

“It Was the Best of Times, It Was the Worst of Times”: A Qualitative Investigation of
Perfectionism and Drinking Narratives in Undergraduate Students

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Abstract

Perfectionism is a trans-diagnostic risk factor for mental health and interpersonal difficulties, but research on perfectionism and alcohol use in emerging adults remains equivocal. Qualitative research methods are under-utilized in this area and inductive analysis of drinking narratives in undergraduate perfectionists may help clarify conflicting results and support novel approaches to quantitative inquiry in this area. We interviewed twenty undergraduates high in perfectionism (six adaptive perfectionists and fourteen maladaptive perfectionists) using a narrative interview, with analyses focusing on a situation involving alcohol use. We coded interviews for emergent themes using thematic analysis. Five themes emerged: 1) drinking as a social experience, 2) suffering consequences, 3) learning from alcohol, and 4) alcohol use as escapism, and 5) reluctance and moderation. Our results add to existing literature by highlighting the interpersonal conflict perfectionistic people experience in relation to alcohol use during emerging adulthood. Results also suggest perfectionistic people may use alcohol and intoxication as a way to facilitate a “release” from unpleasant situations or emotions. Perfectionists reported both positive and negative experiences, which lends support for using a narrative perspective to help overcome pre-existing assumptions about adaptive and maladaptive qualities of perfectionism.

Keywords: qualitative; thematic analysis; undergraduates; perfectionism; alcohol use

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Perfectionism is generally regarded as a personality disposition involving striving for flawlessness, setting unreasonably high standards for performance, and critically evaluating one’s self for perceived shortcomings (Stoeber, in press). It is considered a trans-diagnostic vulnerability factor for psychological difficulties such as depression (McGrath et al., 2012), eating disorders (Bardone-Cone et al., 2007), and interpersonal problems (Mackinnon et al., 2012). Despite robust associations with mental health and adjustment, research on perfectionism and alcohol use is sparse and notable gaps remain.

Although models of perfectionism abound, research supports both adaptive and maladaptive forms of this trait (Bieling, Israeli, & Antony, 2004; Enns, Cox, & Clara, 2002; Rice & Ashby, 2007; Stoeber & Otto, 2006). Adaptive perfectionism describes people who strive toward lofty personal standards, while maladaptive perfectionism describes people who strive toward high standards but harshly and critically evaluate their performance (Rice & Ashby, 2007). Alternative conceptualizations consider perfectionism as multidimensional and composed of intrapersonal and interpersonal components. *Perfectionistic strivings* involves setting excessively high standards for oneself and striving relentlessly to meet those standards, whereas *perfectionistic concerns* involves a concern about meeting others’ lofty expectations, being overly concerned about making mistakes, and doubting one’s own performance abilities (Blankstein & Dunkley, 2002). Perfectionistic strivings and perfectionistic concerns are largely considered adaptive and maladaptive, respectively (Stoeber & Otto, 2006).

Existing literature on perfectionism and alcohol use

Research using first-year undergraduate students ($n = 242$) suggested perfectionism might be protective of alcohol use, with people high in perfectionism drinking less frequently than their

peers (Pritchard, Wilson, & Yamnitz, 2007). Similar research by Flett et al. (2008) involved dividing a group of first-year undergraduates ($n = 207$) into three groups based on how frequently they reported binge drinking. This study showed levels of self-oriented perfectionism (i.e., demanding perfection of oneself) was highest in non-binge drinkers, compared to binge drinkers, while other forms of perfectionism such as other-oriented perfectionism (i.e., demanding perfection of others) and socially prescribed perfectionism (i.e., the perception that others are demanding perfection of oneself) showed few, if any, differences between groups (Flett et al., 2008). Based on these findings, the authors suggested, “the pursuit of extreme standards of personal perfection is incompatible with binge drinking” (Flett et al., 2008: p. 249). However, higher levels of parental criticism were noted for binge drinkers in this study, suggesting a role for perfectionism and social context in drinking behaviour.

More recent research suggests perfectionistic people may drink less often, yet still use alcohol in problematic ways. In a large sample of undergraduate students ($n = 354$), maladaptive forms of perfectionism (e.g., socially prescribed perfectionism) was associated with a propensity to use alcohol to cope with negative emotions—especially during periods of high stress (Rice & Van Arsdale, 2010). Subsequent longitudinal research in a sample of undergraduate women ($n = 406$) showed similar findings (Bardone-Cone, Brownstone, Higgins, Harney, & Fitzimmons-Craft, 2012). Other research points toward the role of interpersonal problems in creating problematic drinking patterns. For example, a cross-sectional study using 216 undergraduate students suggested people with perfectionistic attitudes marked by self-criticism drink to escape from feelings of social disconnection and isolation, which puts them at risk for depressed mood (Sherry et al., 2012).

Research in this area shows counter-intuitive findings. Maladaptive perfectionists show increased stress and propensity to use alcohol to cope with negative emotions, and yet they

seemingly show no greater risk for alcohol-related problems compared to people low in perfectionism (Rice & Van Arsdale, 2010). Such findings are challenging to interpret and may indicate important, yet untested, factors are involved in these associations.

