceives this as an injustice done to him/ her. As a result, children feel excluded and abandoned (Adler, 2021). The mother of the pampered child puts herself completely at the service of her child and nature gives this role to her. The mother's relationship with her child comes from within, and both benefit from their sincere feelings. This is not a one-sided abuse of the mother of her child. The father, other children, relatives, and neighbors should facilitate this situation by making the child an equal collaborator, not an enemy of society. If the child trusts others, he/she desires to cooperate and participates in the cooperation. But the love that goes to extremes, the child of the mother who thinks, hears, and acts instead of the child begins to expect everything from others. Always considers himself/ herself an important person and exhibits selfish tendencies (Adler, 2020). The pampered child, who is always trained to take from their environment, does not know how to overcome the difficulties he/ she encounters in other ways because they have never known what is called giving. They have been put at their service by their environment in all matters, therefore they have lost their independence, he/ she is unaware of what their own power can do. The child does not think about anyone but themselves, he/ she is alien to the necessity of society. The only way he/ she knows how to deal with difficulty is to direct his wishes to others. He thinks that he/ she will regain his privileged position when he/ she makes others accept that he/ she is the person whose every wish must be fulfilled. He/ she believes that everything will be alright as a result (Adler, 2021).

Be neglected: The third experience, which causes mistakes in the meaning of life and is the source of the feeling of inadequacy, is the neglect of the child. The neglected child does not know what love and sociability are, and there is no place for human-friendly forces in his/ her outlook on life. When faced with life's problems, he/

she exaggerates difficulties and underestimates his/ her own strength to overcome them with the help and goodwill of other people. The neglected child always expects this coldness from them because he/ she feels that the caregiver and society treat him/ her coldly. He/ she cannot think that he/ she can gain the love and respect of others by actions that will benefit them. Therefore, he/ she looks at others with suspicion and his sense of self-confidence is not enough. Experiences without selfishness are not seen in neglected children. The first task of a mother is to provide the child with the feeling that he/ she can fully trust a person. If this sense of trust is provided, it will deepen in the child and eventually the entire environment will be covered by trust. If the mother fails to fulfill this first task, it will be quite difficult for the child to have interest, sympathy for his environment and a desire to work in partnership with his environment, a sense of sociability, develop feelings of friendship (Adler, 2021). According to Akdogan (2012), pampered children's self-perception in their future lives is the same as what parents of neglected children do to these children. As a result, pampered children feel worthless when they grow up, while neglected children feel worthless in their childhood. These obstacles experienced in childhood play an important role in neuroses that may occur in adulthood (Yazgan İnanç & Yerlikaya, 2012).

The basic, underlying framework that connects all of these personalities starts with a sense of insecurity. All failures are marked by a sense of insecurity and inferiority. Individuals in the typical three lives are always well prepared to face problems of a social nature when people try to solve them. Also, all problems are related to other people. These problems can be classified as problems in social, professional, or love relationships. Ultimately, the solution depends on how well the individual is ready to establish contact with other people. All failures- problem

children, neurotics, psychotics, alcoholics, sexual perverts, suicides, criminals, and so on- stem from a lack of social emotional preparation. These failures are expressions of the striving for superiority. These wrong efforts cause psychological destruction to the individual (Adler, 1996). According to Akdoğan (2012), inferiority feeling can be the cause of psychological problems and immediate the individual's being on the useless/dysfunctional side of life. A person considers himself/ herself more worthless than he/ she is with a sense of inadequacy and never enjoys their life. As a result, the person with inferiority feelings always spends him/ her time trying to measure the success of others, focusing on what he/ she thinks of himself/ herself, or thinking about what others have come up with (Adler, 2020).

2.3.2. Inferiority Feeling and Perfectionism

Alfred Adler's work is credited as being the first to theorize about perfectionism (Hewitt et al., 2017). According to Adler (2005), the feeling of inferiority is a basic, universal aspect of human nature. In other words, everyone has an "inferiority complex" that can be handled in an adaptive or incompatible way (Hewitt et al. 2017). Adler (2020) emphasized the unity of psychological life, arguing that everyone has some degree of psychological movement focused on overcoming personal difficulties in a purposeful and adaptive way to achieve the goal of perfection. According to perfectionism theory and research, it promoted high goals set to compensate for people's "feelings of inferiority" (Hamachek, 1978). In any case, Hamachek's account of the extraordinary size of the target was completely different. He claimed that it compensates for one's need for external guidelines. Therefore, identifying improbable internal measures can be a way of getting approved by gathering anyone's standards (Frost et al., 1990). Showing disdain for it, Hamachek (1978), like Adler (2000), also saw avoidance as a way to maintain a strategic

distance from frustration. It demonstrated the need for perfectionists to avoid confrontation without actually putting them to the test, hiding behind their potential value (Frost et al., 1990).

In addition, Adler assumed the existence of a superiority complex in order to compensate for inferiority feelings. According to Adler, neurotic perfectionists would refuse to give up unattainable ambitions in order to maintain their sense of superiority. The superiority complex is characterized by a conscious belief in one's own superhuman powers and abilities, as well as a propensity to place unreasonable demands on oneself and others. The superiority complex is treated differently in Adler's technique, which he dubbed "individual psychology," and is the root of individual variations. Some people will go to tremendous lengths to demonstrate their superiority by pursuing godlike perfection (Hewitt et al. 2017).

According to Adler (2021), these people are always comparing themselves to the unattainable ideal of perfection, and are constantly preoccupied and spurred on by emotions of inadequacy. In this context, according to Adler (2020), every individual comes into the world with an innate inferiority feeling and strives to be superior in order to feel safe first and be loved later and develop an ideal self with this feeling. The ideal individual that Adler has put forward thinks that he/ she can be accepted by people even if he/ she cannot achieve perfection (Mosak & Maniaci, 1999). These individuals also have social interests and cope with this feeling in constructive ways by experiencing perfectionism efforts with a controllable inferiority feeling. The preferred ways to overcome the feeling of inadequacy can sometimes be healthy, sometimes at a challenging level, and unhealthy for individuals. In other words, individuals who are not ideal can act only with an unrealistic idea that they can be accepted by others if they are perfect. In order to achieve this, they strive for

individual power and superiority by setting challenging goals for themselves. Adler explains this situation with the concept of neurotic perfectionism (Ansbacher & Ansbacher, 1956 cited in Şahin, 2020). Also, neurotic perfectionists set impossible standards for themselves and strive for unrealistic goals. These individuals are afraid of failure in an effort to get away from the feeling of inadequacy. Healthy perfectionists set high standards for themselves, but work towards attainable goals (Adler, 1964).

The individual feels a sense of inadequacy in the first years of his/ her life due to the feeling of physical helplessness and inability to be self-sufficient that he/ she feels from the moment he/ she comes into the world and because of the lack of his/ her organs. Then, in order to direct the feeling of inadequacy to the effort of superiority, he/ she makes concerted efforts to be perfect (Ansbacher & Ansbacher, 1956).

In support of the above explanation, according to Frost et al. (1990), maladaptive perfectionists can avoid/ postpone tasks that they risk not fulfilling their standards. According to empirical research by Hamachek (1978) looking at the distinctions between several categories of perfectionists, maladaptive perfectionists exhibit much higher levels of inferiority, low self-esteem, and anxiety than adaptive perfectionists (Ashby & Kottman, 1996; LoCicero & Ashby, 2000; Rice & Slaney, 2002). These results indicate that, compared to maladaptive perfectionists and non-perfectionists, adaptive perfectionists had considerably better self-efficacy, self-esteem, positive well-being, greater life satisfaction, and more internal control focus (Ashby & Rice, 2002; Ganske & Ashby, 2007). These findings provide support for Adler's explanations of healthy and unhealthy ways to strive for excellence. Finally, it is proposed that adaptive perfectionists have less difficulty setting high standards

since they realize their pursuit of superiority in a reasonable and suitable manner (Adler, 1956 cited in Slaney et al., 2002).

2.4. Fear of Negative Evaluation

In this chapter, the concept of fear of negative evaluation is included, fear of negative evaluation and perfectionism are discussed theoretically.

2.4.1. The Concept of Fear of Negative Evaluation

Individuals are concerned about the impression they make on others and how they are evaluated by them as soon as they engage in social interaction, and their expectations for evaluation can be positive or negative (Çam et al., 2010). Social phobia, also known as a social anxiety disorder (SAD), is a common anxiety disorder in DSM-V that can be described by being embarrassed or humiliated of being in social situations, FNE by others, and the tendency to avoid fear/ anxiety-producing social situations or enduring them with intense fear/ anxiety. It is a noticeable feeling of fear/ anxiety that occurs with the apprehension of the person being evaluated by others (American Psychiatric Association [APA], 2013).

SAD is defined in ICD 11 as a persistent and visible state of anxiety in one or more social situations while interacting in social situations, such as chatting, being evaluated in front of others, and engaging in actions such as eating and drinking. The individual is anxious that he or she may act in a way that will be perceived negatively by others, or that he or she may exhibit anxiety symptoms (e.g., be chastening, embarrassing, lead to rejection) (Kogan et al., 2016). Social anxiety (SA) is distinguished by the fact that, unlike other worries, it is triggered by “the prospect or presence of interpersonal evaluation in a real or imagined social situation” (Schlenker & Leary, 1982). In truth, SA could be referred to as "evaluation anxiety," although the

word "social anxiety" is far more prevalent (Beck et al. 1985). Hence, FNE by others is considered as the most specific determinant of social anxiety (Schlenker & Leary, 1982). FNE, as a independent variable of this analysis, is discussed and explained below.

FNE by others is a primary criterion for diagnosing social anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-V; APA, 2013). As a result, there is a clear social evaluative aspect to the presentation of social anxiety. FNE is linked to other signs of SA, such as avoidance of social situations and the use of safety behaviors, according to substantial empirical evidences (e.g., Lowe et al., 2017; Teale Sapach et al., 2015; Weeks et al., 2009). In addition, FNE has long been thought to describe SA. FNE occurs when a person is afraid of other people thinking negatively about or appraising him or her. These worries might lead to people being afraid to participate in social situations or completely avoiding them (Hofmann & DiBartolo, 2014).

As the SA literature is reviewed, Watson and Friend (1969) were the first to define FNE, which can be considered as the most prominent element of SA. According to Watson and Friend (1969), the concept of FNE consists of three components; feelings of apprehension about others' evaluations, problems stem from being evaluated negatively and distress over others would evaluate oneself negatively. On the other hand, Leary (1983) defined the FNE as a persistent and high dose of anxiety that others will criticize individual in a disparaging and hostile way. Specific personality traits such as anxiety, submissiveness, and social avoidance are linked to FNE (Oviya, 2019). According to Watson and Friend (1969), FNE occurs in situations where social evaluation is possible (e.g., meeting, talking to the manager, or job interviews). FNE does not necessarily entail one-on-one communication; entering

