

PERFECTIONISM, COPING AND WELL-BEING: A
CORRELATIONAL ANALYSIS ON INDIAN UNIVERSITY
STUDENTS

A thesis submitted for the requirement of the degree of

Master of arts in psychology

Submitted By

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ABSTRACT

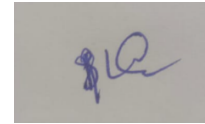
This study investigates the relationship between perfectionism, well-being and coping in Indian university students. Design of this study is cross-sectional, correlation used for analysis with a sample size of 151 participants between the ages of 18 and 30 years from a single university. Standardized instruments were used for data collection including Flett's Multidimensional Perfectionism Scale, Perceived Stress Scale (PSS-10), Scale of Positive and Negative Experience (SPANE), Satisfaction with Life Scale(SWLS) and Brief COPE. Correlational analysis indicated a positive association between SOP and adaptive coping and SPP and maladaptive coping. It also indicated that SPP is negatively associated with well-being but SOP was not associated to well-being.

Keywords: Multidimensional Perfectionism, Coping, Well-being.

CERTIFICATE

This document attests to the fact the thesis titled “Perfectionism coping and well-being: A correlational analysis on Indian University Students” was submitted in partial fulfillment of the requirements for the Master of Arts degree in Psychology at the Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala. It is valid research project carried out by the student under the supervision of Dr. Amanpreet Kaur, an assistant Professor at the Thapar School of Liberal Arts & Sciences.

Furthermore, it is verified that no other degree or diploma at this or any other institution has been obtained through the presentation of this work, in whole or in part.



(BHUMIKA KHATRI)

This certifies that, to the best of my knowledge, the student's above statement is accurate and true..



Dr. Amanpreet Kaur

Assistant Professor

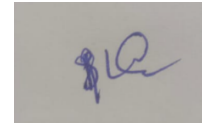
Thapar Institute of Engineering and Technology, Patiala

CANDIDATE'S DECLARATION

I thus declare that this dissertation named “Perfectionism coping and well-being: A correlational analysis on Indian University Students” submitted to the Thapar Institute of Engineering and Technology, in order to complete the prerequisites for obtaining a Master of Arts degree in Psychology, is the result of my independent study, which I carried out with Dr. Amanpreet Kaur's assistance.

Additionally, I certify that this work has never before been submitted, in whole or in part, to any other university or organization in order to receive a degree, diploma, or other academic recognition.

All information and assistance sources used in this study have been duly acknowledged..



(BHUMIKA KHATRI)

Location: Patiala

Date: May-2026

This certifies that, to the best of my knowledge, the student's aforementioned statement is accurate and true.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to all the people whose contribution and support has made the thesis possible

I am deeply indebted to my research advisor and mentor, Dr Amanpreet Kaur, whose guidance, patience and support made the work easier and completing this research achievable. It would have been difficult to get the research done on time without her accommodating me and most importantly her mentorship. I want to express my gratitude to the faculty and other staff of Department of Thapar School of Liberal Arts & Sciences at Thapar Institute of Engineering and Technology, Patiala for extending their academic and mental health assistance.

This research would not have been possible without the willingness of the participants to voluntarily give the relevant data.

I would like to express my sincere appreciation to my parents for the love, understanding, patience and always believing in my abilities to achieve anything. The role of their support cannot be emphasized enough on how much it helped in the times where I felt stuck, stressed and filled with self-doubt. I would like to extend my sincere thanks to my peers who supported me, boosted my morale and kept me motivated in my trying times.

Working on this thesis has been a journey of a roller coaster ride and it truly was worth it. I am very grateful to all the people who contributed in any way possible.

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CHAPTER 1

INTRODUCTION

It is reported that an estimated 150 million Indians suffer from at least one mental morbidity in one of the largest surveys reported (Gautham et al, 2016). There's a global rise in mental health problems and especially among youth of India, there is more need to investigate the reasons that are causing mental health problems. To get a better understanding on student well-being, we are focusing on perfectionism which is a characteristic that is increasing substantially with students in university (Curan & Hill, 2019). Also how two dimensions of perfectionism is uniquely associated with the reported well-being and coping problems. However most of the research is done in the context of individualistic cultures while our aim is to study the association of these variables in a collectivistic culture like India.