A need for methodological diversity

To date, research on perfectionism and alcohol use has relied largely on quantitative analysis of self-report questionnaires. While quantitative studies and questionnaire data are useful tools for scientific inquiry, these methodologies have limitations. Questionnaires rely on pre-existing frames of reference (e.g., drinking motives, perceived stress) to provide testable hypotheses, which could leave important features of a phenomena overlooked. Quantitative analysis of drinking frequency or quantity often shows a weak or ambiguous association with perfectionism (Flett et al., 2008; Prichard et al., 2007; Sherry et al., 2012), but such approaches prioritize estimation of averaged population parameters over a more holistic understanding of people's individual lived experience. Others have also noted a tendency of quantitative research to perpetuate an existing frame of reference, such as focusing exclusively on negative aspects of perfectionism (Hill, Witcher, Gotwals, & Leyland, 2015; Slaney & Ashby, 1996) or over-emphasizing adaptive qualities (Blasberg, Hewitt, Flett, Sherry, & Chang, 2016).

Qualitative methods could help address these limitations, fill a needed gap in existing literature, and provide a platform for further quantitative research. Qualitative methodology allows a bottom-up approach ideally suited to theory development by providing a preliminary sketch of prominent features under study without relying on a priori hypotheses about what the data will reveal (Braun & Clarke, 2006). Qualitative research prioritizes detailed description over numerical analysis—this allows information to be interpreted in context of a holistic lived experience to better understand how a particular phenomenon arises (Maxwell, 2008). This approach has been used effectively, but infrequently, to address important questions in the area

of perfectionism (Hill et al. 2015; Merrell, Hannah, Van Arsdale, Buman, & Rice, 2011; Rice, Blair, Castro, Cohen, & Hood, 2003; Riley & Shafran, 2005), and could provide a useful and unique perspective on perfectionism and alcohol use.

The narrative approach using Life Stories

McAdams' Life Stories model (McAdams, 1995; McAdams & Pals, 2006) provides one framework through which to understand perfectionism and alcohol use as lived experience. In response to an over-emphasis on dispositional traits in personality research, McAdams and Pals (2006) proposed an integrative theory of personality in which biological differences and dispositional traits exist alongside more malleable and idiosyncratic features of personality. This includes *characteristic adaptations*, which describe the context-specific responses to life events, and *life stories*, which are autobiographical narratives people construct to form a unified and coherent identity and make meaning from their experiences.

This approach is rooted in a psychosocial theoretical framework, which seeks to understand a person's internal state and lived experiences through the stories they tell (Smith & Sparkes, 2008). People actively construct narratives to make sense of their lived experience, and studying narratives from the psychosocial perspective assumes that researchers can "gain access to the interiority of experience, selves and identities independent of our theories. They [life narratives] have a real nature, which can be found and known for what they actually are" (Smith & Sparkes, 2008: p. 10). Thus, from this perspective, identifying the prominent themes from these narratives is thought to provide an overview of important features of a person's subjective experience without relying on that person having insight into the core features of that experience from a factual or intellectual perspective.

Objectives of the present study

In the present study, we use autobiographical narratives about drinking experiences to understand how adaptive and maladaptive perfectionists describe alcohol use and make meaning from their drinking experiences. We take the perspective that people construct their narratives from within a social and cultural context (epistemological constructivism), yet these narratives are assumed to reflect real lived experiences (ontological realism; Smith & Sparks, 2008). Our primary goal was to identify prominent experiences (i.e., themes) that highly perfectionistic emerging adults describe in relation to their drinking experiences. Moreover, we attempted to use these themes to advance our understanding of how the drinking experiences of highly perfectionistic people unfold within a social and emotional context.

Method

Participants

We screened and recruited a sample of undergraduates at Dalhousie University through two methods. First, interested participants responded to flyers posted around campus and completed the screening questionnaire (i.e., the APS-R) by email. Of those who completed the screening questionnaire ($n = 121$), 70.1% were eligible and invited to participate (17 adaptive perfectionists and 69 maladaptive perfectionists). Of these, 21 people agreed to participate. We also screened participants through the psychology participant pool at Dalhousie University. Of those who completed the screening questionnaire ($n = 672$), 49.6% were eligible to participate (105 adaptive perfectionists and 228 maladaptive perfectionists). We emailed 44 randomly selected eligible participants and invited them to participate; however, only one agreed. Thus, the initial sample consisted of 22 participants (8 adaptive and 14 maladaptive). However, two participants were omitted from analysis because they no longer met eligibility criteria on the day of their interview

The final sample included six adaptive perfectionists (66.7% women) and fourteen maladaptive perfectionists (78.6% women). Participants were aged 18 to 30 ($M = 20.2$; $SD = 2.5$) and predominantly Caucasian in both groups (adaptive: 83.3%; maladaptive: 64.3%). No adaptive perfectionists, and a minority of maladaptive perfectionists (28.6%), reported currently receiving treatment mental health from a mental health professional. Table 1 shows sample characteristics for alcohol use disorders and multidimensional perfectionism. A minority of participants in the maladaptive perfectionism group showed elevated risk of alcohol use disorders on the Common Mental Health Disorders Questionnaire (28.6%).

Materials

Adaptive and maladaptive perfectionism. We measured perfectionism using the Almost Perfect Scale – Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001), which includes a 7-item subscale for high standards (e.g., “I have a strong need to strive for excellence”) and a 12-item subscale for discrepancies (e.g., “Doing my best never seems to be enough). All items were rated on a 5-point Likert scale from 1 (*Strongly disagree*) to 5 (*Strongly agree*) based on their degree of agreement with each item based on the past several years. Research supports the validity and the reliability of this scale (Slaney et al., 2001), including strong 3-week test-retest reliabilities (high standards: $r = .72$; discrepancies: $r = .83$; Grzegorek, Slaney, Franze, & Rice, 2004). Inter-item reliabilities were adequate in our data (high standards: $\alpha = .75$; discrepancies: $\alpha = .98$).