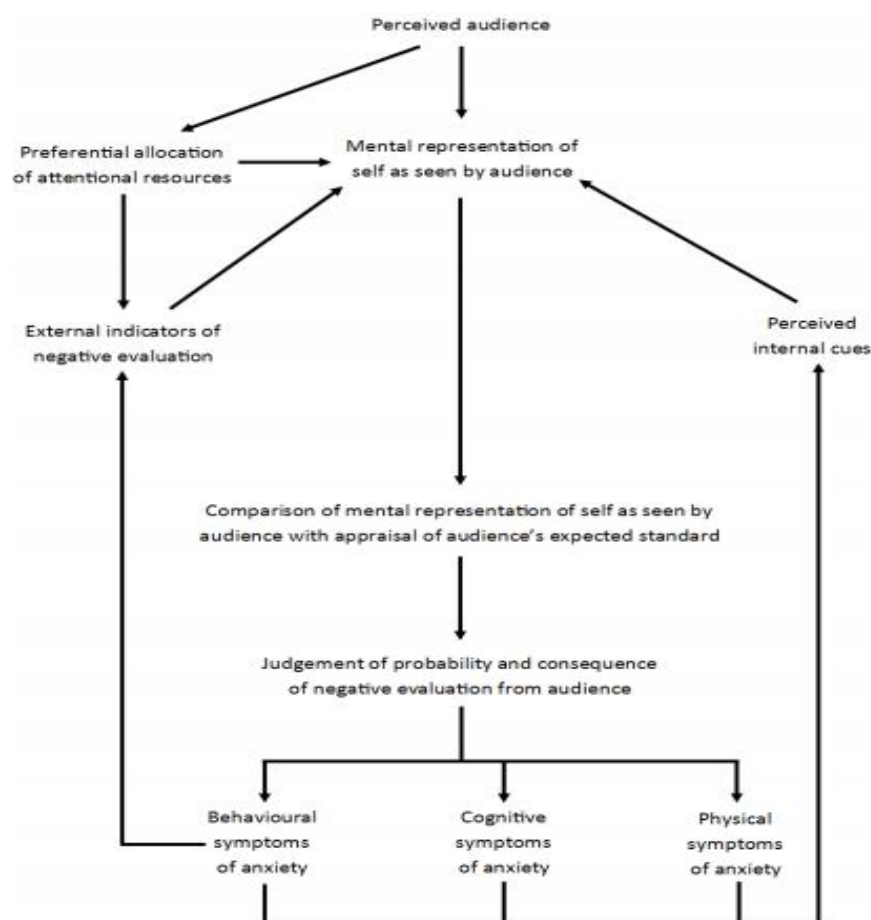
crowded situations or being in the situations also causes anxiety for many people (Rapee & Heimberg, 1997). FNE is a term that refers to a large-scale case of social anxiety. It can cause people to avoid any scenario in which they might be evaluated (Schlenker, 1980). People who are high in FNE are more likely to have somatic symptoms of anxiety without being physically affected. They have lower estimates of their personal effect and bodily symptoms than people who do not have SA (Edelmann & Baker, 2002). Starting from this point of view, Doğan (2009) considered the FNE as the feeling of anxiety experienced in the social relations or during any performance task regarding being evaluated in a humiliating, disparaging, denunciatory, or contemptuous manner. On the other hand, Türkçapar (1999) argued that the core feature of SAD is FNE, as well as focusing on the internal stimuli associated with performance failure while in the presence of others. (Türkçapar, 1999 cited in Uğur, 2018). Monfries and Kafer (1994) summarized the studies on the relationship between SA and cognitive deficits and distortions. They stated that negative interactions were consistently associated with cognitive distortions and inadequacies such as selective recall of negative experiences, underestimation of social skills, loading positive evaluations on external factors, attribution of failure to internal factors, negative self-evaluations, and negative reactions of others. In addition, cognitive-behavioral approaches have considered FNE as the core of SA (Weeks et al., 2008).

According to Rapee and Heimberg's (1997, p.743) Cognitive-Behavioral Model of Anxiety in Social Phobia (Figure 2), an individual's primary fear while in social evaluative situations is the fear of being negatively evaluated. They argued that people with social anxiety have these fears in any situation where there is an audience. Any other person who could be in a position to evaluate or judge the

person's appearance, behaviors, or attitude is referred to as the audience, which is not limited to a group of deliberate observers. Therefore, actual interaction with the audience need not necessarily occur for anxiety to be generated in a social evaluation situation.

Figure 2

A Model of Social Anxiety



Note. Factors contributing to anxiety onset and maintenance in social and evaluative situations (Rapee & Heimberg, 1997, p. 743).

As a result of this, the cognitive, behavioral and physical dimensions of social anxiety occur. Hence, it perpetuates the cycle by generating perceived cues and external indicators of negative evaluation. As a natural consequence of this cycle, the

individual with social phobia attempts to avoid social environments or situations that necessitate social performance and to engage in safety behaviors in order to avoid being subjected to such negative evaluations or rejection (Rapee & Heimberg, 1997).

An individual who experiences FNE when considered in the context of SA shows various behaviors in coping. These behaviors are explained as avoidance and safety behaviors (Sapmaz, 2011). According to Clark and Wells (1995), the term "safety behavior" refers to various strategies that can be used before or at that moment in social situations. The strategies are designed to reduce the likelihood of negative judgment by others and are linearly related to the nature of the expected social reflections of the individual (e.g., attracting attention, poor performance, making a negative impression, openly expressing anxiety symptoms). For example, a person who avoids showing signs of anxiety, such as sweating, may say "I feel hot" to explain sweating and therefore reduce the grounds for negative judgment. If people avoid making excuses, eye contact, and talking about themselves in social situations, they are using strategies that include both active and passive behaviors. Similarly, if he/ she thinks of ways to escape from social situations, speaks quietly, and rehearses what to say, he/ she is using both cognitive and behavioral strategies. All these strategies define the term safety behavior. Safety behaviors are distinguished from the more extensive and overt avoidance of social settings by this wide category of activities, which has also been referred to as "subtle avoidance behavior". People with SA tend to engage in safety behaviors, which are subtle forms of avoidance, when they are typically in social situations that make them feel uneasy (Rapee & Heimberg, 1997).

According to Wells et al. (1995), drawing on the work of Salkovskis (1991), the erroneous beliefs that are engaged when a socially anxious individual enters a

feared social scenario are assumed to elicit safety actions, which are aimed to avert or decrease the anticipated social disaster. Safety behaviors obstruct the unmistakable debunking of incorrect assumptions about the risk present in particular social contexts in two different ways. Firstly, socially anxious people are more prone to blame the adoption of safety behaviors for the lack of expected consequences, leading to a negative expectation of evaluation in the absence of the action. Secondly, safety behaviors may actually make feared consequences more likely. Similarly, a phobic person who avoids speaking in social situations for fear of making a mistake and eliciting negative feedback is less likely to obtain good feedback (Salkovskis, 1991 cited in Wells et al., 1995).

When the social anxiety literature is examined, it is clear that the definition of FNE differs very little from the social anxiety definition (Uğur, 2018). As is clear, the FNE has been considered as the most prominent cognitive factor in SA (Weeks & Howell, 2012).

2.4.2. Fear of Negative Evaluation and Perfectionism

Perfection, striving for perfection and setting excessively high performance standards and the accompanying person's behavior is personality which is characterized by a tendency to overly critical evaluation (Frost et al., 1990; Hewitt & Flett, 1991). Individuals with SAD think that others will evaluate them negatively because they believe that they do not meet others' expectations. Similar aspects can be seen in earlier cognitive-behavioral theories of SAD (Beck & Emery, 1985; Clark & Wells, 1995; Rapee & Heimberg, 1997). These SAD features are also essential elements in perfectionism theory (Frost et al., 2010). When it comes to perfectionism, Burns (1980) highlights the dread of being judged as inadequate. He claimed that

perfectionism is overly sensitive to perceived and actual negative feedback. In addition, this finding was supported by other researchers (Flett et al., 1996). Hamachek (1978) argued that perfectionist people's high performance and approval by others are exaggerated. If perfect performance is unlikely, perfectionists seek ways to avoid being judged by others. According to Hollender (1965), perfectionists are too susceptible to rejection and overly concerned with other people's sanction. Furthermore, perfectionists rely on the views of others to feel safe since they lack self-confidence.

The fact that socially anxious people have high expectations of themselves is comparable to the traits of perfectionists (Clark & Wells, 1995). According to Clark and Wells' model (1995), high-performance standards are a dysfunctional perception that is affirmed by individuals with SA characterized by cognition including "I should take everyone's affirmation", "I shouldn't let anyone see that I'm worried". The performance of a social situation is evaluated using high standard beliefs in expectation, situation, and post-event processing. Since achieving high standards of performance is difficult, if not impossible, cognitive (e.g., negative self-expression), behavioral (e.g., avoiding eye contact), and physical (e.g., sweating) symptoms are linked to social anxiety. Automatic thoughts of people with social anxiety, such as "what I say is stupid", "I'm boring", "they didn't like me", "they realized that I was distressed", which arise when they encounter a social environment, are connected with their conditional beliefs. Examples of conditional beliefs that these people have are "When I suggest something different to someone, they reject me and label me foolish", and "if I seem respectful, people think bad about me". It can be said that the more underlying basic unconditional beliefs are "I am boring and strange", "I am annoying". When a socially anxious individual thinks that he/ she is negatively

evaluated by others, he/ she focuses his/her attention on observing and evaluating himself/herself. This shift in attention, the increase in his/ her reactions and self-awareness that arise due to his/ her anxiety at that moment, leads to an inability to properly assess the environment and the behavior of other people. He/ she considers the internal-subjective information that he/ she uses to evaluate himself/ herself to be identical to other people's assessments of him/ her (Türkçapar, 1999). Therefore, such beliefs are more common in perfectionist individuals. Perfectionist individuals want their performance to be perfect. However, if a perfectionist who wants to do this also thinks that he/she does not have enough capacity to perform an excellent performance, he/she begins to have FNE. Thus, they avoid situations that they believe are not perfect because they are afraid of being evaluated negatively (Frost et al., 2010).

Similarly, according to Heimberg et al.'s model (2010), persons with social anxiety confirm high standard beliefs while decreasing self-efficacy. When presented with a social scenario, a person constructs a mental image of the audience's impression of performance and compares it with an appraisal of the audience's intended performance standards. As a result, the person expects the audience to evaluate himself/herself negatively, and this results in cognitive, physical and behavioral symptoms of social anxiety. This also contributes to the audience's negative perception of their performances, and the SA cycle is renewed. All cognitive-behavioral models suggest that people with SA believe that viewers have high expectations for their social performance, rather than having high personal standards (Scott et al., 2014).

The primary characteristic of perfectionism, according to Riley and Shafran (2005), is an excessive reliance on the pursuit and accomplishment of one's own high

standards for self-evaluation. They have rigid views about success and failure, associating perfect performance with self-worth and failure with worthlessness. Such perfectionists feel that failing to attain their goals will have a detrimental impact on their personal beliefs. Furthermore, they are terrified of being rejected by others. They believe that if their own failures are found out, they will not be accepted (Ashby et al., 2006). FNE leads to feelings of embarrassment, inferiority, depression, and humiliation as a result of other people's negative assessments, as well as the expectation that other people would rate oneself negatively (Iqbal & Ajmal, 2018).



CHAPTER III

LITERATURE REVIEW

In this chapter, previous researches with the dependent variable and independent variables of this research are examined. There have been numerous research on perfectionism in Turkish literature, but this is the first study in which perfectionism has been studied in conjunction with childhood trauma, inferiority feeling, and FNE. The number of studies on dependent variables and independent variables is limited both in the world and in Turkey. Therefore, previous limited studies and studies deemed relevant were included. Studies on perfectionism and childhood trauma, perfectionism and inferiority feeling, perfectionism and FNE are presented below. In addition, studies examining the relationship between perfectionism and sociodemographic variable are included.

3.1. Research on Perfectionism and Demographic Variable

Looking at the literature, it is striking that many studies were not supported any difference between perfectionism and gender. However, some studies have addressed the significant difference between gender and perfectionism scores. All these studies are described in turn below.

Hasan et al. (2012) and likewise Kawamura et al. (2001) examined perfectionism types and different variables in terms of gender. According to initial research (see Hassan et al., 2012), the effect of perfectionism types on performance expectations was not moderated by gender. In the other research, no significant difference in any of the Frost MPS subscales was identified between males and females (Kawamura et al., 2001).

Stoeber & Stoeber (2009) examined the relationships with perfectionism, gender and other variables. 109 (14 males, 95 females) university students and 289 internet users participated in the study. The study's findings found no significant associations between overall aspects of perfectionism and gender.

Curran & Hill (2019) conducted a study in which they assess birth cohort differences between 1989 and 2016, 41,641 university students and 164 samples of multidimensional perfectionism measures were meta-analyzed. The study's findings revealed that perfectionism ratings did not differ by gender.

In Turkey, Sapmaz (2006) conducted a study in which 929 university students studying at Sakarya University examined the relationship between adaptive and maladaptive perfectionism traits and psychological symptoms. As a result of the research, the student's perfectionist attitudes were shown to have no significant relationship with the variable of gender.

In another study conducted by Sarıkaya (2018), the differences between the perfectionism levels of music teacher students and gender were examined. 541 undergraduate students participated in the study. According to the results of the research, it was found that perfectionism levels did not differ significantly when analyzed by gender.

Yıldırım & Sarıçam (2022) examined the perfectionism and psychological vulnerability levels of adults in terms of gender. The participants in the research were 320 emerging adults (248 females and 72 men) who were chosen at random. According to the results of the research, the participants' perfectionism scores did not differ statistically by gender in any significant way.