1.1 PERFECTIONISM

In psychology, perfectionism is viewed as a character trait where an individual strives for absolute flawlessness and maintains unrealistic standards for their accomplishments. This mindset is typically coupled with an inclination to be harshly critical of oneself when evaluating their own performance (Hewitt & Flett, 2002). Earlier the perfectionism was seen as single dimension and was studied accordingly but now it is considered a multidimensional characteristic and there exists a few models to understand and measure perfectionism better. Hewitt & Flett (1988) gave a multidimensional perfectionism scale which measures self-oriented, other-oriented, and socially prescribed perfectionism. This model focuses on motivations around perfectionistic behavior. Then Frost et al. (1993) analyzed his own 1990 model and Flett & Hewitt's model and found that certain dimensions represented either adaptive or maladaptive facets of perfectionism (Ram, 2005). Stoeber and Otto (2006) gave a model of perfectionism with two independent, overarching dimensions namely 'perfectionistic strivings' which contains the positive elements of perfectionism including high personal standards, striving for excellence, and self-oriented perfectionism and 'perfectionistic concerns' which captures the negative or maladaptive aspects of perfectionism like concern over mistakes, doubt about actions and socially prescribed perfectionism. Hewitt's and Flett's model of perfectionism is considered here for the study but only the dimensions SOP and SPP are relevant for studying personal outcomes like student well-being (Tan et al,2025). SOP is the tendency of putting high standards on oneself and condemn one's action inflexibly whereas SPP is the tendency that the others are imposing strict and often unreasonable standards and are these people are very unforgiving if those standards are not met (Hewitt & Flett, 1991).

1.2 STUDENT WELL-BEING

There is a lack of consensus on a universal definition of student well-being but even after all the fragmented body of work, it is generally agreed upon that well-being is a multidimensional construct. Recent reviews have identified multiple domains that are part of student well-being like positive emotions, relationships, engagement, accomplishments etc (Hossain et al., 2023). The two philosophies through which student well-being has mostly been understood are the hedonic perspective which defines well-being as “feeling good” (Diener, 1984) and eudaimonic perspective which focuses on “functioning well” and reaching one’s potential (Ryff, 1989). For a more holistic approach of studying well-being, various indicators can be considered to get a more holistic idea on student well-being. This includes perceived stress which indicates to a degree which students think their life situation is stressful or not (Cohen,1988). Life satisfaction which indicates how much students think their lives are fulfilling or not (Diener et al., 1985). Positive and negative affect which indicates the student’s experience of both pleasant and unpleasant emotions (Diener et al., 2010). Increased life satisfaction and positive affect, and decreased stress and negative affect will be a good signal of student well-being if we use these indicators to measure it.

1.3 COPING

Coping strategies are the thoughts and behaviors previously dealt with the demands of internal as well as external circumstances that are deemed stressful (Folkman & Moskowitz, 2004). In contrast, "defense mechanisms" are either unconscious or subconscious adaptive responses that both aim to reduce or tolerate stress, this phrase refers especially to the deliberate and voluntary mobilization of actions (Venner, 1988). A variety of covert actions are included in coping strategies like humor, venting, and substance abuse which can be categorized on the basis of their function and purposes . The common categories are mainly problem -focused coping (addressing the stressor directly), emotion -focused coping (reducing negative emotions associated with the

problem) and avoidance coping (avoiding the stressor entirely) (Lazarus & Folkman, 1984). Researchers in general acknowledge that it is difficult to provide clear categorizations for individual coping strategies. One example is the use of religion, which, depending on its intended use, can be categorized in all three of the coping strategies (Paragament, 1997). It is also noteworthy that coping mechanisms are neither always maladaptive nor always adaptive. A coping strategy's effectiveness is influenced by both contextual and individual factors (Lazarus and Folkman, 1984). Although this makes it challenging to study coping, according to research certain coping mechanisms tend to produce better results than others when studied as general tendencies. It has been discovered that in generally tendency to employ problem-focused coping is linked to positive student wellbeing and emotion-focused coping is associated with poor student well-being (Agbaria & Mokh, 2022; Gustes-Carnicer et al.,2019).