We classified students as adaptive and maladaptive perfectionists using published classification criteria (Rice & Ashby, 2007). Adaptive perfectionists (AP) scored above 42 on the high standards subscale and 42 or below on the discrepancies subscale. Maladaptive perfectionists (MP) scored above 42 on both the high standards and discrepancies subscales. Only adaptive and maladaptive perfectionists were eligible to participate. This classification

scheme has demonstrated good criterion validity, sensitivity, and specificity in previous research (Rice & Ashby, 2007).

Multidimensional perfectionism. We included two additional measures of multidimensional perfectionism to better characterize our sample based on intrapersonal and interpersonal features of perfectionism (see Table 1). First, the Hewitt and Flett's Multidimensional Perfectionism Scale – short form (HFMPS-SF; Hewitt, Habke, Lee-Bagglely, Sherry, and Flett, 2008) includes three 5-item subscales including self-oriented perfectionism (e.g., “One of my goals is to be perfect in everything I do”), socially prescribed perfectionism (e.g., “The better I do, the better I am expected to do”), and other-oriented perfectionism (e.g., “Everything that others do must be of top-notch quality”). Participants responded using a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Research supports the reliability and the validity of this scale, with self-oriented and socially prescribed perfectionism subscales showing strong correlations ($r_s > .90$) with the original 15-item subscales while the short form of the other-oriented perfectionism subscale showed a more modest correlation ($r = .81$) with the full-version (Hewitt et al., 2008). Alpha reliabilities in our sample were acceptable ($\alpha > .85$) for all subscales.

Second, the Revised Frost Multidimensional Perfectionism Scale (Revised FMPS; Enns, Clara & Cox, 2002) is a short form of the original 35-item FMPS (Frost et al., 1990). We measured three subscales: personal standards (4 items; “I set higher goals than most people”), concern over mistakes (5 items; “If I fail partly, it is as bad as being a complete failure”), and doubts about actions (4 items; “I tend to get behind in my work because I repeat things over and over”). Research supports the reliability and the validity of this scale, including strong correlations ($r_s \geq .96$) with the original FMPS subscales (Enns et al., 2002). Alpha reliabilities in our sample were acceptable ($\alpha > .82$) across all three subscales.

Alcohol abuse. Participants completed the Common Mental Disorders Questionnaire (CMDQ; Christensen et al., 2005), which included four items to screen for alcohol use disorders (CAGE; Ewing, 1984). For each item, participants indicated whether or not they had engaged in given behaviour over the past year (e.g., “Felt you ought to cut down on your drinking?”) using a “yes” or “no” response. Endorsement of three or more items indicates increased risk of an alcohol use disorder. This questionnaire has shown acceptable sensitivity and specificity in previous research (Christensen et al., 2005).

Life Stories Interview. The drinking narrative was obtained in the context of a larger interview involving five open-ended questions about perfectionism and a narrative interview involving ten critical events based on McAdams’ (1995) Life Story Interview. The interview was adapted from previous work (McAdams, 1995; Mackinnon, Nosko, Pratt & Norris, 2011; Mackinnon, Sherry, & Pratt, 2013); thus, no additional pilot testing was conducted for the interview. The Life Story Interview included the following critical events: a high point or peak experience, a low point, a turning point, a mistake story, a positive childhood memory, a negative childhood memory, a drinking story, a relationship defining moment with a parent, a relationship-defining moment with a same-sex friend, and a relationship-defining moment with another important person. Participants additionally described their overall life theme. The present analysis focused primarily on the drinking story¹, which was author-derived and followed the same format as other life narrative interview questions. The interviewer read the following verbal prompt for the drinking story:

¹The perfectionism interview and remaining critical events were analyzed separately, with results of that analysis presented in Farmer, Mackinnon, & Cowie (2017).

Please tell me about a memorable time in your life that involved alcohol. That is, an event in your life when drinking alcohol played a major role. It can be an event when you were drinking, when someone else was drinking, or a time when you chose to avoid alcohol altogether. Please give as much detail as possible. Tell me exactly what happened, where it happened, who was involved, what you did, what you were thinking and feeling, what impact this experience may have had upon you, and what this experience says about who you were or who you are.

Participants had a list of the probing questions (e.g., who was involved) for reference during the interview. Verbal prompts and interview questions for the other critical event stories have been included as supplemental online material.

Procedure

The Dalhousie University research ethics board approved this study. Eligible participants were contacted by email and scheduled a time to participate. After giving informed consent, participants completed a short questionnaire package including demographic information, measures of perfectionism (APS-R, HFMPS-SF, and FMPS), and psychological symptoms (CMDQ). Participants then completed a semi-structured interview in a small research lab. Only the participant and the interviewer were present in the interview room. Interviews were audio recorded for transcription and each interview lasted an average of 51 minutes (ranging from 28 to 88 minutes). The interviewer was a female undergraduate student who had been trained in qualitative interviewing techniques by the second author, who has previous experience conducting qualitative research. The interviewer did not have prior contact with the participants other than to conduct screening. At the time of the interviews, she had some background in perfectionism research, but not in alcohol research.