The literature studies revealed that perfectionism and gender are significantly different, according to several research. Siegle & Schuler (2000) found a difference between the gender in perfectionism in that male students are more perfectionist compared to female students. Similarly, Macsinga & Dobrita (2010) conducted research to determine gender and educational level differences related to irrationality and perfectionism. In terms of perfectionism, data analysis indicated considerable gender differences, with males being more worried about mistakes than women.

According to Abuhanoglu et al. (2015) conducted a study examining the perfectionist personality traits of university students. Research results, it was concluded that male students had a significantly higher perfectionist level than females.

Yilmaz et al. (2019) in his study, he examined whether the levels of perfectionism and gender of university students differ. It was determined that the level of perfectionism of male students from the participants is higher than female students. According to the studies, the levels of perfectionism vary according to gender and there was no consistency between the two variables.

3.2. Research on Perfectionism and Childhood Trauma

In this section, the relationships between perfectionism and childhood trauma are considered through literature research. The limited number of studies dealing with perfectionism and childhood trauma with different variables are explained below.

The link between perfectionism and maltreatment was initially described in an article written by Lindberg and Distad (1985) in some case stories. These case stories are included in the chapter that explains the theoretical part of perfectionism and childhood trauma. A later study conducted by Schaaf and McCanne (1994) used the

Eating Disorder Inventory (EDI) to assess perfectionism in university students. One group of participants had been sexually abused, another had been physically abused, and the last group had never been abused. Scores on the perfectionism scale increased in both abuse groups compared to the non-abused group due to the study. However, the perfectionism scores of the group who were only physically abused were significantly higher.

Zlotnick et al. (1996) used EDI in female inpatients to compare perfectionism as a one-dimensional construct. This group comprised two parts: those who were sexually abused before the age of 16 and those who were never abused. According to the findings of this study, EDI perfectionism increased significantly in the sexually abused group compared to those who were not. Unfortunately, both of these studies were limited in that they looked at perfectionism as a one-dimensional structure rather than a multi-dimensional structure.

Theories and studies have shown the roots of perfectionism as well as the influence of adversity in early development. There has, however, been little study on the association between multidimensional perfectionism and various forms of childhood adversity, and childhood trauma. All limited research is given below.

Chen et al. (2019) investigated the relationship between childhood adversity and multidimensional perfectionism in young adults. This study, which included 537 university students, indicated that early trauma is connected with socially predicted perfectionism. Moreover, an excellent predictor of multidimensional perfectionism and perfectionist self-presentation styles was found to be the experience of childhood abuse.

Negative Mood Regulation Expectancies (NMRE) was used in Iseman's (2020) master thesis to assess emotion regulation expectations and confidence in person's ability to manage negative mood states. Among 120 participants, potential mediating roles of NMRE in the relationship between maltreatment and dysfunction, childhood maltreatment, NMRE, depression, self-harm, and perfectionism were investigated. According to the findings of the study, people who have experienced childhood maltreatment have lower NMRE and higher levels of depression, self-harm, and perfectionism. However, it was determined that NMRE was not mediate the relationship between maltreatment and symptoms.

Adler (2010) conducted a master's study on the relationship between perfectionism, shame and childhood maltreatment/trauma. When compared to normative examples, all participants found a significantly higher correlation in all forms of shame and maltreatment, as well as the majority of perfectionism dimensions.

Dobos et al. (2021), in their study attended by 1750 university students, they discussed the relationship between childhood trauma, academic anxiety, social support, difficulties in emotion regulation and maladaptive perfectionism. The findings of the research were associated with perfectionism, difficulties in emotion regulation and childhood trauma. It has been concluded that childhood trauma is an important predictor variable on perfectionism. Furthermore, gender had no effect on perfectionism scores.

Hewitt & Flett (1991) examined the role of childhood peer-induced emotional abuse, which is thought to be related, in the development of multidimensional perfectionism in a sample of female undergraduate students. The findings confirm the

hypothesis that remembered indirect peer victimization and present socially prescribed/self-oriented perfectionism has a favorable association. Recalled indirect peer victimization was found to be a statistically significant predictor of present perfectionism but recalled direct (physical, verbal) peer victimization was not.

In Turkey, Yılmaz (2020) investigated the relationship between perfectionism in romantic relationships and psychological well-being and childhood trauma. The participants comprised 375 university students. The hierarchical regression analysis revealed some significant relationships between the participants' childhood trauma and their perfectionism and psychological well-being scores in romantic relationships. Moreover, it was found that the participants' childhood trauma and psychological well-being scores predicted their perfectionism scores in romantic relationships.

Similarly, Yıldız (2020) investigated the relationship between childhood trauma, adult perfectionism, and other variables, and all variables with sociodemographic characteristics. According to the study's findings, as the sample's levels of childhood trauma rise, so do their levels of anxiety about making mistakes, familial criticism, and uncertainty about doing so in the sub-dimensions of perfectionism.

Fırat (2021) examined the relationships between metacognitions, meta-worry, cognitive attentional syndrome, anxiety, childhood negative experiences and perfectionism. 761 adults participated in the study. Anxiety, metacognitions, cognitive attentional syndrome, and meta-worry have a moderating role in the link between traumatic childhood experiences and perfectionism, according to structural equation modeling. Perfectionism was shown to have substantial correlational links with poor childhood experiences, cognitive attentional syndrome, metacognitions, meta-worry, and anxiety in the study. Metacognitions moderated the association between adverse

childhood events and perfectionism, according to the good-fitting model; however, meta-worry, anxiety, and cognitive attentional syndrome did not play a significant mediating role, as expected.

As described in the theoretical framework, the overprotection/control size was subsequently integrated into childhood trauma. In the literature, a limited number of studies examining the relationships between over protection and control dimension and perfectionism are given below.

Stober (1998), in his research on the psychometric properties of F-MPS, evaluated the dimensions of perfectionism and loveless control of parents. The findings of the study, in which the characteristics of perfectionism were measured by F-MPS, show that parental overprotection/control and lack of parental care are linked, and there was a relationship between perfectionism and affectionless control.

In a study of 201 university students, Findlay & Watts (1998) looked at the relationships between Hewitts MPS and family characteristics. The findings of the study show that perfectionism was linked to parental overprotection, poor health, and inadequate parental care. Likewise, Foy (1998) looked examined perfectionism and parental control in a group of 207 university students. The assessments yielded two latent variables, representing parental psychological and behavioral control. Parental psychological and behavioral control were linked to self-oriented perfectionism, but socially dictated perfectionism was linked to parental psychological control.

Banerjee (2005) looked at the impact of three types of perfectionism in mediating the relationship between parental overprotection and SA. The Frost MPS were used to determine the results and 280 people participated in the study. These elements of perfectionism were found to be mediators of the association between parental

overprotection and SA, according to the findings. Both of the social anxiety scales utilized, the Fear of Negative Evaluation Scale and the Social Anxiety and Distress Scale, were mediated.

Ying et al. (2021) investigated the roles of maladaptive perfectionism and rumination as moderators in the connection between childhood experiences of unfavorable parenting practices and nonsuicidal self-injury (NSSI). All variables had substantial positive relationships. All negative parenting practices were indirectly connected to NSSI via maladaptive perfectionism in the mediation studies, and of all the negative parenting practices studied, parental rejection was the one that was most strongly linked to maladaptive perfectionism.

Finally in Turkey, the relationship between university students and perceived psychological control from parents, as well as adaptive-maladaptive perfectionism, was investigated in another study conducted in Turkey and thought to be related. There was a positive and significant relationship between perceived parental psychological control and interpersonal perfectionism (Ayolu, 2012). All findings support the growing research highlighting the importance of childhood trauma in the development of perfectionism.

Looking at the literature, firstly, the relationships between childhood trauma and perfectionism were explained by studies that dealt with perfectionism in one dimension. Later, studies were conducted with the scales of theorists who explained perfectionism with its multidimensional structure. When literature was examined, it was found that individuals who experienced childhood trauma and grew up with an overprotective/controlling attitude had high levels of maladaptive perfectionism. Finally, since there was no study on the over-protection/control dimension that is later

included in childhood trauma, studies with scales that are thought to be related are included.

3.3. Research on Perfectionism and Inferiority Feeling

In this section, a limited number of studies that examine the relationships between perfectionism and inferiority feeling and which are thought to be the determinant of perfectionism are included below.

Ashby & Kottman (1996) investigated whether the severity of inferiority feelings differs between neurotic perfectionism and individuals with normal perfectionism characteristics. The notion that neurotic perfectionists feel inferior to normal perfectionists was also evaluated in research. A total of 123 university students, half of whom are men and half of whom are women, participated in the study. Regarding this, the participants were divided into lower and upper groups by taking into account the median of the scores they gave to the perfectionism scale, and the difference between the decency feeling levels of both groups was examined. In conclusion, it was determined that the level of feelings of inferiority of the participants who showed neurotic perfectionism traits was significantly higher than that of the individuals who showed normal perfectionism traits. In the same way, individuals have neurotic perfectionism; the neurotic perfectionism subscale of emotional distress has a size showing higher scores than participants in terms of the level properties obtained. These findings supported Adler's hypothesis that the level of inferiority feelings experienced by neurotic perfectionists differs significantly from that of normal perfectionists, and is a primary difference between normal and neurotic striving for perfection.

Ashby & Rice (2002) conducted a study based on the theoretical relationship between perfectionism's dimensions and the psychological birth order. "Non-perfectionists", "adaptive perfectionists" and "maladaptive perfectionists" show significant differences according to the psychological birth order variable. According to the Adlerian approach, the order of birth in the family is associated with personal characteristics and, in particular, with "perfectionism" and "inferiority complex". It has been observed that there is less inferiority complex in maladaptive perfectionists compared to incompatible perfectionists.

Kosaka (2008) investigated the relationship between inferiority feeling and self-oriented perfectionism in adolescence. The research was examined in four groups that were formed by clustering analysis. The groups in the study were named as low perfectionism, high concern over mistakes, high perfectionism, and high personal standards. The results of the research showed that adolescents who are high concern over mistakes have significantly more feelings of inferiority than those in the other group.

It is observed that there are a limited number of studies conducted in Turkey related to perfectionism and inferiority feeling. Bahtiyar (2019), one of these studies, examined the relationship between the characteristics of perfectionism and inferiority feeling in his study attended by 672 university students for his master's thesis. In his research, he used the F-MPS scale and when the result was examined, it was concluded that the levels of perfectionism of university students show significant differences according to gender, class level, perceived socioeconomic level, and perceived academic achievement level, but did not differ according to the number of birth order and siblings. In addition, it was concluded that there was a positive intermediate relationship between perfectionism characteristics of the students and the

feeling of inferiority of the students and that the inferiority feeling was a positive predictor of perfectionism.

Bahtiyar (2019) investigated the association between perfectionism and inferiority feeling among university students for his master's thesis. The F-MPS was employed in the study, which included 672 university students. The study discovered a positive intermediate-level association between university students' perfectionism features and inferiority feeling, and that inferiority feeling is a positive predictor of perfectionism.

Şahin (2020) investigated the function of inferiority feeling and perfectionism as mediators in the links between anxious and avoidant attachment styles and social connectedness in her PhD thesis. 390 university students participated in the study. The mediating influence of inferiority feeling and perfectionism on variables of attachment and social connection was investigated using confirmatory factor analysis and structural equation modeling. The connection between anxious attachment and maladaptive perfectionism was totally mediated by inferiority feelings, according to structural equation modeling. The association between inferiority feeling and social closeness was largely mediated by maladaptive perfectionism. Finally, adaptive perfectionism regulated the connection between avoidant attachment and social connectedness to some extent, but inferiority feeling and maladaptive perfectionism completely mediated the relationship between anxious attachment and social connectedness.

Başkurt (2020) conducted a study examining whether the levels of perfectionism differ according to various variables, and to what extent FNE and inferiority feeling predict perfectionism in her master's thesis composed of 466 university students. According to the findings, there was a substantial difference in the students'

perfectionism ratings based on the existence of a perfectionist in the family, self-perfectionist appraisal, and being rated as a perfectionist by close relatives. However, no significant difference was found between university students' perfectionism scores and gender and family income level. In addition, it was concluded that university students' FNE and inferiority feeling predicted perfectionism. The researchers came to the conclusion that inferiority feeling is a key predictor of perfectionism and makes the most significant impact.

Considering the studies examining the relationships between perfectionism and inferiority feeling in the literature, there are a limited number of studies both abroad and in Turkey. In Turkey, the feeling of inadequacy has been addressed for the last ten years. This is because the scale that addresses inferiority feeling was developed ten years ago. Therefore, there is a need for further studies on the two variables that are thought to be related. In the literature, it has been concluded that perfectionism has a significant relationship with inferiority feeling. On the other hand, there are studies that concluded that inferiority feeling predicts perfectionism.