CHAPTER 2

LITERATURE REVIEW

There is vast research on Perfectionism and other variables and some of those variables are coping and well-being. Findings from these studies will give us some idea on how these variables correlate and get some direction on what hypotheses could be derived and maybe even the direction

2.1 PERFECTIONISM AND COPING

- Stoeber and Janssen (2011), conducted a research on perfectionism and coping with daily failures. They differentiated between perfectionistic strivings and perfectionistic concerns and SOP and SPP were used as key indicators respectively. They recruited a sample of 149 students from the student body of a single University and asked them to report daily on their failures and how they cope with it. It was found that the students scoring higher in facets like SOP showed more positive outcomes and adaptive behaviors on the other hand students scoring higher in facets like SPP were a predictor of maladaptive coping, specifically self-blame and avoidant coping and less use of adaptive coping like active coping and acceptance.
- Rice and Lapsley (2001) did an investigation on the relationships between perfectionism, coping strategies, and personal emotional adjustment in college students. 204 University students from North America participated in the study. Researchers did a cluster analysis in order to divide the participants into three distinct groups on the basis of their perfectionism scores, mainly into adaptive perfectionists, maladaptive perfectionists and non-perfectionists. Maladaptive perfectionists showed poorer emotional adjustments than adaptive and non-perfectionists. Adaptive perfectionists relied the most on problem focused coping and least on dysfunctional coping strategies. On the other hand maladaptive perfectionists relied mostly on dysfunctional coping.

2.2 PERFECTIONISM AND WELL-BEING

- A research by Stoeber et al. (2020) examined relationship between Perfectionism and subjective well-being and compassion for others and self as a meditating factor. A sample of 311 college students was collected and it was found that compassion especially self-compassion were found to be positive predictors of subjective well-being. So the SOP has negative indirect effect on subjective well-being because of its link to low self-compassion but it also has a positive indirect effect on subjective well-being because of it being linked to higher compassion for the others. SPP negatively predicted social well-being because of low self-compassion and low compassion for others.
- A research conducted was in India by Anand & Nagle (2016) on a sample of 281 college students from six different cities from six different states, investigating the relationship between SOP and SPP with six dimensions of psychological well-being. SOP showed a very significant positive correlation with all the six dimensions of well-being but SPP emerged as the most significant and potent negative factor.
- A study conducted in Jakarta, Indonesia by Aryani & Koesma (2020) with a sample size of 389 first year university students investigating the dimensions of perfectionism with psychological well-being with stress as a mediator found that the SPP showed a significant negative role in psychological well-being and stress was a perfect mediator which means SPP reduces well-being because it increases stress. SOP showed a significant positive relation with psychological well-being but stress was not a mediator so SOP did not significantly predict the higher level of stress.

2.3 IN THE CONTEXT OF COLLECTIVIST CULTURE

- Trotter (2011) specifically studied the relationship between perfectionism, coping, adjustment and achievement in Taiwanese culture by surveying 225 Taiwanese undergraduate students and checked how it differs from individualist cultures like America. One of the central findings of this research that the models of perfectionism and coping which has gotten empirical support in American samples, specifically European American samples were not supported in Taiwanese sample. Collectivist coping styles inventory (CCS) was used identifying five distinct factors namely Acceptance, Reframing, and Striving (ARS), Family Support (FS), Religion and Spirituality (RS), Avoidance and Detachment (AD) and Private Emotional Outlets (PEO) instead of western models which often look at active vs avoidant styles. Almost Perfect Scale – Revised (APS-R) was used and it was found that high personal standards (adaptive perfectionism) was predictor of the use of ARS coping strategies. This specific coping strategy is linked to improved psychological well-being. Meanwhile high discrepancy (maladaptive perfectionism) was a predictor of the use of AD coping strategies which subsequently led to impaired psychological well-being. The high sense of discrepancy is often rooted in the fear of failing parental expectations. It is also important to note that perfectionism in Taiwan is influenced by the fact that for people there, education is characterized as a moral need to perfect the self and the “self” in collectivist cultures is communal and interdependent. Discrepancy is particularly damaging to the well-being because it represents a failure to fulfil one’s duty to the family.
- Eun et al (2020) investigated how multidimensional perfectionism and academic resilience influence subjective well-being. The study was conducted on 245 Korean undergraduate students. While socially prescribed perfectionism was a significant negative predictor of subjective well-being, self-oriented perfectionism did not show any statistically significant correlation with well-being. The author also noted that compared

to students in countries like US, Korean undergraduate students faced higher levels of academic and employment stress, as well as financial burdens that could lead to lower subjective well-being.