Data analysis

Audio-recorded interviews were transcribed to text by a paid female undergraduate research assistant, the interviewer, or the first author. Transcripts were not sent to participants for revision or clarification. Drinking stories were coded by the first author and analyzed using thematic analysis (Braun & Clarke, 2006). Because themes were derived from data, no a priori coding scheme was used. Qualitative data were managed in Microsoft Excel and Microsoft Word. Although analysis focused on drinking stories, five participants referenced alcohol use in other parts of the interview (e.g., negative childhood memory, peak experience, turning point, mistake story, and relationship defining moments with a same sex friend, parents, or other relationships). These references were also coded and included in analysis. After coding narratives and deriving themes, the second author independently reviewed coded items as a validity check. Discrepancies in coding were discussed until consensus was reached. Both authors have conducted research on alcohol use, perfectionism, and interpersonal difficulties associated with perfectionism and come from an intellectual tradition that typically conceptualizes perfectionism as a maladaptive clinical risk factor ([author names blinded for review]). Additionally, the classification of perfectionists as “adaptive” and “maladaptive” carries the risk that pre-conceived notions about the relative adaptiveness of each subtype might influence the interpretation of results. These biases were acknowledged before beginning analysis, and efforts were made to carefully consider the both the positive and negative aspects of perfectionism and alcohol use throughout analysis.

Results

We compared sample characteristics of the adaptive and maladaptive perfectionism groups (Table 1). Generally speaking, maladaptive perfectionists scored higher than adaptive perfectionists on all subscales of perfectionism, save for APS-R standards, FMPS personal standards, and self-oriented perfectionism. Adaptive perfectionists showed heightened levels of

standards (APS-R & FMPS) and self-oriented perfectionism only, while maladaptive perfectionists had high levels of many different facets of perfectionism. These results suggest our selection criteria created a highly perfectionistic group of participants even when other models of perfectionism are considered.

Transcribed interviews were initially analyzed separately with the expectation that adaptive perfectionists (AP) and maladaptive perfectionists (MP) might yield unique themes. However, themes for both groups converged during analysis and were considered in parallel for the remainder of the analysis. Interviews were broken down into 415 data items (AP: $n = 152$; MP: $n = 263$) and coded for thematic content. The majority of data items ($n = 375$) came from drinking stories and the remainder ($n = 40$) came from references to alcohol use in other stories.

Across all participants, 38 codes (9.2%) emerged relating to the temporal or situational context of the drinking story. Stories occurred mostly during adolescence ($n = 6$), the transition to university ($n = 4$), and within the past year ($n = 5$). Situational contexts included attending parties or other celebrations ($n = 7$), other social drinking events ($n = 7$), having new experiences with alcohol ($n = 2$), and drinking prior to separation from friends or loved ones ($n = 2$). Five context codes were unique and not otherwise classifiable. An additional 53 codes (12.8%) were idiosyncratic to individual stories and considered unclassifiable according to the emerging themes. Five themes emerged from the remaining 324 codes. Table 2 shows names, descriptions, and example quotes for each theme. Table 3 shows theme coverage and code frequencies for each participant.

Drinking as a social experience

The social context of drinking was the most common theme. All participants described alcohol use in relation to other people, including how others influenced their alcohol use and the effect of alcohol use on their social relationships. Over one quarter of all codes related to social

aspects of drinking ($n = 117$, 28.2%), which fit into one of three subthemes: social friction, social cohesion, and social influence.

Social friction. Drinking stories frequently included negative social interactions, where people acted aggressively, directed negative emotions toward others, or behaved in ways that disrupted social relationships. These difficulties arose most often during the drinking event, rather than precipitating it, as in the following example described by a maladaptive perfectionist:

I wanted to go somewhere else but then my friends were like, “no no you have to stay here” and like, “you can’t just ditch us right now” [...] my friends had [a] few drinks and then [...] they became angry (P9).

In this story, alcohol elicited negative emotions and interpersonal difficulties leading to perceived social disconnection. Some stories featuring social friction also involved more extreme behaviour including physical altercations, although these were less prominent than stories involving relationship difficulties. A majority of social codes fit within this subtheme ($n = 51$), with 75% of participants describing experiences consistent with this theme (66.7% of adaptive perfectionists and 78.6% of maladaptive perfectionists).

Social cohesion. Social cohesion themes included helpful or caring behaviors that strengthen social bonds or feeling accepted by others. For example, one adaptive perfectionist described a friend who performed a caring and supportive behavior in the context of a drinking event that resulted in feelings of closeness and appreciation:

It just made me realize how much of a good friend he is [...] I just thought, “I love you so much, you mean so much to me” (P4).

A different participant (a maladaptive perfectionist) described being anxious about eating in front of other people. After making the decision to drink during a social event, she became more comfortable and was able to eat and interact more easily with others:

And at the time people were talking to me more [...] I was able to participate in conversation with *fourteen* people. I mean usually three people drain me completely but I was able to like, keep up with conversation and eat and be happy (P03).

For this participant, social cohesion reflected the facilitation of social connection through drinking experiences. Codes for this subtheme were frequent ($n = 49$) and were described by 75% of participants (100% of adaptive perfectionists and 64.3% of maladaptive perfectionists).

Social influence. Less commonly, participants described how other people in their social environment exerted influence on their drinking or on other behaviors while drinking. This influence tended to take one of two forms. Describing a direct form of influence, one maladaptive perfectionist described how others peer-pressured her to drink, despite intentions to limit drinking:

I said, “no I’m not gonna take a shot,” and then my friends were like, peer pressuring me [...] I finally just did it (laughs) cause I was just like, “okay I’ll just do it” and then I didn’t realize [the alcohol] was so strong (P14).

The second form of social influence involved proximity to heavy drinking or social norms that encouraged drinking, often associated with the transition to university:

When I came to university the first weekend, we went to a frat party and they just had pitchers and pitchers of, like, alcoholic juice [...] and I just drank way too much because I was with people who drank a lot (P19).