3.4. Research on Perfectionism and Fear of Negative Evaluation

In this section, studies examining the relationships between perfectionism and FNE and studies on the predictive role of FNE on perfectionism are presented. In addition, studies dealing with perfectionism and FNE with different variables are explained in order below.

When studies involving non-clinical populations were examined in the literature, the relationships between perfectionism and SA, FNE and social evaluation were discussed. Also, concern over mistakes dimension of perfectionism is seen as a type of FNE because perfectionism is thought to equate acceptance and mistakes are seen

as a sign of failure and disapproval (Tozzi et al., 2004). Flett et al. (1996) administered a social anxiety and social skills questionnaire to undergraduate students. Perfectionism, whether self-oriented or other-oriented, has not been found to be associated to measures of social anxiety. However, it has been determined that socially prescribed perfectionism is significantly associated with social anxiety and social skills. Subjects with high levels of socially prescribed perfectionism had lower self-esteem and an FNE, as well as being more shy and lonely. These findings supplemented previous research that found an association between socially predicted perfectionism and SA (Blankstein et al., 1993; Hewitt & Flett, 1991; Laurenti et al., 2008).

According to Frost et al. (2010), examining social evaluative contexts can provide important information about perfectionism and FNE. The following study looked at perfectionism in the context of socially evaluative threat. In their study, Frost & Marten (1990) emphasized that under the threat of underestimation, participants worried about mistakes were no different from those worried about mistakes in negative impact levels. Under high evaluator threat, however, researchers have a significantly greater negative impact. High worried mistakes were evaluated as having lower writing quality than lower participants who were concerned about mistakes, and the difference in quality was not due to differences in adverse effects.

High perfectionists' FNE, according to Frost and Marten (1990), may cause a series of circumstances that result in subpar performance on activities that need for practice and feedback. They suggested that most evaluative settings, particularly those requiring writing, should be avoided by perfectionists. Namely, they were so afraid that others will judge and criticize their writing abilities that they avoid situations where others will review and critique it. As a result, people will write less frequently

and be less reluctant to accept feedback from others and writing abilities have not improved as quickly as they should.

Cowden (2005) argued that FNE, anxiety, and shyness have a strong association and play an important role in detecting perfectionists. These studies revealed that the FNE is strongly linked to maladaptive forms of perfectionism.

Shafique et al. (2017) studied the function of FNE as a mediator in the link between the characteristics of perfectionism and perceived stress. The study included 300 university students. Maladaptive perfectionism is linked to FNE and perceived stress, according to the findings. Furthermore, FNE mediates the direct relationship between maladaptive perfectionism and perceived stress. However, there was no link between adaptive perfectionism and perceived stress for FNE. In the study, it was concluded that individuals who have maladaptive perfectionism characteristics experience more stress for FNE.

Juster et al. (1996) used the Frost MPS to examine the relationship between the components of perfectionism and social phobia (fear of negative evaluation). According to the results, there were significant associations between the components of maladaptive perfectionism and FNE.

Yap et al. (2016) investigated the relationship between SA, FNE, Fear of Positive Evaluation (FPE), and Perfectionism in the Bivalent Fear of Evaluation (BFOE) model of SA. According to the findings of the 382 participants study, it has demonstrated that FPE is negatively associated with high standards but positively associated with maladaptive side of perfectionism. Also, FNE was found to be positively associated with perfectionism but not with high standards. Both of them strongly moderated the association between perfectionism and SA, which was

reinforced at high levels of FPE and FNE, which was also consistent with the BFOE model.

In a regression analysis study of university students about perfectionism and FNE in the context of academic procrastination, Canlas et al. (2016) explored that demographic variables, FNE, and other oriented and socially prescribed perfectionism were predictors of academic procrastination. Furthermore, a significant association was discovered between the socially prescribed dimension of perfectionism and the FNE.

Sunkarapalli & Agarwal (2017) investigated the relationship between FNE and perfectionism. Their research of 200 young adults concluded that there was a significant positive relationship between FNE and perfectionism. Similarly, Oviya (2019) investigated the relationship between FNE, achievement motivation, and perfectionism. A total of 100 college students enrolled the study. According to the findings of the Frost MPS study, there was a significant positive relationship between the FNE and perfectionism, as well as achievement motivation and perfectionism.

Dibartolo et al. (2008) showed that in female undergraduates, both maladaptive evaluate concerns (MEC) and Positive Achievement Striving (PAS) components of perfectionism were correlated to FNE. However, partial correlations revealed that when correcting for PAS, the MEC– FNE association remained significant, whereas the PAS– FNE correlation did not.

Hamarta (2009) conducted a study examining the relationships between problem solving, perfectionism levels and SA (FNE). The result of the research has shown that problem solving and perfectionism are important predictors of SA (FNE).

When examining the research conducted in Turkey, Köydemir (2006) investigated the relationship between FNE and perfectionism, shame, self-esteem, and perceived social skills determined by others. As a result of the study of 497 university students, FNE predicted shame positively and perceived social skills and self-esteem negatively. In addition, perceived parental control-supervision and perfectionism as determined by others were found to positively predict the FNE. In line with these findings, FNE is associated with both shame and parental control; it was concluded that there is a mediating variable between perfectionism and shame determined by others, as well as between self-esteem and shame.

Yüksel et al. (2020) examined the power of FNE and perfectionism to predict indirect shame in young and middle-adult teachers in their research. In addition to the significant prediction of indirect shame in both variables, it was concluded that FNE is a more important predictor of indirect shame than perfectionism. Furthermore, a significant relationship was found between perfectionism and FNE.

Şimşek (2018) determined that self-esteem has a full mediating role in the relationships between variables in his study of 683 high school students to examine the mediating role of self-esteem in the relations between academic procrastination behavior and perfectionism and FNE. There was significant relationship between academic procrastination behavior and FNE, perfectionism total score and its sub-dimensions, as well as academic procrastination behavior and FNE, perfectionism total score and its sub-dimensions.

Using a correlational survey model, Büyükteş (2018) explored the correlations between perfectionism, FNE, and life satisfaction, as well as the associations between these variables and demographic characteristics. According to the established

regression model, sub-dimensions of perfectionism did not predict life satisfaction, but FNE predicted life satisfaction. Furthermore, the relationship between perfectionism's sub-dimensions and FNE was investigated, and it was found that there was no relationship between perfectionism's sub-dimensions and FNE.

When the studies conducted with perfectionism and fear of negative evaluation were examined, it was concluded that there were significant relationships between the two variables. Likewise, as a result of regression studies, it was found that the FNE was a predictor of perfectionism levels.

3.5. Research on Perfectionism, Childhood Trauma, Inferiority Feeling and Fear of Negative Evaluation

When the relevant literature is examined, perfectionism has been discussed in many studies both domestic and abroad with different variables. However, the association of perfectionism with childhood trauma and inferiority feeling has become popular in recent years. Theorists, who deal with the development of perfectionism, have explained the importance of negative experiences in childhood with models. In this sense, it is important that perfectionism be explained by childhood trauma in the non-clinical population. Likewise, it is seen that there is a limited number of studies dealing with the relationship between perfectionism and inferiority feeling. While the relationship between perfectionism and FNE is a popular research topic abroad, there is a gap in the relationship between these two variables in Turkey. It is important to investigate how all these variables affect perfectionism. As a result of the literature review, no study has been found that examines the effects of childhood trauma, inferiority feeling and fear of negative evaluation on perfectionism.

CHAPTER IV

METHODOLOGY

This chapter provides the model of the research, detailed information about the participants, instrumentation, data collection process, and a brief framework for the analysis of the data.

4.1. Model of Research

The model of this quantitative research was created in accordance with the predictive correlational research to determine the predictive power of childhood trauma, inferiority feeling, and FNE in the study of levels of perfectionism in university students. Regression analysis is used to identify the relationship between two or more variables and the variation associated with that goal by using that relationship to produce predictions or estimates. In other words, it is an analysis method used to quantify the interaction between a criterion variable and one or more estimation variables. Regression analysis mainly aims to determine the nature of the relationship between variables (Tabachnick & Fidell, 2015). The purpose of this analysis is to determine the contribution of each predictive variable to the total change in the criterion variable and to estimate the criterion value from the value of the linear combination of the estimation variables (Büyüköztürk et al. 2013; Fraenkel et al. 2012). The predictive variables of this study were determined as childhood trauma, inferiority feeling and FNE, and the criterion variable was perfectionism.

4.2. Participants

The participants of the research consisted of 345 university students studying in Turkey in the 2019-2020 academic year. Associate and undergraduate students aged between 18-24 were included in the study. Convenience sampling method was

used in the research. In this method, individuals who are easy to access are selected and it adds speed and practicality to the research (Yıldırım & Şimşek, 2008). The data of the research were collected online via Google-form. The distribution of demographic variables of the participants by gender and family income level is presented in Table 1 and Table 2.

Table 1

Frequency and Percentage Values for the Gender

		n	%
Gender	Male	90	26.1
	Female	255	73.9
	Total	345	100.0

According to the distribution in Table 1, 345 university students with valid data participated in the study 26.1% (n=90) of the students are male and 73.9% (n=255) are female.

Table 2

Frequency and Percentage Values for the Family Income

		n	%
Family Income	Low	10	2.9
	Moderate	293	84.9
	High	42	12.2
	Total	345	100.0

According to the family income level in Table 2, those who reported low income level were 2.9% (n=10); those reporting a middle income level are 84.9% (n=293) and those reporting a high income level are 12.2% (n=42).

4.3. Instrumentations

In this section, information is given about the instruments used in the present study. The instruments used to collect data were determined as "Frost Multidimensional Perfectionism Scale (FMPS)", "Childhood Trauma Questionnaire (CTQ-33)", "Inferiority Feeling Scale (IFS)", "Brief Fear of Negative Evaluation Scale (BFNE)" and "Personal Information Form".

4.3.1. Personal Information Form

Demographic information of the participants was collected using the personal information form created by the researcher (Appendix-1). This form consisted of 3 question including the gender and family income level of the students and the university they studied at.

4.3.2. Frost Multidimensional Perfectionism Scale (F-MPS)

The Frost Multidimensional Perfectionism Scale (F-MPS) was developed by Frost et al. (1990) in order to make a multidimensional assessment of perfectionism. The scale, which consists of a six-factor structure, consists of 35 questions and has a Likert-type five-point structure. The F-MPS deals with the structure in 6 sub-dimensions; doubts about actions have 4 items, parental criticism has 4 items, parental expectations have 5 items, organization has 6 items, personal standards have 7 items, concern over mistakes has 9 items. In addition, the internal consistency coefficients of the original version are given in Table 3.

The first standardization of FMPS to Turkish was made by Özbay and Mısırlı-Taşdemir in 2003 with 489 high school students. In addition, the internal consistency coefficient of 35 items was found to be 0.83 for the whole group. The internal consistency coefficients (Cronbach's alpha value) of the subscales ranged from 0.63-

0.87. In this study, the version of the Turkish form of FMPS that Kağan (2011) aimed to investigate the psychometric properties of university students was used (Appendix-2). The measurement tool consists of 35 items. The scale, like the original, gives a five-point Likert type measurement and each item is scored between 1 and 5. There are no items scored inversely on the scale. The range of points to be taken from the scale varies between 1-175. Evaluation is made according to the total score of the measurement tool, and an increase in the score indicates an increase in perfectionism. The internal consistency coefficients of the adapted version are given in Table 3. The study has shown that it has a reliability level above the desired level in Turkish university students (Kağan, 2011). The internal consistency coefficients for the total and sub-dimensions of this study are given in Table 3.

Table 3

Cronbach's Alpha values for F-MPS sub-dimensions

Sub-dimensions	Cronbach's Alpha internal consistency coefficients		
	Original Scale	Adapted Version	Present Study
Concern over Mistakes	.91	.85	.88
Personal Standarts	.81	.79	.76
Parental Expectations	.82	.84	.84
Parental Criticism	.77	.72	.83
Doubts about actions	.79	.64	.81
Organization	.94	.94	.95
Total	.90	.91	.92

4.3.3. Childhood Trauma Questionnaire (CTQ-33)

The Childhood Trauma Questionnaire (CTQ) is a self-report measure created to give a reliable, valid and rapid assessment of childhood traumatic events including neglect and abuse (Bernstein et al. 1994). The scale consists of five dimensions: physical and emotional for neglect, physical, emotional and sexual for abuse. There are 28 items on the scale, five for each form of trauma. Participants use a five-point Likert scale ranging from 1 (never) to 5 (very often) to answer to each question in the context of "when you were growing up". Each trauma subscale is scored between 5 and 25. In addition, the internal consistency coefficients of the original version are given in Table 4 (Bernstein et al. 2003).