- A study was done on 273 Taiwanese college students by Wang, Stanley and Rice (2006) which identified key relationships between perfectionist types, psychological well-being, and achievement motivation. The researchers identified four perfectionist clusters where typically USA typically identified three groups mainly, adaptive perfectionists (high standards and low discrepancy), maladaptive perfectionists (high standards and high discrepancy) and non-perfectionists (low standards and low discrepancy). The fourth group that was discovered comprised of one-third of the participants which was the largest cluster of all. These students reported setting relatively low standards but still felt like they were not meeting standards which is paradoxical. This fourth group exhibited poorer well-being similar to maladaptive perfectionists meanwhile adaptive and non-perfectionists had better outcomes in terms of well-being. Likely cause of this result is due to the students feel obligated to honor their parents and family over their own wishes in Taiwanese culture and failure to meet those expectations is met with shame which affects the well-being heavily. One more notable finding of this study is that there is a significant positive correlation between high standards and discrepancy whereas in US studies, these variables were often found to be independent. This suggests that for these students, discrepancy may be closely tied to how high they set their standards.

CHAPTER 3

PRESENT RESEARCH

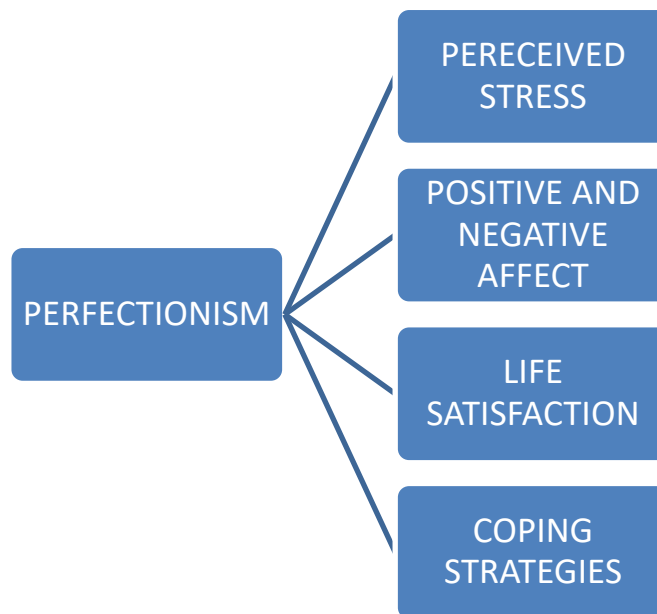
3.1 PRESENT RESEARCH

Much of the studies on perfectionism, well-being and coping, especially in the context of university students are done in the context of individualistic cultures especially on American population. Recently researchers tried to understand the relationship between the variables in the context of collectivist cultures and have used different models and approaches to study it. Because of how recent these studies are, they need to be replicated in order to validate the findings of this study further. The main aim of this research is to find the relationship between perfectionism, well-being and coping in a collectivist culture, specifically in the Indian context by trying to replicate one such study done by Tan, Hill and Madigan (2026) on perfectionism, well-being and coping among Filipino university students. Although the data is collected in a similar manner using the same questionnaires, which takes in account of the collectivistic culture, the data analysis was done differently. 2*2 model of perfectionism was not studied and only correlation between the variables was determined and only a cross-sectional study was conducted.

3.2 AIM

The current study aims to investigate the relationship between perfectionism, coping and well-being in the university students in the context of a collectivist culture like India.

3.3 CONCEPTUAL MODEL



3.4 HYPOTHESES

H1: Self-Oriented Perfectionism (SOP) will have a significant positive correlation with mature coping strategies.

H2: Socially Prescribes Perfectionism (SPP) will have a significant positive correlation with immature coping strategies.

H3: Socially Prescribed Perfectionism (SPP) will be negatively associated with well-being

H4: Self-Oriented Perfectionism (SOP) will be positively associated with indicators of positive well-being.