In this case, a maladaptive perfectionist did not describe direct peer pressure to drink but did note how the social context contributed to her drinking on that occasion. This subtheme was the least frequent ($n = 17$) and was described by 45% of participants (50.0% of adaptive perfectionists and 42.9% of maladaptive perfectionists).

Learning from alcohol

In the second theme, emerging adults attempted to make sense of alcohol and its role in their lives. This reflects an exploration of alcohol use that results in new insights about alcohol and one's own limits for consumption. For example, an adaptive perfectionist described her first drinking experience, where she investigated the effects of alcohol challenged previous beliefs:

[My friends] kept asking me if, you know, I could feel it or if I was drunk and I'd be like, "No like I'm fine, I still feel like me," [...] I had this very, narrow-minded view of what alcohol was and you know how it affected you [...] and then I realized you're just kind of still yourself with less inhibition" (P2).

Participants also described personal growth as a result of their drinking experiences. These events involved learning experiences that were important to their personal development and interpersonal relationships. One adaptive perfectionist behaved recklessly while drunk and faced negative consequences; however, she described this as a catalyst for her own growth:

I think [the drinking event] also made me mature, and um... realize that I made a mistake and that I wasn't going to do that again [...] I think those kind of events are beneficial and good cause you learn from them (P20).

Approximately 20.2% ($n = 84$) of codes pertained to this theme. Nearly all participants (95.0%) reported elements of this theme in their drinking narratives.

Suffering consequences

The third theme involved the self or others having unpleasant physical or emotional experiences as a result of alcohol use. Descriptions of functional impairment, becoming physically ill, and severe hangover symptoms were common. Participants also described themselves and others engaging in risky activities, such as physically dangerous situations, drug use, sexual activity, and illegal activity. While severely intoxicated, an adaptive perfectionist described the impact of alcohol on her decision-making abilities related to drug use:

I did coke [...] me and my friend were out and it just, like, happened – like, I was just, like, beyond hammered and I, like, didn't have the capacity to make the decision and I, like, barely remembered (P21).

Participants also described feeling guilt, regret, and shame related to their own drinking experiences. Guilt and regret were frequently associated with the amount of alcohol consumed and with actions performed while intoxicated. One maladaptive perfectionist described drinking excessively to cope with a difficult experience and feeling negatively about that decision the next morning:

I remember waking up the next morning and just feeling like, absolute shame of letting myself get that drunk (P19).

Overall, 17.6% ($n = 73$) of codes pertained to this theme. Most participants (80.0%) described an element of this theme in their drinking narratives (50% of adaptive perfectionists and 92.9% of maladaptive perfectionists).

Alcohol use as escapism

The fourth theme reflected the excessive use of alcohol by oneself or others, frequently with the intention of escaping from negative emotions, undesirable experiences, or behavioral inhibition. Stories involving the overconsumption of alcohol and acute intoxication were common. A maladaptive perfectionist related how frustrations with her academic performance and a felt sense of pressure spurred drinking as a way to relinquish the strict expectations she had placed on herself:

I felt that I've been trying too much for the past years. Again, that it wasn't really showing anything anyway, everything I do was never good enough and um, just my efforts don't really give out much results [...] and I just felt that maybe I can just let it go, enjoy myself for one night see how (sic) it's like (P7).

Specifically, this quote illustrates the intense frustration and pressure felt as a result of a perceived failure to achieve, resulting in a need to relinquish self-control through intoxication. It also speaks to a broader pattern where alcohol provides a means through which perfectionistic people may use alcohol to escape from situations or emotions they do not feel inclined, or prepared, to face. Only 9.9% of codes ($n = 41$) fit within this theme, yet it was described by a majority (60.0%) of participants (83.0% of adaptive perfectionists and 50.0% of maladaptive perfectionists).

Reluctance and moderation

The final theme reflected reluctance to drink and an inclination to limit or otherwise control one's drinking. Reluctance to drink often involved a delayed initiation to alcohol use (e.g., waiting until legal drinking age) or the choice to avoid alcohol altogether. One maladaptive perfectionist, who was not a regular drinker, described a number of reasons for avoiding alcohol including cost, calories, and concerns about losing control over her self-presentation:

[I'm] scared of who I am with alcohol (laughs). What I'll say, what I won't say. How I'll act even though it's not even that different. Just always the fear like, of not acting properly (P3).

Some participants also described a more stable pattern of alcohol use involving moderate drinking habits or a decision to limit their drinking for various reasons. After an early drinking experience involving extreme intoxication, one maladaptive perfectionist described the change to a more moderate style of drinking:

I'm not a big drinker at all, like, I do drink, but like, I've not gotten so drunk that like I've puked for like a really long time like I'm generally like, hold it together, but like I do enjoy going out (P01).

This quote suggests some perfectionists take pride in self-control, particularly as it relates to alcohol use. The frequency of codes in this theme was low ($n = 9$). This theme was described by 30% of participants (16.7% of adaptive perfectionists and 35.7% of maladaptive perfectionists).

Discussion

In this study, we used qualitative analysis of autobiographical narratives about drinking experiences to better understand how perfectionistic people use alcohol within a social and emotional context. This was meant to extend existing quantitative research in this area and to identify potential new directions for future research on perfectionism and alcohol use. Thematic analysis of drinking narratives yielded five primary themes that provide new perspectives on existing literature and new hypotheses for future research.