CTQ-33 was adapted into Turkish by Şar et al. in 2020 (Appendix-3). First, the scale consisting of 28 items was revised again and a new version of 33 items was added to the literature. Integration of the sub-dimension covering overprotection and overcontrol, which is known to be common in Turkish families, has been achieved. The scale is evaluated in a 5-point Likert type and consists of three questions measuring minimization. Firstly, in order to calculate the CTQ scores, the responses to positive statements should be reversed (Item No. 1, 2, 4, 5, 7, 10, 13, 19, 26, 28, 31). The sum of the scores of each sub-dimension gave the total CTQ score. The total score is between 25- 125 for the first 28-item version of the scale, and between 25- 150 for the six-part version. Emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, and overprotection-control section scores were obtained by summing up the relevant items. For denial (minimizing) scores, the answer to one of the three items must first be reversed. Minimization scores did not affect the overall score. If the highest score (5 points) was chosen for each item, the denial score was obtained by adding the 1 points given. The internal consistency

coefficients of the adapted version (Şar et al. 2020) and this study are given in Table 4.

Table 4

Cronbach's Alpha values for CTQ-33 sub-dimensions

Sub-dimensions	Cronbach's Alpha internal consistency coefficients		
	Original Version	Adapted Version	Present Study
Emotional Abuse	.94	.88	.82
Physical Abuse	.94	.81	.79
Physical Neglect	.79	.77	.82
Sexual Abuse	.92	.90	.85
Emotional Neglect	.91	.89	.84
Overprotection/control	-	.84	.82
Total	.95	.87	.74

4.3.4. Inferiority Feeling Scale (IFS)

The Inferiority Feeling Scale (IFS) was created by Akdoğan & Ceyhan (2014) to measure the inferiority feeling of university students (Appendix-4). The scale has a 5-point Likert type evaluation and it is a scale that can be scored between 20-100. Higher scores indicate that the individual's inferiority feeling increases. In addition, the scale consisted of 20 questions. The scale has three sub-dimensions as “Discouragement (8 items)”, “Negation of self value (6 items)” and “Useless superiority effort (6 items)”. In addition, the internal consistency coefficients of the original version (Akdoğan & Ceyhan, 2014) and this study are given in Table 5.

Table 5

Cronbach's Alpha values for IFS sub-dimensions

Sub-dimensions	Cronbach's Alpha internal consistency coefficients	
	Original Version	Present Study
Discouragement	.80	.83
Negation of self value	.71	.80
Useless superiority effort	.73	.76
Total	.86	.90

4.3.5. Brief Fear of Negative Evaluation Scale (BFNE)

The Brief Fear of Negative Evaluation Scale (BFNE) was developed by Leary (1983) and it is a self-report style scale. The 12-item scale has the practical benefit of simplicity, with items essentially verbatim drawn from the 30-item Fear of Negative Evaluation (FNE) Scale. It has become a regularly used tool in social anxiety research. The BFNE consists of 12 items containing expressions of fear and worrying and has a five-point likert-type rating. The scale has no sub-dimensions. The presence of fear or worry is described by eight of the twelve items, while the absence of fear or worry is described by the remaining four and it is scored in reverse. In addition, the internal consistency coefficients of the original version are given in Table 6.

The standardization of the BFNE (Appendix 5) used in this study was conducted by Çetin et al. (2010). The sample of the study consisted of 325 university students. In addition, the internal consistency coefficients of the adapted version are given in Table 6. The item analysis of the BFNE and 27% upside-down comparisons were made, and the item-total correlation value of the fourth item was found to be (-

.03) and the factor load was not at an acceptable level as a result of the factor analysis, and the fourth item was removed. As a result, the analyzes were repeated.

Accordingly, the BFNE has become an 11-item measurement tool, different from its original form (Çetin et al. 2010). In order to determine the internal consistency of the items that make up the scale for the data of this study, the Cronbach's alpha coefficient was calculated and this value was given in Table 6.

Table 6

Cronbach's Alpha values for BFNE

Cronbach's Alpha internal consistency coefficients			
	Original Scale	Adapted Version	Present Study
Total	.96	.84	.77

4.4. Data Collection Process

The authors who created and standardized the scales were contacted via email before the data gathering procedure began, and their approval was obtained (Appendix-6). Then, necessary units were contacted to conduct the research and permission was obtained from the Yeditepe University Ethics Committee.

The scales to be used in the study were converted to Google Forms on the internet in order to be delivered to the participants. The data was then collected online from the participants, including an "Informed Consent Form" and "Personal Information Form". Research data were obtained using various social media platforms between March and June 2020. The questionnaire was finished by the participants in around fifteen minutes.

4.5. Analysis of the Data

In this section, a brief summary of the steps followed in data analysis is presented. The data obtained in the research were analyzed using the SPSS (Statistical Package for Social Sciences) Windows 25.0 package program.

Firstly, In the study, Pearson Correlation was applied to examine the relationship of perfectionism with childhood trauma, inferiority feeling and fear of negative evaluation. Later, three-model hierarchical regression analysis was applied to examine perfectionism among the variables found to be associated with childhood trauma, inferiority feeling, and FNE. In addition, independent t-test analysis was performed to examine the relationship between perfectionism and gender. The significance values were taken at 0.05 and 0.01 levels in the analyzes.

CHAPTER V

RESULTS

In this section, the findings obtained as a result of the statistical analyzes selected in accordance with the problems created in line with the purpose of the research are given.

5.1. Descriptive Statistics

The minimum, maximum, mean, standard deviation values, and the findings regarding the skewness and kurtosis values for the all variables of the study were presented in Table 7.

Table 7

Descriptives

Variables	$\bar{x}$	SD	Skewness	Kurtosis	Min	Max
F-MPS	101.34	20.22	.26	.18	42	161
Concern over Mistakes	19.77	7.05	.66	.06	8	40
Personal Standarts	24.56	5.64	-.06	-.33	9	40
Parental Expectations	13.70	4.72	.27	-.58	5	25
Parental Criticism	7.94	3.56	.98	.58	4	20
Doubts about actions	10.46	3.93	.40	-.45	4	20
Organization	24.91	5.43	-1.04	.45	8	30
CTQ-33	43.96	10.65	.84	.17	30	78
Emotional Abuse	7.21	2.90	1.59	1.95	5	18
Physical Abuse*	.73	.07	2.62	6.91	1	1
Physical Neglect*	.78	.11	1.38	1.01	1	1
Sexual Abuse*	.73	.08	3.04	8.87	1	1
Emotional Neglect	9.63	3.92	.82	.09	5	23
Overprotection/control	9.83	4.00	.90	.37	5	22
IF	55.42	14.67	.21	-.39	22	96
BFNE	30.75	9.88	.35	-.34	11	55

n=345

When the mean scores in Table 7 are examined, it is seen that the skewness and kurtosis values vary between -2 and +2. However, the CTQ physical and sexual abuse, physical neglect sub-dimension scores were not found to be in accordance with the normal distribution and were recalculated by taking their logarithms to approximate the normal distribution. In the study, z scores were examined, and 35 data between -3.29 and +3.29 between sub-dimension and total scores were excluded from the study. It is seen that the kurtosis value of the CTQ physical abuse and sexual abuse sub-dimension of the people with valid data is based on approximately +8, despite taking the logarithm of the sub-dimensions. When the relevant literature is examined, it is seen that there are studies that consider the upper limit of the kurtosis value as ± 7 (Bollen, 1998). The skewness and kurtosis values of the lower dimensions of childhood trauma were considered suitable for parametric measurements. Therefore, parametric tests were used in this research.

For perfectionism has a mean score 101.34 ± 20.22 and minimum maximum values ranged between 42 and 161. When the mean scores of the perfectionism subscales are examined, it is seen that the participants give more importance to organization (24.91 ± 5.43). For childhood trauma has a mean score 43.96 ± 10.65 and minimum maximum values ranged between 30 and 78. When the mean scores of the childhood trauma subscales were examined, it was observed that the participants had higher levels of exposure to overprotection/control (9.83 ± 4.00). For inferiority feeling has a mean score 55.42 ± 14.67 and minimum maximum values ranged between 22 and 96. For fear of negative evaluation has a mean score 30.75 ± 9.88 and minimum maximum values ranged between 11 and 55.

5.2. Comparison Findings

In this study, university students' perfectionism scores were evaluated in terms of gender variable. In the comparison of perfectionism score in terms of gender, parametric measurement methods were applied by considering the homogeneity of the distribution ($n \geq 30$ within a group). Independent groups t-test was applied in paired independent groups. In the analyzes, the significance value was taken at the level of 0.01 and 0.05.

The first question of this research was “Do perfectionism scores of university students differ by gender ?” The results of the analyzes are presented in Table 8.

Tablo 8

Independent Sample T-test Finding to Gender

Variable	Gender	n	$\bar{x}$	SD	t	p
Perfectionism	Female	255	101.38	20.73	-.05	.96
	Male	90	101.24	18.84		

***p<0,01, *p<0,05*

According to the independent groups t-test findings conducted to examine the differences in the scores of perfectionism in terms of gender variable in Table 8, perfectionism total scores were found in women ($\bar{x}=101.38$; $sd=20.73$) and it was found to be in males ($\bar{x}=101.24$; $sd=18.84$) and the difference was not found to be significant ($t=-.05$; $p>0.05$).

5.3. Intercorrelations among the Study Variables

In the study, Pearson Correlation was applied to examine the relationship between university students' perfectionism levels, childhood trauma, inferiority

feeling, and fear of negative evaluation. Pearson correlation coefficients are divided into three categories: high, medium, and low.

- 1.00- 0.70 high
- 0.70- 0.30 medium
- 0.30- 0.00 low (Büyüköztürk, 2004).

Findings related to the analysis are given in Table 9. In the analyzes, the significance values were taken at 0.01 and 0.05 levels.

According to the correlation findings in Table 9, a positive medium significant correlation was found between FMPS total score and CTQ total score ($r(343)=.36$; $p<0.01$). A positive low significant correlation was found between FMPS total score, emotional abuse ($r(343)=.28$; $p<0.01$), physical abuse ($r(343)=.19$; $p<0.01$), physical neglect ($r(343)=.14$; $p<0.01$) and emotional neglect ($r(343)=.26$; $p<0.01$) scores. A positive medium significant correlation was found between FMPS total score and overprotection/control score ($r(343)=.34$; $p<0.01$). Dissimilarly, no correlation was found between sexual abuse score and FMPS total score.

A positive medium significant correlation was found FMPS total score and IFS total score ($r(343)=.67$; $p<0.01$), discouragement ($r(343)=.55$; $p<0.01$), negation of self value ($r(343) =.59$; $p<0.01$), useless superiority effort ($r(343)=.64$; $p<0.01$) scores. Finally, a positive medium significant correlation was found FMPS total score and BFNE total score ($r(343)=.57$; $p<0.01$).

Tablo 9*Pearson's Correlations Among Variables*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. FMPS	1												
2. CTQ Emotional abuse	.285**	1											
3. CTQ Physical abuse	.189**	.483**	1										
4. CTQ Physical neglect	.141**	.251**	.172**	1									
5. CTQ Emotional neglect	.263**	.603**	.337**	.430**	1								
6. CTQ Sexual abuse	-.008	.216**	.107*	.116*	.076	1							
7. CTQ Overprotection/ control	.374**	.417**	.346**	.212**	.457**	.040	1						
8. CTQ Total	.362**	.783**	.545**	.534**	.835**	.268**	.743**	1					
9. IFS Discouragement	.546**	.282**	.147**	.068	.263**	.005	.398**	.354**	1				
10. IFS Negation of self value	.590**	.382**	.211**	.125*	.327**	.034	.373**	.417**	.752**	1			
11. IFS Useless superiority effort	.640**	.239**	.084	.065	.221**	-.038	.286**	.271**	.603**	.492**	1		
12. IFS Total	.674**	.344**	.170**	.097	.310**	.002	.412**	.401**	.933**	.863**	.787**	1	
13. BFNE	.573**	.227**	.151**	.083	.237**	.001	.315**	.301**	.693**	.646**	.504**	.718**	1

*n=345, ** $p < 0,01$, * $p < 0,05$*

CTQ= Childhood Trauma Questionnaire; FMPS= Frost Multidimensional Perfectionism Scale; IFS= Inferiority Feeling Scale; BFNE= The Brief Fear of Negative Evaluation Scale

5.4. Prerequisite Analyzes for Regression Findings

In this section, prerequisite analyzes were examined before hierarchical regression analyzes that will be presented in the next section. While analyzing the data, the models provided by the SPSS program were taken into account.