CHAPTER 4

METHODOLOGY

This section is dedicated towards methods and procedures used to measure perfectionism, well-being (perceived stress, affect and life satisfaction) and coping (social support, active coping, substance abuse, avoidance coping, religion, humor, denial, positive cognitive restructuring and venting) and measure the relationship between them in the context of Indian university students.

4.1 Research design

The design of this study is quantitative, correlational and cross-sectional. This particular research design makes it possible for us to collect objective and numeric data with the help of standardized questionnaires, making analysis easy on any software that is equipped to do statistical calculations like SPSS.

4.2 Participants

A google form of the survey questionnaire was circulated online so the selection of participants was done using convenient sampling. All the participants are from Thapar Institute of Engineering and Technology and total of 151 students participated in the study out of which 42 were males and 109 were females and between the ages 18 and 30 of age.

4.3 Data collection tools

Standardized questionnaires were used to collect the data.

1. Multidimensional Perfectionism

Hewitt & Flett's multidimensional perfectionism scale (1991) which consists of 45 items, evaluates self-oriented perfectionism (i.e., setting extremely unrealistic standards on oneself), other oriented perfectionism (i.e. setting extremely unrealistic standards on others) and socially prescribed perfectionism (i.e., the perception that others set unrealistic standards on them). A smaller version of the scale is used in this study which is developed by Cox et al. (2002). The scale contains 10 items out of which SOP contains 5 items. It contains 10 items, five items for the SOP subscale (e.g., "One of my goals is to be perfect in everything I do") and five items under the SPP subscale (e.g., "People expect nothing less than perfection from me"). The responses are measured on a 7-point Likert scale from 1 (not at all agree) to 7 (totally agree). This brief version of scale showed excellent psychometric properties, even better than the original version of the scale in terms of internal reliabilities and construct validity.

2. Perceived Stress

The Perceived Stress Scale (PSS-10) is a 10 item scale (e.g., In the last month, how often have you felt that you were unable to control the important things in your life?). The responses are measured on a 5-point Likert scale from 0 (never) to 4 (very often). A review conducted by Lee (2012) on all the studies that reported the PSS's psychometric properties and it was found that the PSS-10's psychometric properties was the superior of all the versions with good internal reliabilities with Cronbach's $\alpha = .84$ and $.89$. Studies with sample consisting mainly university students had acceptable test-retest reliabilities with $r = 0.72$ to 0.88 within the range of 1 and 4 weeks with the studies consisting various diverse groups like full-time teachers, medical students and patients.

3. Positive and Negative Affect

Diener (2010) came up with a scale called “The Scale of Positive and Negative Experience” in order to measure positive and negative affect (Diener et al., 2010). It consists of 12 items out of which six items come under the subscale of positive feelings (e.g., “Contented”) and the other six items under the subscale of negative feelings (e.g., “Anxious”). The responses were measured on a 5-point Likert scale from 1 (very rarely or never) to 5 (very often or always). According to the authors of the scale, the subscales have strong factor structures, good internal reliabilities, and acceptable 1-month test-retest reliabilities among the university student sample. The validity of the scale was further demonstrated by the strong correlations between the subscales and other measures of well-being.

4. Life satisfaction

The Satisfaction with Life Scale (Diener et al., 1985) evaluates life satisfaction. There are five items in it (e.g., “In most ways my life is close to my ideal.”). A 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), was used to gauge responses to the question, “In most ways my life is close to my ideal.”. The authors presented evidence of a single factor structure that established validity with moderate to strong intercorrelations with other wellbeing measures and showed good internal reliability and two-month test-retest reliability among university students.

5. Coping

Carver's (1997) Brief COPE assesses fourteen coping mechanisms (e.g., planning, venting, and reliance) with a 4-point Likert scale, ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot), is used to measure responses to the 28 items, two for each subscale and coping strategy. The author suggested using the instrument in a sample-dependent manner even though the multidimensionality and psychometric qualities of the tool were found to be supported. But Tan et al (2026) performed exploratory factor analyses (EFA) and subscales were categorized

based on that. In the end they came up with a nine factor scale with 26 items. Those nine factors/coping strategies were social support, active coping, substance use, avoidance coping, religion, humor, denial, positive cognitive restructuring and venting. All factors displayed acceptable internal reliabilities, with the exception of the Cronbach's α for venting ($\alpha = .62$).