Social themes were the most prominent feature of our data. The common experience of positive and negative social interactions (cohesion and friction, respectively) is unsurprising given the interpersonal nature of perfectionism (Hewitt & Flett, 1991; Hewitt et al., 2003) and suggests some perfectionists struggle to navigate the formation of intimate social bonds—a key developmental task for emerging adults (Arnett, 2000; Marcia, 2002). Although our sample was insufficient to test differences in theme frequency between groups, themes of social friction appeared to be more commonly endorsed by maladaptive perfectionists while themes of social cohesion appeared relatively less frequently for these people. This pattern is consistent with extant theory and research on perfectionism and social problems (Sherry, Mackinnon, & Gautreau, 2016). These results also suggest a different perspective on the role of alcohol in social disconnection. While a minority of participants described drinking to cope with interpersonal difficulties, consistent with past research (Sherry et al., 2012), our data suggest maladaptive perfectionists more commonly experience social difficulties as a consequence of drinking. This is consistent with past research showing perfectionistic people tend to experience conflictual

relationships with others (Mackinnon et al., 2012), and alcohol may amplify these underlying tendencies. Considered together, alcohol use may both precipitate and amplify social disconnection to create feedback loops that lead to depressed mood (Mushquash & Sherry, 2012; Sherry et al., 2012; Sherry, Stoeber, & Ramasubbu, 2016). Thus, alcohol problems might be a possible outcome of the social disconnection model described by Sherry et al. (2016); however, what causes some perfectionists to develop alcohol problems rather than other disorders such as anxiety, depression, or eating disorders is not yet well-understood (i.e., issues of multifinality).

Although the role of peer influence on drinking was not as prominent as social friction and cohesion, it nevertheless provides useful insight into perfectionism and alcohol use. Past research suggests a role for parental criticism in drinking (Flett et al., 2008); however, participants seldom described parental criticism in their drinking narratives. Consistent with other research (Kypri & Langley, 2003), social influence was largely from same-age peers and prevailing social norms. Perfectionistic people who might normally be reluctant to use alcohol are faced with a difficult decision about their drinking, with a sense of belonging and intimacy hanging in the balance if they decide to accept, or reject, social norms around drinking. Although this does not discount the potential influence of parental criticism on alcohol use, it does suggest social context is important to consider in future research.

The propensity for perfectionists to use alcohol as a means of escape suggests perfectionism is more compatible with binge drinking than suggested in earlier research (Flett et al., 2008), at least in certain circumstances. Overindulgence is common in emerging adults as they navigate the period of peak use. Stories involving overindulgence were also closely tied to other themes including social influence, learning from alcohol, and suffering consequences. The reasons people might use alcohol as an escape varies. Some might drink to escape social negativity (Sherry et al., 2012) or to cope with negative emotions and stress (Bardone-Cone et

al., 2012; Rice & Van Arsdale, 2010). Our data suggest people might also use it to escape from their own harsh inner critic. Perfectionists often hold themselves to high standards for performance and have difficulty balancing this drive with an equal propensity to relax and enjoy themselves; using alcohol may help facilitate the unwinding of an otherwise tight spring. In a similar way, perfectionists might use alcohol to let go of their unrelenting standards and negative emotions. Given the propensity of this group to drink to cope with high stress situations (Rice & Van Arsdale, 2010) and the possibility that failure acts as a specific vulnerability factor (Besser, Flett, & Hewitt, 2004), maladaptive perfectionists who describe drinking in the context of failure may be at risk for more problematic drinking. The idea that perfectionistic people may drink to escape from the stress created by their rigidly high standards and harsh self-criticism may be an interesting avenue for future quantitative research.

The suffering consequences theme is consistent with the ubiquity of alcohol-related problems and the culture of binge drinking in university (O'Malley & Johnson, 2002). Other than physical and cognitive impairments related to alcohol, there was also an element of shame and self-criticism when normally controlled perfectionists let go of their usual restraint and suffered negative consequences. Many of the risky behaviors described by participants related to the actions of others rather than oneself. This suggests perfectionistic individuals may pride themselves on their sense of control and tendency to “play by the rules” while showing frustration or condemnation of others who behave in a reckless way. Conversely, those who did report acting recklessly reported doing so in a state of marked intoxication where their typical sense of restraint and self-control was impaired. Such actions were often, but not always, followed by guilt, shame, and self-criticism for the perceived transgression. The association between perfectionism and self-criticism is well documented (e.g., Sherry et al., 2016); it is thus unsurprising that participants described these experiences in relation to excessive alcohol use.

This sense of pride in their self-control – and the resultant self-criticism that participants describe during self-control lapses – may account for the small protective effect that some authors find when looking at the links between perfectionistic strivings and heavy episodic drinking (e.g., Flett et al., 2008).

Not everyone provided reasons for an initial reluctance to drink, but several noted being concerned about losing control and being concerned about not acting “properly” while intoxicated. These experiences may speak to the role of impression management concerns captured by Hewitt et al.’s (2003) formulation of perfectionistic self-presentation, where people feel driven to present themselves in favorable ways to others and hide perceived flaws. People may limit their alcohol use for fear that their self-presentation will be thwarted by the lack of inhibition. Moreover, they may also have a lower subjective threshold for relationship-focused alcohol-related problems (e.g., a minor disagreement might be seen as catastrophic), which could inflate the magnitude of correlations between perfectionistic self-presentation and alcohol problems when self-report questionnaires are used. Regardless, perfectionistic self-presentation has not yet been tested in regards to alcohol use.