First, the Variance Inflation Factor (VIF) was investigated to detect multicollinearity. VIF provides information about the relationship of one independent variable with other independent variables. If VIF is greater than or equal to 10, it is said to be multicollinearity (Tabachnick & Fidell, 2007).

Table 10

Variance Inflation Factor of the Study

Collinearity Statistics- Model 3	Tolerance	VIF
(Constant)		
CTQ Emotional abuse	.49	2.04
CTQ Physical abuse	.73	1.36
CTQ Physical neglect	.80	1.25
CTQ Emotional neglect	.51	1.96
CTQ Sexual abuse	.93	1.07
CTQ Overprotection/ control	.66	1.50
IFS Discouragement	.31	3.21
IFS Negation of self value	.37	2.67
IFS Useless superiority effort	.61	1.64
BFNE	.47	2.12

According to Table 10, the VIF values of the variables were determined between 1-10. In this case, it is understood that there is no multicollinearity.

Another prerequisite is whether or not there are outliers. If the Cook distance is greater than 1, it is considered an extreme value. In this study, the Cook distance was found to be less than 1. Eight data below the determined significance value ($p < 0.0001$) were excluded from the study.

Finally, the Durbin-Watson value of the model was found to be between 1.5 and 2.5, which is the accepted range. The value found as 1.88 showed that the created model was not subject to autocorrelation.

5.5. Hierarchical Regression Analysis for Perfectionism

Three-model hierarchical regression analysis was applied to investigate the predictive power of childhood trauma, inferiority feeling and FNE among the variables found to be related to perfectionism. The findings of the hierarchical regression analysis are presented in Table 11 and Table 12.

In this study, the independent variables were childhood trauma, inferiority feeling, and FNE, and the dependent variable was perfectionism, in the order specified in the literature. Hierarchical regression analysis was preferred because it allowed the researcher to control the development of the regression process. In hierarchical regression analysis, independent variables enter the model in the order determined by the researcher. Each independent variable is evaluated in terms of how much it contributes to the equation at the point it enters the model (Tabachnick & Fidell, 2015). The sequence in which independent variable sets were entered was specified a priori in hierarchical regression procedures (Licht, 2000). In the regression analysis, childhood trauma was included in the model in the first place, inferiority feeling was in the second place, and the FNE was included in the model last. The

order of independent variables were entered into the regression equation decided based on theory as suggested by Lewis (2007).

It has been assumed that childhood trauma will foster inferiority feeling and as a result, FNE will increase. FNE may be affected by university students who are exposed to childhood trauma and have a high sense of inadequacy. It is assumed that students who have inferiority feelings and fear of negative evaluation will compensate these feelings with their perfectionist tendencies. Therefore, hierarchical regression analysis was used in this study to examine the predictive role of FNE on perfectionism by controlling childhood trauma and inferiority feeling.

- Step 1. Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse and Overprotection/control
- Step 2. Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse and Overprotection/control, Discouragement, Negation of Self Value and Useless superiority Effort
- Step 3. Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse and Overprotection/control, Discouragement, Negation of Self Value and Useless superiority Effort, Fear of Negative Evaluation

Tablo 11*Hierarchical Regression Analysis Findings*

<i>Independent Variables</i>	<i>B</i>	<i>SE</i>	<i>β</i>	<i>t</i>	<i>p</i>	<i>r</i>
1 (Constant)	79.76	6.23		12.66	.00	
CTQ Emotional abuse	1.02	.481	.15	2.11	.03*	.28
CTQ Physical abuse	.14	.981	.01	.14	.88	.19
CTQ Physical neglect	.35	.545	.04	.64	.52	.14
CTQ Emotional neglect	.14	.358	.03	.38	.70	.26
CTQ Sexual abuse	-.85	.739	-.06	-1.15	.25	-.01
CTQ Overprotection/ control	1.48	.29	.29	5.06	<0.01**	.37
2 (Constant)	37.0	5.57		6.67	.00	
CTQ Emotional abuse	-.10	.37	-.01	-.28	.78	.28
CTQ Physical abuse	.85	.74	.05	1.15	.25	.19
CTQ Physical neglect	.52	.41	.05	1.26	.21	.14
CTQ Emotional neglect	-.13	.27	-.03	-.20	.62	.26
CTQ Sexual abuse	-.20	.56	-.01	-.35	.72	-.01
CTQ Overprotection/ control	.60	.23	.12	2.60	.01*	.37
IFS Discouragement	-.11	.18	-.03	-.60	.55	.55
IFS Negation of self value	1.39	.24	.34	5.81	<0.01**	.59
IFS Useless superiority effort	1.91	.20	.46	9.68	<0.01**	.64
3 (Constant)	35.41	5.46		6.48	.00	
CTQ Emotional abuse	.00	.36	.00	.01	.99	.28
CTQ Physical abuse	.71	.73	.04	.97	.33	.19
CTQ Physical neglect	.50	.40	.05	1.25	.21	.14
CTQ Emotional neglect	-.17	.26	-.03	-.64	.52	.26
CTQ Sexual abuse	-.20	.55	-.01	-.37	.71	-.01
CTQ Overprotection/ control	.59	.22	.12	2.60	.01*	.37
IFS Discouragement	-.37	.19	-.13	-1.95	.05*	.54
IFS Negation of self value	1.14	.24	.28	4.72	<0.01**	.59
IFS Useless superiority effort	1.80	.19	.43	9.24	<0.01**	.64
BFNE	.45	.11	.22	4.14	<0.01**	.57

*n=345, **p<0,01, *p<0,05*

CTQ= Childhood Trauma Questionnaire; FMPS= Frost Multidimensional Perfectionism Scale; IFS= Inferiority Feeling Scale; BFNE= The Brief Fear of Negative Evaluation Scale

Dependent Variable: Perfectionism

Table 12*Model Summary: Perfectionism*

Model	R	R²	Adjusted R²	SE	R² Change	F Change	p
1	.407	.166	.151	18.641	.166	11.176	.000
2	.727	.528	.516	14.078	.363	85.869	.000
3	.743	.551	.538	13.751	.023	17.144	.000

n=345

When the model is examined in Table 11, childhood trauma sub-dimensions were taken as the predictors of perfectionism. The first model created was found to be statistically significant [$F(6,338)=11.18$; $p<0.01$]. In Table 12, emotional abuse ($\beta=.15$; $p<0.05$) and overprotection/control ($\beta=.29$; $p<0.01$) positively predicted perfectionism scores in the first model. The explanatory rate of the first model was found to be 15% ($R^2= \%15$). As CTQ emotional abuse and overprotection/ control scores increase, perfectionism scores increase.

In Table 11, the model formed by the sub-dimensions of inferiority feeling in the second model was found to be statistically significant [$F(9,335)=41.69$; $p<0.01$]. According to the results in Table 12, CTQ overprotection/control ($\beta=.12$; $p<0.05$), IFS negation of self value ($\beta=.34$; $p<0.01$) and useless superiority effort ($\beta=.46$; $p<0.01$) predicts perfectionism scores positively and significantly. CTQ overprotection/ control, IFS negation of self value, and useless superiority effort scores explained the total variance by 52%. The variables added to the second model increased the explanatory power by 36.3 points. CTQ Emotional abuse lost its significance in the second model.

Fear of Negative Evaluation (BFNE) scores were added to the third model in Table 11, and the model was found to be statistically significant [$F(10,334)=41.04$;

$p < 0.01$]. According to the results in Table 12, CTQ overprotection/control ($\beta = .12$; $p < 0.05$), IFS discouragement, IFS negation of self value ($\beta = .28$; $p < 0.01$) and IFS useless superiority effort ($\beta = .43$; $p < 0.01$) and BFNE ($\beta = .22$; $p < 0.01$) predicted perfectionism scores positively and significantly. The explanatory rate of the final model was found to be 54% ($R^2 = .54$). It is seen that the FNE scores included in the third model increase the predictiveness of Perfectionism by 2.3 points. The final model continued to retain its CTQ Overprotection/control relevance. This shows that CTQ Overprotection/control is a robust variable predicting perfectionism.



CHAPTER VI

DISCUSSION

In this section, the findings on the predictive role of university students' childhood trauma, inferiority feeling, and FNE on perfectionism are discussed in light of the literature. After the findings obtained as a result of the analyzes made in line with the main and sub-purposes of the research were discussed in the light of the literature, suggestions for both researchers and practitioners, and the limitations of the study were included.

6.1.1. Discussion of Findings on the power of Childhood Trauma, Inferiortiy Feeling and Fear of Negative Evaluation to Predict Perfectionism Levels on University Students

The main purpose of the study is to examine whether childhood trauma, inferiority feeling, and FNE predict the perfectionism levels of university students. As a result of hierarchical regression analyzes, it was seen that CTQ overprotection/control, inferiority feeling and FNE were significant predictors of university students' perfectionism levels. According to this result, all these variables together predict 54% of perfectionism levels.

In the first step of hierarchical regression analysis, sub-dimensions of childhood trauma were added to the model. It was found that emotional abuse and overprotection/control from childhood trauma sub-dimensions are positive predictors of university students' levels of perfectionism. It was observed that physical abuse, physical neglect, emotional neglect, and sexual abuse, which are sub-dimensions of childhood trauma, did not significantly predict the perfectionism levels of university

students. According to this result, emotional abuse and overprotection/ control together predict 15% of perfectionism levels.

In the second step of the analysis, the sub-dimensions of the inferiority feeling scale were added to the model. According to the results of the second model, negation of self-worth and useless superiority effort are positive predictors of university students' level of perfectionism. At this stage, emotional abuse has lost its predictive power. Overprotection/control continued to be significant. According to this result, overprotection/ control, the negation of self-worth, and useless superiority effort predicted 52% of perfectionism levels. Adding these variables to the model increased the explanatory power by 36.3 points.

In the third step of the hierarchical regression analysis, the FNE was added to the model. According to the results of the third model, FNE is a positive predictor of perfectionism levels of university students. According to this result, overprotection/ control, discouragement, negation of self-worth, useless superiority effort and FNE predicted 54% of perfectionism levels. Adding these values to the model increased the explanatory power by 2.3 points. CTQ Overprotection/control did not lose significance in all three models, indicating that it is a robust variable.

The fact that the FNE significantly predicts perfectionism is in line with the theoretical background in the context of Clark & Wells' model (1985) and Heimberg et al.'s model (2010) mentioned in the literature. In addition, this result is consistent with studies showing a positive relationship between FNE and perfectionism (e.g., Canlas et al., 2016; Cowden, 2005; Dibertolo et al., 2008; Frost & Marten, 1990; Hamarta, 2009; Köydemir, 2006; Shafique et al., 2017; Yap et al., 2016; Yüksel et al., 2020). The reason for this may be that the individual believes that they cannot meet

the expectations of others and that they think that others will evaluate them negatively. When these individuals give great importance to the opinion of others in order to feel safe, if they think they do not have excellent performance, they have a fear of negative evaluation. Thus, they avoid situations where they are not perfect because they are afraid of being evaluated negatively (Frost et al., 2010).