4.4 Procedure

The study was conducted mainly on the university students mainly from one University in Punjab. Participants from all the departments and education level were included. Introduction about the topic, the instructions and consent form were included in the Google form along with the questionnaire. The instructions that were provided in the form were:

- There are no wrong answers, they have to choose between the options they found most relatable
- The information gathered would be kept confidential and utilized exclusively for research.
- They are free to leave the study at any time; their involvement is completely voluntary.

It took them fifteen to twenty minutes to finish the Google form. Correlation analysis was performed on the data using SPSS software version 25 and Microsoft Excel.

4.5 Data analysis

Microsoft excel and SPSS version 25 were used for performing statistical analysis and in order to examine the association between the variables Pearson correlation was employed.

CHAPTER 5

RESULTS

In this section we will be discussing the results observed from analyzing all the data. The methods used are descriptive statistics and correlational matrix.

DESCRIPTIVE STATISTICS

Table 1: Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
SOP	151	6	35	26.21	5.193
SPP	151	8	33	22.58	5.850
PSS	151	9	36	22.68	5.952
SPANE-P	151	9	30	20.56	4.036
SPANE-N	151	9	28	17.93	4.227
SUBSTANCE ABUSE	151	2	6	2.96	1.432
DENIAL	151	2	6	3.35	1.471
VENTING	151	2	6	4.54	1.199
POSITIVE					
COGNITIVE	151	6	12	10.13	1.698
RESTRUCTURING					
HUMOR	151	1	6	4.17	1.544
RELIGION	151	2	6	4.06	1.588
AVOIDANCE COPING	151	4	12	8.68	2.453
ACTIVE COPING	151	4	12	10.13	1.930
SWLFS	151	5	33	18.89	6.291
SOCIAL SUPPORT	151	4	12	9.36	2.177
Valid N (listwise)	151				

Table 1 shows the values of descriptive statistical analysis. The greatest differences among participants are found in their Satisfaction with Life (SWLFS), which has the highest standard deviation at 6.291 and a broad range of scores from 5 to 33. Perceived Stress (PSS) also shows high variability (5.952), indicating that participants experience and report stress levels very

differently. Both Socially Prescribed Perfectionism (SPP) and Self-Oriented Perfectionism (SOP) show somewhat of a moderate variability, with standard deviations of 5.850 and 5.193 respectively. In contrast, specific behavioral responses to stress show much less variation. Venting has the lowest overall variability (1.199), followed by Substance Abuse (1.432) and Denial (1.471), because of the scale's narrow range (typically 2 to 6), the low standard deviations indicate that participants are more similar in how they report these particular coping mechanisms

CORRELATION

Table 2: Correlation Table

	SOP	SPP	PSS	SPANE-P	SPANE-N	SWLFS	SOCIAL SUPPORT	ACTIVE COPING	SUBSTANCE ABUSE	AVOIDANCE COPING	RELIGION	HUMOR	DENIAL	POSITIVE COGNITIVE RESTRUCTURING	VENTING
SOP	1														
SPP	.341**	1													
PSS	.069	.345**	1												
SPANE-P	.061	-.256**	-.618**	1											
SPANE-N	.035	.254**	.695**	-.616**	1										
SWLFS	.043	-.293**	-.483**	.556**	-.501**	1									
SOCIAL SUPPORT	-.061	.068	.088	.097	.014	.135	1								
ACTIVE COPING	.183	-.191	-.186	.218**	-.136	.219**	.156	1							
SUBSTANCE ABUSE	-.080	.104	-.045	.000	.003	.078	.218**	.016	1						
AVOIDANCE COPING	-.046	.383**	.413**	-.394**	.430**	-.364**	.213**	-.220**	.353**	1					
RELIGION	-.037	-.140	-.181*	.208	-.177*	.236**	.136	.232**	.274**	.048	1				
HUMOR	.119	.125	.112	-.063	.107	-.069	.049	-.007	.314**	.293**	.004	1			
DENIAL	-.079	.218**	.065	-.020	.121	.065	.258**	.036	.507**	.423**	.316**	.282**	1		
POSITIVE COGNITIVE RESTRUCTURING	.147	-.060	-.160	.204	-.117	.135	.134	.557**	-.023	-.066	.267**	.165	.108	1	
VENTING	.068	.203	.232**	-.090	.231**	-.126	.387**	.144	.207	.398**	.221**	.238**	.369**	.160	1

** . Correlation is significant at the 0.01 level.

* . Correlation is significant at the 0.05 level.