Although many participants in our sample initially resisted alcohol use, most entered into a period of exploration and gradually developed a more moderate and responsible pattern of use. Several participants described prioritizing achievement-related goals that are more compatible with moderate use than with heavy drinking. This suggests the observations of Flett et al. (2008) may have some truth in saying perfectionism is incompatible with patterns of heavy alcohol use—at least when people are achievement-oriented and alcohol is perceived to be detrimental to those goals. However, the movement toward more moderate drinking patterns is consistent with normative developmental trends (Nealis, Collins, Lee-Baggley, Sherry, & Stewart, 2017;

Thompson, Stockwell, Leadbeater, & Homel, 2014) and it is unclear if perfectionistic people show different trajectories of maturing out compared to their same-aged peers.

Life stories reflect people's tendency to make meaning from their experiences and construct a cohesive sense of self and identity (McAdams, 1995; McAdams & Pals, 2006; Smith & Sparkes, 2008). Accordingly, participants frequently described learning, and making positive meaning from, their drinking experiences. However, because interviews arise within an interpersonal context, self-presentation biases may operate when constructing and sharing narratives. Participants may be actively and consciously seeking to present themselves in a favorable light during the interview (Hewitt et al., 2008). Using collateral information (e.g., informant reports) is an enticing way to overcome this subjectivity, although such reports may be subject to their own set of biases (Sherry, Mackinnon, & Nealis, in press). Future experimental research could take advantage of those processes to gain insight into perfectionistic self-presentation (e.g., comparing how a narrative changes across interviewers, interviewing contexts, and time).

Broadly considered, narratives from both groups included positive and negative experiences. This lends merit to considering positive aspects of alcohol use in maladaptive perfectionists (e.g., positive social bonding while drinking, learning from negative experiences, and even drinking to celebrate successes). Pre-existing biases predispose researchers to overlook potentially positive aspects of experience, particularly with perfectionistic personality traits largely considered to be maladaptive. The emergent themes also supported four commonly described drinking motives (Cooper, 1994). External drinking motives (social and conformity motives) were largely represented in the drinking as a social experience theme. In contrast, internal drinking motives (coping and enhancement motives) were likewise represented in the alcohol use as escapism theme. Drinking motives are a proximal predictor of drinking patterns

(Kuntsche, von Fischer, & Gmel, 2008), so these ideas are rightfully represented in students' experiences of alcohol.

We used published criteria (Slaney & Ashby, 2007) to classify perfectionists using the APS-R. Some authors are concerned about the item content of the APS-R and question whether or not it actually captures perfectionistic processes (Blasberg et al., 2016); thus, readers might reasonably criticize our use of the APS-R for the selection criteria in the present study. However, results of the present study suggest that participants in the maladaptive perfectionists in this study scored higher on socially-prescribed perfectionism, concern over mistakes, and doubts about actions relative to the adaptive perfectionist group. Moreover, the two groups did not tend to differ on FMPS personal standards and self-oriented perfectionism. Thus, our selection criteria created a highly perfectionistic group of participants even when considering the constructs of perfectionistic concerns and perfectionistic strivings more broadly, which may minimize potential concerns about the validity of our selection criteria.

Limitations and Future Directions

With thematic analysis focusing on identification and description of emergent themes in our sample, the relationships between themes remained relatively unexplored using this analytic strategy. Important information might also be gained by a deeper analysis using other approaches such as grounded theory (Corbin & Strauss, 2015). Mixed-method research might extend the present work by using these themes to code narrative content in a larger sample to allow quantitative comparison between groups, which was not possible given the limited sample size in the present study. Our analysis was mostly constrained to a single story within a larger interview. Future research might use an alcohol-specific interview to elicit more detailed aspects of drinking narratives (e.g., first drinking experience, a recent drinking experience, a positive drinking experience, etc.). Adaptive perfectionists were also under-represented in our sample, in

part due to difficulties in finding people who met the criteria. Equal group sizes of at least ten per group would be advisable for future research. Although we used published classification criteria based on the APS-R to create our adaptive and maladaptive perfectionism groups, this represents only one method of classifying perfectionists and does not account for interpersonal expressions of this trait. Using another approach (e.g., the 2 x 2 model of perfectionism; Gaudreau & Thompson, 2010) might produce a more robust classification.

Concluding Remarks

Qualitative research on perfectionism is rare, and no studies to date have investigated drinking experiences of perfectionistic people through their life stories. Quantitative methods form the basis of most perfectionism research. These methods provide a fruitful way of deepening understanding in this area but can become overly focused on groups of people and theoretical personality constructs that decontextualize individual experience. When life stories are investigated in their own right, they yield surprising insight into how perfectionistic emerging adults use and experience alcohol. Using novel methods, especially qualitative approaches, helps identify areas of inquiry that may have been overlooked and provides a platform for future investigations. Our study provides an initial step in this direction.

Alcohol is a double-edged sword for many perfectionists; it helps forge social connection and provides an escape, yet also engenders social conflict and self-criticism for a perceived loss of control. While some perfectionists seem to navigate this balance effectively to maintain a positive sense of self and generate strong social connections, others suffer greatly. Rather than a unique and isolated experience, alcohol use may catalyze existing tendencies. The usual, and often subtle, patterns operating in the background are brought into stark relief and play out in new ways while perfectionistic people are under the influence of alcohol.