Together with the variable of FNE added to the system, the overprotection/control dimension continues to be significant as a robust variable. As stated in the literature, the overprotection/control dimension was later integrated into childhood trauma. Therefore, this study is the first research in the literature on the predictor of the perfectionism levels of university students in the overprotection/control dimension of childhood trauma. Studies examining the relationships between overprotection/control and perfectionism, which are thought to be relevant, are consistent with the result of this research (e.g., Ayolu, 2012; Banerjee, 2005; Findlay & Watts, 1998; Foy, 1998; Stober, 1998). The reason for this may be the overprotective attitudes of the families toward their children. Individuals who grew up dependent on their families in their childhood, who could not make their own decisions independently of their families, who were brought up under the protection and control of their families, can focus on being perfect in order to meet the expectations of their families and the people around them and to establish control when they cannot control them. However, that overprotection/control significantly predicts perfectionism is in line with the theoretical background of the Perfectionism Social Disconnection Model (Hewit et al., 2017) and The Social Reaction Model of Perfectionism (Flett et al., 2002). It is consistent with these results in a study consistent with the Social Reaction Model by Frost et al. (1991), which is discussed in the literature. Considering the analysis, emotional abuse, physical abuse, physical neglect, emotional neglect and sexual abuse

did not significantly predict the perfectionism levels of university students. This finding is inconsistent with the results of limited studies examining the relationships between childhood trauma and perfectionism (e.g., Chen et al., 2019; Dobos et al., 2021; Fırat, 2021; Hewit & Flett et al., 1991; Iseman, 2020; Yılmaz, 2021). The reason for this may be that when the literature is examined, these studies examining the relationships between childhood trauma and perfectionism are based on the total score of childhood trauma.

In the third stage of the model, discouragement, which is the sub-dimension of the inferiority feeling, gained significance. Likewise, the negation of self-value, and useless superiority effort continued to predict. This result is in line with studies showing a relationship between inferiority feeling and perfectionism (e.g., Ashby & Kottman, 1996; Ashby & Rice, 2002; Bahtiyar, 2019; Başkurt, 2020; Kosaka, 2008; Şahin, 2020). Situations such as giving importance to high standards in society and expecting families to be perfect from their children can cause individuals to be exposed to pressures to exhibit high performance. For this reason, the individual may focus only on the best and not accept the mistake. Not admitting mistakes can trigger feelings of insecurity, inadequacy, and guilt. Because of all these, individuals who have inferiority feelings may humiliate their own worth and adequacy and may set high goals for himself/ herself to compensate for their feeling of inadequacy. Likewise, an individual who has been raised in an overprotective manner by the caregiver throughout their life may feel inferior to others by not being able to compensate for their sense of inadequacy and not realizing their own worth. In order to get away from this situation, they may want to reach perfection. An individual who has an inferiority feeling may set perfectionist goals for himself/herself in order to prove his/ her superiority in the social environment.

To sum up, inferiority feeling is the strongest predictor of perfectionism when the hierarchical regression analysis r-square changes are considered. The correlation results in the study also supported this finding. Based on the theoretical explanation of perfectionism, CTQ overprotection/ control dimension, inferiority feeling, and FNE predicted university students' perfectionism levels. No study was found with all these variables when the literature was examined.

6.1.2. Discussion of Findings on Relationship between Childhood Trauma, Inferiority Feeling, Fear of Negative Evaluation and Perfectionism

The secondary aim of the study is to examine the relationships between childhood trauma, inferiority feeling, FNE and perfectionism. The results of the research using Pearson Correlation analysis are presented below.

Moderately a positive significant correlation was found between the total perfectionism score and total childhood trauma score. In the perfectionism relationship of the sub-dimensions of childhood trauma, there was a low positive association with emotional abuse, physical abuse, physical neglect, and emotional neglect; it was concluded that there was a medium positive association with the overprotection/ control dimension. This result is consistent with studies in the literature that found a significant association between perfectionism and childhood trauma (e.g., Adler, 2010; Chen et al., 2019; Dobos et al., 2021; Fırat, 2021; Foy, 1998; Stober, 1998; Yıldız, 2020). No significant association was found between sexual abuse and perfectionism, which is a sub-dimension of childhood trauma. This result is compatible with the relevant literature (e.g., Yıldız, 2020; Yılmaz, 2020).

Moderately a positive significant correlation was found between the perfectionism levels of university students and their inferiority feeling. In the

perfectionism relationship of the sub-dimensions of inferiority feeling, it was concluded that there was a medium positive association with the dimensions of discouragement, the negation of self-value, and useless superiority effort. These results are consistent with studies that found a significant association between perfectionism and inferiority feeling (e.g, Ashby & Kottman, 1996; Bahtiyar, 2019; Başkurt, 2020).

Finally, a moderate positive correlation was found between the perfectionism levels of university students and FNE. This result is consistent with studies that found a significant association between perfectionism and FNE (e.g., Juster et al., 1996; Oviya, 2019; Shafique et al., 2017; Sunkarapalli & Agarwal, 2017; Şimşek, 2018; Yap et al., 2016).

6.1.3. Discussion of Findings on Perfectionism Scores According to Gender

Another purpose of this study is to examine whether the perfectionism levels of university students differ according to gender. In terms of gender variable, no significant difference was found between university students' perfectionism levels and gender, as a result of independent groups t-test in paired independent samples. This research finding is consistent with the studies in the literature (Curran & Hill, 2019; Dobos et al., 2021; Hassan et al. 2012; Kawamura et al., 2001; Sapmaz, 2006; Sarıkaya, 2018; Stoeber & Stoeber, 2009; Yıldırım & Sarıçam, 2022). However, when the literature is examined, there are also studies that show significant differences between perfectionism levels and gender. As a result of these studies, it was concluded that men are more perfectionist than women (Abuhanoglu et al., 2015; Siegle & Schuler, 2000; Macsinga & Dobrita, 2010; Yilmaz et al., 2019). The reason for this result may be due to the way the boy is brought up in the childhood life spent with the family in personality development. According to the belief in Turkish

society, men should go to university, have a good job and earn money to offer a good life to their spouses and children. He may think that he needs to set high standards for himself all his life with his male upbringing (Yıldırım & Sarıçam, 2022). However, this belief in Turkish society is changing, and the active role of women in business and family life may have led to a change in the child-rearing styles of the egalitarian structure between men and women. Families now provide their children better educational opportunities and have high expectations so that they can lead a good life regardless of gender. For this reason, women also set high standards for themselves throughout their lives. As a result, the perfectionism levels of men and women may not differ significantly in terms of gender.

6.2. Conclusion

The following results were obtained in this study, which was conducted to examine the relationship between university students' childhood trauma, inferiority feeling and FNE, and perfectionism levels.

- Women's perfectionism levels and men's perfectionism levels are not significantly different.
- There is a positive and significant relationship between university students' childhood trauma, inferiority feeling, FNE and perfectionism levels.
- CTQ Overprotection/control, discouragement, negation of self-worth, useless superiority effort and FNE scores significantly predict perfectionism.

Recommendation and limitations for researchers and practitioners working in the field of psychological health are included in the next section in line with the results obtained from the research.

6.3. Recommendations and Limitations

This section offers constraints based on study findings, recommendations for practitioners, field researchers, and limitations.

6.3.1. Recommendations for Practitioners

The results of the study showed that childhood trauma, inferiority feeling and FNE were predictors of perfectionism. This result is also compatible with the correlation analysis. It is seen that the CTQ overprotection/ control dimension has a positive contribution to the estimation of the perfectionism level of university students. Today, importance is given to family education, starting from pre-school education. For this reason, family education programs can be organized to minimize the protective and controlling attitudes of parents, which are thought to have a traumatic role on their children. School counselors can plan group counseling together with parents by identifying students with perfectionist tendencies at all levels. In addition, it can include the overprotective and protective attitudes of families in the programs (parent seminars, etc.) while dealing with neglect and abuse within preventive guidance in schools. Individual and group counseling programs for students who have had adverse childhood experiences can be developed in universities. Experts can include the concept of family attitudes while preparing resources (books, activities, etc.) for school counselors about perfectionism.

According to the results of the research, the inferiority feeling is the strongest predictor of perfectionism. In addition, supporting student clubs in universities, where students will participate in more social activities, can support students to have a more positive perception of themselves and the motivation necessary to eliminate their inadequacies. Personal development and awareness trainings for students to get to know themselves and to interpret situations from an outside perspective can be

increased. While preparing personal development work- books, which are handled by experts, information about perfectionism increases the inferiority feeling can be shared and suggestions about what can be done can be included. During the preschool and primary school period, when inferiority feelings are unhealthy, mental health professionals working at the school can plan awareness trainings for families, educators and children.

Likewise, in the research, it was concluded that the FNE is the determinant of perfectionism. In this context, psychoeducation and group counseling can be organized in order to identify students with high perfectionism and FNE in universities, so that they can feel confident and have realistic expectations. One of these psychoeducational programs may be Acceptance and Commitment therapy oriented psychoeducation programs, which have been shown to help university students reduce their fear of negative evaluation (Uğur, 2018). Psychological counseling departments at universities can organize activities in cooperation with the university to improve the social relations of students.

6.3.2. Recommendations for Field Researchers

First, when the characteristics of the sample in the study are examined and the limitations of the study are considered, the study can be repeated with the same variables with a larger participant group. In addition, the participants were selected from university students between the ages of 18-24. Studies with adult and elderly population are also needed. If a homogeneous distribution is made when considering gender variables, it may allow different inferences to be made regarding the findings.

This study examined the predictive role of university students' childhood trauma, sense of inadequacy, and fear of negative evaluation on perfectionism using

hierarchical regression analysis. As a result of the findings, it was found that independent variables were predictive of perfectionism. In this direction, path analysis or structural equation modeling studies may be useful to make predictions about which variable affects the other and how. Likewise, by examining the relationships between these variables with qualitative research techniques, more in-depth information about the perfectionism levels of university students can be obtained. Experimental studies can be included in group counseling by using Adler's Individual Psychology techniques.

This study is the first study in which all these variables are considered together. The study can be repeated by adding different variables that are thought to be related to perfectionism. When the studies on childhood trauma, inferiority feeling, FNE, and perfectionism are evaluated in Turkey, it is seen that there is not enough in quantity. Conducting longitudinal studies to better understand the causes of perfectionism may yield different results.

Gender was considered as a demographic variable in the study. The study can be repeated with other relevant variables such as age, year at university, family birth order, which is thought to be related to the inferiority feeling.

Finally, this research is one of the limited numbers of studies in determining the relationship between the sub-dimensions of childhood trauma and perfectionism. In this direction, studies can be conducted that consider perfectionism and childhood trauma as separate variables from neglect/abuse. The prevalence of childhood trauma is tried to be revealed through social surveys, but the fact that families and individuals do not report makes the situation difficult. Therefore, preventive studies and more research are needed.

6.3.3. Limitations

As with any scientific research, this study has some limitations. The number of participants in the study is limited to 345 people and the participants were reached with the convenience sampling method. For this reason, the study could not be carried out with a representative sample group. The data collection process has come to the beginning of the Covid-19 pandemic period. As of 12 March 2020, a pandemic has been declared by the World Health Organization, and universities in Turkey have been suspended. Data could not be collected face to face and a limited number of participants were reached in the digital environment. It has been observed that people experience fear, stress, and anxiety during this period of an extraordinary situation, especially with the emergence of the epidemic and the increase in the number of cases (Rajkumar et al., 2020). Due to this epidemic being the focus of people, it has caused them to leave the scales halfway or not want to answer the scale questions. In addition, the study was further constrained by an unbalanced gender distribution among the subjects. There was an accumulation in the number of women in the gender variable. All these may have brought limitations to the study.

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APPENDICES

Appendix 1: Personal Information Form

Kişisel Bilgi Formu

Değerli Katılımcı,

Bu araştırma, Yeditepe Üniversitesi Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans öğrencisi Aslıhan Küçük tarafından Dr. Öğr. Üyesi Ayşen Köse Şirin danışmanlığında tez çalışması kapsamında yürütülmektedir. Bu çalışmanın amacı üniversite öğrencilerinin çocukluk çağı travmalarının, olumsuz değerlendirilme korkusu ve yetersizlik duygusu düzeylerinin çok boyutlu mükemmelliyetçilik düzeyleri üzerindeki yordayıcı rolünü incelemektir.

Bu çalışmaya katılmak tamamen gönüllülük esasına bağlıdır. Çalışmaya katılmamayı tercih edebilirsiniz ve katıldıktan sonra, size kendinizi rahatsız hissettiren sorular olursa herhangi bir neden göstermeksizin çalışmadan çekilebilirsiniz. Bu çalışmadan elde edilecek bilgiler tamamen araştırma amacı ile kullanılacak olup üçüncü bir şahısla paylaşılmayacaktır.

Çalışmanın amacına ulaşması için sizden beklenen bütün soruları eksiksiz ve size en uygun gelen cevapları içtenlikle cevaplamanızdır.

Katkılarınız için teşekkür ederim.