Table no.2 showing the correlation values.

To examine the relationship between the variables, Pearson product correlation was calculated.

The subscale SOP showed a strong positive correlation with SPP with high statistical significance ($r=.341$, $p<0.01$). The perceived stress showed a strong positive correlation with SPP with a high statistical significance ($r=.345$, $p<0.01$). SPANE-P/positive affect showed a substantial negative correlation with SPP with a high statistical significance ($r=-.256$, $p<0.01$). SPANE-N/negative affect showed a substantial positive correlation with SPP with a high statistical significance ($r=.254$, $p<0.01$). Satisfaction with life scale showed a substantial negative correlation with SPP with a high statistical significance ($r=-.293$, $p<0.01$). This indicates that our H3 (Socially Prescribed Perfectionism (SPP) will be negatively associated with well-being) is accepted.

Perceived stress, positive affect, negative affect and satisfaction with life scale did not show any

correlation with SPP. This indicates that our H4b (Self-Oriented Perfectionism (SOP) will not be associated with well-being.) is accepted. Active coping showed a positive correlation with SOP with a good statistical significance ($r=.183, p<0.05$). Humor and positive cognitive restructuring also showed a positive correlation with r values of .119 and .147 respectively although the statistical significance was very low. Rest of the subscales (social support, substance abuse, avoidance coping, religion, denial and venting) showed very weak correlation with very poor level of significance with SPP. This indicates that our H1 (Self-Oriented Perfectionism (SOP) will have a significant positive correlation with mature coping strategies.) is accepted.

Active coping showed a negative correlation with SPP with a good statistical significance ($r=-.191, p<0.05$). Avoidance coping showed a strong positive correlation with SPP with a high statistical significance ($r=.383, p<0.01$). Denial showed a strong positive correlation with SPP with a high statistical significance ($r=.218, p<0.01$). Venting showed a positive correlation with SPP with a good statistical significance ($r=-.203, p<0.05$). Substance abuse showed a positive correlation with SPP but with a weak level of significance with r value of .104. Religion showed a negative correlation with SPP with a weak level of significance with r value of .140. Humor showed a positive correlation with SPP but with a weak level of significance with r value of .125. Rest of the subscales (social support and positive cognitive restructuring) showed very weak correlation with very poor level of significance with SPP. This indicates that our H2 (Socially Prescribes Perfectionism (SPP) will have a significant positive correlation with immature coping strategies.) is accepted.

SOP and SPP showed a substantial positive correlation with each other with a very high level of significance ($r=.341, p<0.01$)

CHAPTER 6

DISCUSSION

The purpose of this study was to investigate the connection between perfectionism, well-being and coping. It was hypothesized that SPP would have a negative correlation with well-being (perceived stress, affect and life satisfaction). It was found SPP showed a positive correlation with perceived stress and negative affect and a negative correlation with perceived stress and positive affect. That means there is a negative correlation between SPP and well-being. These results are consistent with the findings of the previous literature (Stoeber et al., 2020; Anand & Nagle, 2016; Aryani & Koesma, 2018; Eun et al., 2020; Wang et al., 2006). It was hypothesized would have positive correlation with well-being. Our results indicated that there is no correlation between SOP, perceived stress, affect and life satisfaction which means SOP does not have any correlation with well-being, rejecting our hypothesis (Eun et al., 2020). The study by Aryani & Koesma (2020) found positive association between SOP and well-being but no correlation with stress which is one of the variables we studied under well-being. The research by Stoeber et al. (2020) also found people with high SOP showed high compassion for others whereas low compassion for themselves. Self-compassion and compassion for others were a strong predictor of well-being so lack of self-compassion and more compassion for others makes it complicated to predict overall well-being when it comes to SOP.