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Table 1
Sample Characteristics of Adaptive and Maladaptive Perfectionists

	Possible range	Adaptive (<i>n</i> = 6)			Maladaptive (<i>n</i> = 14)			t-test
		M (n)	SD (%)	Actual range	M (n)	SD (%)	Actual range	
CMDQ – Alcohol abuse								
0		6	100.0%		8	57.1%		
1-2		0	0.0%		2	14.3%		
3-4		0	0.0%		4	28.6%		
APS-R								
Standards	7 – 49	46.58	2.91	42.0– 49.0	47.14	1.90	43.5 – 49.0	$t(6.90) = 0.43, p = .68$
Discrepancies	12 – 84	29.00	5.13	22.0 – 37.5	71.48	10.3	42.8 – 82.5	$t(17.33) = 12.27, p < .001$
HFMPs Short Form								
Self-oriented	1–7	4.57	1.39	2.6–6.8	6.04	1.14	2.6–7.0	$t(8.07) = 2.29, p = .051$
Socially prescribed	1–7	3.27	0.72	2.4–4.2	5.39	1.15	2.2–6.6	$t(14.92) = 4.98, p < .001$
Other-oriented	1–7	2.73	1.28	1.4–4.8	4.77	1.24	2.8–7.0	$t(9.23) = 3.29, p = .01$
FMPS Short Form								
Personal standards	1–5	3.58	0.89	2.5–4.8	4.52	0.52	3.3–5.0	$t(6.54) = 2.40, p = .05$
Concern over mistakes	1–5	2.10	0.75	1.0–3.3	4.06	0.78	1.5–5.0	$t(9.93) = 5.31, p < .001$
Doubts about actions	1–5	1.88	0.98	1.2–3.2	4.02	1.06	2.0–5.0	$t(10.26) = 4.36, p = .001$

Note: CMDQ = Common Mental Disorders Questionnaire (Christensen et al., 2005); APS-R = Slaney et al.'s (2001) Almost Perfect Scale – Revised; HFMPs = Hewitt and Flett's (1991) Multidimensional Perfectionism Scale; FMPS = Frost et al.'s (1990) Multidimensional Perfectionism Scale.

Table 2

Themes for Adaptive Perfectionists (AP) and Maladaptive Perfectionists (MP)

Theme	Definition	Example
Drinking as a social experience		
Social friction	Actions by others or oneself that disrupt social relationships or contribute to the felt sense of alienation from others	“I was really pissed off because I had to look after these two drunk girls” (P1, MP)
Social cohesion	Actions by others or oneself that promote the formation and/or maintenance of positive social bonds and the felt experience of closeness with others	“I was in bed [...] my other roommate brought me McDonalds cause she knew I was sad” (P15, AP).
Social influence	Encouragement from others to drink alcohol or perform risky behaviors while drinking, either through direct influence (e.g., peer-pressure) or through social norms (e.g., proximity to heavy alcohol use)	“I had like 25 friends over and they were all drinking and stuff [...] And, then eventually they got me to start drinking” (P14, MP)
Learning from alcohol	Gaining new insight into alcohol and one’s own limits for consumption, or gaining maturity or another positive attribute as a result of a drinking experience	“I think it kind of brought us closer in the end because we both were kinda like, ‘wow that was really stupid, [...] let’s not do that again’” P17, MP
Suffering consequences	Others or oneself having an unpleasant or aversive experience as a result of drinking, including (a) physical sequelae of intoxication, (b) engaging in risky behaviors, or (c) experiencing negative emotions (e.g., guilt, shame)	“I couldn’t, even think, and I was like texting my friends I was like, yeah I was like, wasn’t even making sense” P14, MP
Alcohol use as escapism	Excessive alcohol use by others or oneself, which frequently serves the role of (a) escaping from negative emotions/experiences, or (b) facilitating the expression of positive emotions or enjoyable experiences	“So many things [were] going on in my life and not everything goes too well, if I want relax I pour myself a drink” (P13, MP).
Reluctance and moderation	Showing a reluctance to drink alcohol in the past or present, or exercising the decision to drink in moderation	“I didn’t drink till I was 19 even though all my friends did” (P2, AP).

Table 3

Theme Coverage And Code Frequency For Each Participant in the Adaptive and Maladaptive Perfectionism Groups

Participant Number	Adaptive perfectionists						Maladaptive perfectionists													
	2	4	8	15	20	22	1	3	5	7	9	11	12	13	14	16	17	18	19	21
Themes																				
Alcohol as a social experience																				
Social friction	0	5	0	6	10	1	3	1	1	2	5	2	7	1	0	0	6	2	0	9
Social cohesion	2	14	6	5	2	1	4	4	4	1	0	0	0	0	2	1	1	2	0	2
Social influence	0	0	1	3	0	2	1	1	0	0	0	1	0	0	4	0	0	1	3	0
Learning from alcohol	10	3	6	5	2	3	1	10	3	3	3	5	4	6	5	3	4	6	2	0
Suffering consequences	0	13	1	5	6	9	5	0	0	2	2	3	1	5	6	3	0	10	2	2
Alcohol use as escapism	1	8	0	1	2	2	7	0	0	5	0	2	0	7	1	0	0	3	2	0
Reluctance and moderation	0	0	1	0	0	0	1	0	2	0	0	1	0	0	0	0	0	2	2	0
Context	3	5	4	1	5	1	2	1	1	2	1	0	2	1	2	2	1	2	2	3
Miscellaneous	0	7	0	6	4	0	4	3	1	3	0	4	2	9	1	2	2	4	1	3
Total code frequencies	16	55	19	32	31	19	28	20	12	18	11	18	16	29	21	11	14	32	14	19

Note. Narrative interviews were broken down into data items using Thematic Analysis (Braun & Clarke, 2006), which yielded 415 total data items. Data items reflect single units of meaning that were coded and used to identify themes. Code frequencies (represented above) indicate the number of coded data items for each theme or subtheme for each participant. Total code frequencies indicate the number of coded data items for each participant.