1. Cinsiyetiniz:

() Kadın () Erkek () Diğer

2. Eğitim gördüğünüz üniversite hangisidir?:.....

3. Aile Gelir Düzeyiniz Nedir?

() Düşük () Orta () Yüksek

Appendix 2: Frost Multidimensional Perfectionism Scale (F-MPS)

1. Anne-babam benim için çok yüksek ölçütler belirler.	(1) (2) (3) (4) (5)
2. Düzen benim için çok önemlidir.	(1) (2) (3) (4) (5)
3. Çocukken mükemmel yapmadığım şeyler için cezalandırılmışımdır.	(1) (2) (3) (4) (5)
4. Kendim için en yüksek ölçütleri belirlemezsem ikinci sınıf bir insan haline gelebilirim.	(1) (2) (3) (4) (5)
5. Anne-babam benim hatalarımı hiçbir zaman anlamaya çalışmamıştır.	(1) (2) (3) (4) (5)
6. Yaptığım her şeyde tam anlamıyla yeterli olmak benim için önemlidir.	(1) (2) (3) (4) (5)
7. Ben tertipli bir insanım.	(1) (2) (3) (4) (5)
8. Düzenli bir insan olmaya çalışırım.	(1) (2) (3) (4) (5)
9. Okulda/işte başarısız olmam halinde insan olarak tümüyle başarısızım.	(1) (2) (3) (4) (5)
10. Bir hata yaptığımda hayal kırıklığına uğrarım.	(1) (2) (3) (4) (5)
11. Anne-babam benden her şeyin en iyisini yapmamı ister.	(1) (2) (3) (4) (5)
12. Pek çok insandan daha yüksek hedefler belirlerim.	(1) (2) (3) (4) (5)
13. İste/okulda birileri bir işi benden daha iyi yapacak olursa o zaman kendimi bütün işte başarısız olmuş gibi hissederim.	(1) (2) (3) (4) (5)
14. Kısmen başarısız olursam, bu durum tümüyle başarısız olmak kadar kötüdür.	(1) (2) (3) (4) (5)
15. Ailemde yalnızca olağanüstü performans yeterince iyi olarak kabul görür.	(1) (2) (3) (4) (5)
16. Çabalarımı bir hedefe ulaşmak için yoğunlaştırmakta çok iyiyimdir.	(1) (2) (3) (4) (5)
17. Bir şeyleri çok dikkatli yaptığım zamanlarda bile çoğu kez tam olarak doğru olmamış gibi hissederim.	(1) (2) (3) (4) (5)
18. Bir şeylerde en iyi olamamaktan nefret ederim.	(1) (2) (3) (4) (5)
19. Aşırı derecede yüksek hedeflerim vardır.	(1) (2) (3) (4) (5)
20. Anne-babam benden mükemmeli beklerler.	(1) (2) (3) (4) (5)
21. Eğer bir hata yapacak olursam insanlar muhtemelen benim hakkımda daha olumsuz düşünürler.	(1) (2) (3) (4) (5)
22. Anne-babamın beklentilerini hiçbir zaman karşılayabilmişim gibi hissetmem.	(1) (2) (3) (4) (5)
23. Bir şeyleri diğer insanlar kadar iyi yapamazsam bu benim daha değersiz bir insan olduğum anlamına gelir.	(1) (2) (3) (4) (5)
24. Diğer insanlar kendileri için bana göre çok daha düşük standartlar belirliyormuş gibi gelir.	(1) (2) (3) (4) (5)
25. Ben her zaman en iyisini yapmazsam insanlar bana saygı duymaz.	(1) (2) (3) (4) (5)
26. Anne-babamın benim geleceğime ilişkin beklentileri her zaman için benimkilerden çok daha yüksek olmuştur.	(1) (2) (3) (4) (5)
27. Düzenli (tertipli) bir insan olmaya çalışırım.	(1) (2) (3) (4) (5)
28. Yaptığım basit günlük şeyler için genellikle şüphelerim vardır.	(1) (2) (3) (4) (5)
29. Tertipli olmak benim için çok önemlidir.	(1) (2) (3) (4) (5)
30. Günlük işlerimde pek çok insana göre çok daha yüksek performans beklerim.	(1) (2) (3) (4) (5)
31. Düzenli bir insanım.	(1) (2) (3) (4) (5)
32. Bir şeyleri tekrar tekrar yaptığım için işlerimde geri kalmaya eğilimliyim.	(1) (2) (3) (4) (5)
33. Bir şeyleri 'doğru' yapmak benim için uzun zaman alır.	(1) (2) (3) (4) (5)
34. Ne kadar az hata yaparsam insanlar beni o kadar fazla sever.	(1) (2) (3) (4) (5)
35. Ailemin ölçütlerini hiçbir zaman karşılayabileceğimi gibi hissetmem.	(1) (2) (3) (4) (5)

Appendix 3: Childhood Trauma Questionnaire (CTQ-33)

Her bir madde için aşağıdaki seçeneklerden birini işaretleyiniz:

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

Çocukluğumda ya da ergenliğimde...

	Hiç Bir Zaman	Nadiren	Kimi Zaman	Sık Olarak	Çok Sık
1)Yeterli yemeğim olurdu.					
2) Gündelik bakım ve güvenliğim sağlanıyordu.					
3) Anne ya da babam kendilerine layık olmadığıı ifade ederlerdi.					
4) Fiziksel ihtiyaçlarım tam olarak karşılanırdı.					
5) Ailemde sorunlarımı paylaşabileceğim biri vardı					
6) Üst baş açısından bakımsızdım.					
7) Sevildiğimi hissediyordum.					
8) Anne ya da babam kendimden utanmama neden olurdu.					
9) Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.					
10) Ailemde değiştirmek istediğim şeyler vardı.					
11) Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu.					
12)Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.					
13) Anne ya da babam fikirlerimi önemserdi.					
14) Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi					
15) Fiziksel bakımdan hırpalanmış olduğuma inanıyorum.					
16) Çocukluğum mükemmeldi.					
17) Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.					
18)Ailemde birisi benden nefret ederdi.					
19)Ailedekiler kendilerini birbirlerine yakın hissedilerdi.					
20) Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı.					
21) Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı.					
22) Benim ailem dünyanın en iyisiydi.					
23) Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.					
24) Birisi bana cinsel tacizde bulundu.					

25) Ailemdékiler bana karşı suçlayıcıydı.					
26) İhtiyacım olduğunda beni doktora götürecektir birisi vardı.					
27) Cinsel istismara uğradığım kanısındayım.					
28) Ailem benim için bir güç ve destek kaynağı idi.					
29) Ailemdékiler yaşlılarımla ve arkadaşlarımla görüşmemi kısıtlardı.					
30) Ailemdékiler her şeye karıştırdı.					
31) Anne ve babam bir işi kendi başıma yapmama fırsat verirdi.					
32) Ailemdékiler rahat vermeyecek derecede peşimdeydiler.					
33) Anne ya da babam beni kontrol etmek için kişisel eşyalarımı benden habersiz karıştırdı.					



Appendix 4: Inferiority Feeling Scale (IFS)

Acıklama: Aşağıda bireylerin çeşitli durumlarda yaşadıkları duygu, düşünce ve davranış biçimlerini içeren ifadeler bulunmaktadır. Bu ifadeleri dikkatle okuyup, ifadedeki durumu ne sıklıkla yaşadığınızı, ifadenin karşısındaki “Her Zaman” “Sık Sık” “Ara Sıra” “Nadiren” “Hiçbir Zaman” seçeneklerinden birinin altındaki parantezin içine (X) işareti koyarak belirtiniz. Örneğin 1. maddedeki durumu sık sık yaşadığınızı düşünüyorsanız maddenin karşısındaki “Sık Sık” sütununun altındaki parantezin içine (X) işareti koyunuz.

İşaretlemeyi yaparken: olmayı istediğiniz veya doğru olduğuna inandığınız ideal durumları değil, genel yaşam biçiminizi dikkate alınız.

Lütfen her madde için sadece bir seçenek işaretleyiniz ve hiçbir maddeyi boş bırakmayınız.

	Her Zaman	Sık Sık	Ara Sıra	Nadiren	Hiçbir Zaman
1. Bir işe girmek için birilerinin beni cesaretlendirmesi gerekir.	()	()	()	()	()
2. İnsanlara sıkıcı geldiğimi düşünürüm.	()	()	()	()	()
3. Sevdiklerimin mutsuzluğundan kendimi sorumlu tutarım.	()	()	()	()	()
4. Önemsenmediğimi hissettiğim zaman öfkelenirim.	()	()	()	()	()
5. Bir işi istediğim kadar iyi yapamadığımı düşündüğümde kendime kızarım.	()	()	()	()	()
6. Yaşam bana zor gelir.	()	()	()	()	()
7. Yalnız kalmaktan için için korkarım.	()	()	()	()	()
8. Mutluluğumun tek koşulu hayattaki başarılarımdır.	()	()	()	()	()
9. Kendimi diğerlerinden üstün olmak zorunda hissederim.	()	()	()	()	()
10. Daha işe başlamadan kendi kendime başaramayacağımı söylediyim olur.	()	()	()	()	()
11. Doğruluğundan emin olsam da kabul görmeyeceğini düşündüğüm bir fikri söylememeyi tercih ederim.	()	()	()	()	()
12. Fikirlerime herkes saygı duysun isterim.	()	()	()	()	()
13. İş en iyi bilen ben olsam da ilk adımı atmak için başkalarının desteğine ihtiyaç duyarım.	()	()	()	()	()
14. Her koşulda olduğumdan daha başarılı bir insan olmak zorunda olduğumu düşünürüm.	()	()	()	()	()
15. Bir işi yapamayıp küçük düşmektense geri durmayı tercih ederim.	()	()	()	()	()
16. Başkalarının zavıf yönlerimi görmesinden rahatsız olurum.	()	()	()	()	()
17. Gerçekte doğru bulmadığım durumları/olayları, sırf yakınlarım istiyor diye onaylanmış gibi yaparım.	()	()	()	()	()
18. Zekamdan şüphe ettiğim olur.	()	()	()	()	()
19. Bir işte başarısız olduğumda kendimi ezik hissederim.	()	()	()	()	()
20. İşlerimi yeterince iyi yapamadığım duygusunu yaşarım.	()	()	()	()	()

Appendix 5: Brief Fear of Negative Evaluation Scale (BFNE)

Aşağıdaki maddeler bireyin kendisini nasıl gördüğünü belirlemeyi amaçlamaktadır. Bu maddelere kendinize uygunluk derecesine göre 1'den 5'e kadar bir puan veriniz. Maddenin size uygunluk derecesi "Hiç Uygun Değil" ise 1'i, "Uygun Değil" ise 2'yi, "Biraz Uygun" ise 3'ü, "Uygun" ise 4'ü, "Tamamen Uygun" ise 5'i işaretleyiniz. Verilen durumlarda doğru ya da yanlış yanıt vermek söz konusu değildir. Önemli olan işaretlediğiniz seçeneğin sizin gerçek düşüncenizi yansıtmasıdır. Maddeleri samimi cevaplamanız ve boş madde bırakmamanız çok önemlidir.

Katkınız için teşekkür ederim.

Maddeler	Hiç Uygun Değil (1)	Uygun Değil (2)	Biraz Uygun (3)	Uygun (4)	Tamamen Uygun (5)
1.Önemli olmadığını bilsem de başkalarının hakkımda ne düşündüğü beni endişelendirir.					
2.İnsanların benimle ilgili olumsuz izlenimleri olduğunu bilsem bile bunu umursamam.					
3.Çoğu zaman, insanların benim kusurlarımı fark edeceklerinden korkarım.					
4.Başkalarının beni onaylamayacağından korkarım.					
5.Diğer insanların bende bir kusur bulacaklarından korkarım.					
6.Diğer insanların hakkımdaki düşünceleri beni rahatsız etmez.					
7.Birileriyle konuşurken, benim hakkımda ne düşünecekleri ile ilgili endişelenirim.					
8.Genellikle başkaları üzerinde nasıl bir izlenim bıraktığımla ilgili olarak endişe duyarım.					
9.Eğer birisi benimle ilgili bir değerlendirmede bulunursa, bu beni çok fazla etkilemez.					
10.Bazen diğer insanların hakkımda ne düşündükleri ile ilgili olarak fazla endişelendiğimi düşünüyorum.					
11.Çoğunlukla yanlış bir şey yapacağım ya da söyleyeceğim diye endişelenirim.					