It was hypothesized that SOP would have a positive correlation with mature coping strategies. We found that active coping, humor and positive cognitive restructuring showed some positive correlation with active coping have a good significance level. Other coping strategies showed almost no correlation with SOP. It was also hypothesized that SPP would have significant correlation with immature coping strategies. Active coping showed a negative correlation with

SPP meanwhile avoidance coping, denial, venting and substance abuse showed a positive correlation with enough magnitude and level of significance. Substance abuse, religion and humor also showed a positive correlation with SPP with weak level of significance. Rest of the coping strategies showed almost no correlation with SPP. Which means SPP has a positive correlation with maladaptive coping. Both the hypotheses were accepted and corroborated by recent published literature (Stoeber & Janssen,2011; Tan et al., 2026).

There's a strong positive correlation between SPP and SOP which is worth noting although not a part of the objectives of the research.

CHAPTER 7

CONCLUSION & FUTURE DIRECTIONS

7.1 CONCLUSION

The findings of this study helped provide an insight on the relationship of perfectionism with well-being and coping specifically in the context of Indian university students. The findings of this study helped us understand how previous researches on the relationship of these variables played out and we found some insight on how similar or different the findings were compared to previous research. This thesis was not focused on some novel idea but to further the existing research on these variables which is very recent and needs more replication and data from different samples from collectivist cultures which is important since majority of the world population comes under this category. One finding of the previous research was not validated and this calls for further research on it.

7.2 IMPLICATIONS

This study has a theoretical implication on how perfectionism interact with coping and well-being. Since the findings for the relationship between SOP and well-being was not validated, this will

direct researchers to study further on this discrepancy.

7.3 LIMITATIONS

- The design of this study was cross-sectional which is inadequate when understanding long term relationship between these variables.
- All the data were gathered using self-reported measures which are susceptible to response biases like social desirability
- The study has limited generalizability since the sample was not random, predominately female and recruited mostly from the population of single university campus limiting how well these findings are applicable to broader population.
- Well-being was studied using specific indicators like stress and life satisfaction which are the facets of hedonic well-being and other relevant facets like school engagement and academic efficacy which comes under eudaimonic well-being are not studied.

7.4 FUTURE DIRECTION

Future studies can focus on understanding why SOP has such mixed relationship between well-being. Moreover longitudinal research can be done with more objective measurements like informant ratings to verify these self-reported results. A more holistic approach can be used to measure well-being which includes eudaimonic well-being as well.

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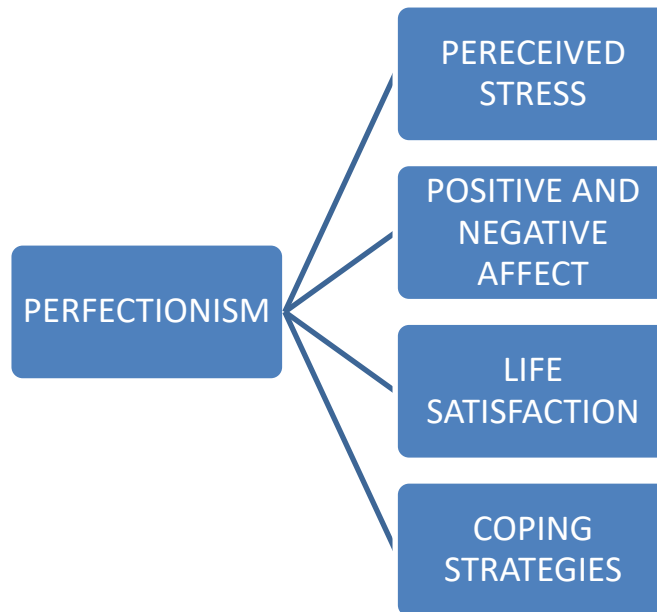
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APPENDIX

APPENDIX A. MODELS

The conceptual model of relationship of perfectionism with coping and well-being



APPENDIX B. CONSENT FORM

Hello, my name is Bhumika, and I am a final-year Master's student in Psychology at Thapar University, Patiala. I am conducting research for my dissertation on coping and well being

You are invited to participate in this study and your participation is completely voluntary, and you may choose to withdraw or leave the form at any time if you feel uncomfortable. This questionnaire contains 6 sections and would take 15-20 minutes to fill out.

You can contact me if you have any queries about the form. My e-mail address is [REDACTED]

*

Informed Consent: You voluntarily agree to participate in this research study.

Your responses will be kept anonymous and confidential. You can withdraw at any point before submitting the form. Your responses will be used solely for academic and research purposes.

I have read and understood the information provided and would like to continue with this

