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Original article

Perfectionism and psychological wellbeing: considerations on gender and psychotherapy attendance differences on the levels of perfectionism and psychological wellbeing in Albania

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Abstract
The purpose of this study was to explore the relationship between perfectionism and psychological wellbeing. For this reason, 548 people completed the questionaire through social media and pen and paper. The simple and multiple regression model, the Pearson correlation, and the independent samples t-test were used to test the hypotheses. Correlational analysis showed a strong negative relationship between global perfectionism and psychological wellbeing. Linear regression showed a fair predictive capacity of perfectionism on the levels of psychological wellbeing with concern over mistakes and doubts about actions with greater predictive force, constituting thus a better model for explaining psychological wellbeing. The multiple linear regression model showed that age also played a role in psychological wellbeing. People who were older have higher levels of subjective wellbeing. Independent t-test analysis

showed that there were no significant differences in gender regarding perfectionism and psychological wellbeing, whereas people who went to therapy or counselling showed significantly higher levels of perfectionism. The study findings are coherent with theoretical and empirical data that higher levels of perfectionism are associated with lower levels of emotional wellbeing.

Keywords: perfectionism, psychological well-being, psychopathology, anxiety, relations

Introduction

Recent studies show an increase in the level of perfectionism especially in student populations (Curran & Hill, 2017). The reasons that can lead to this trend can be many, such as the constant exposure to perfect careers, bodies, relationships and lives, especially on social media (Burns, 1980; Cohen 2021).

The studies that link perfectionism and psychopathology are numerous and they are studies that have taken into consideration a foreign sample, not an Albanian one. In Albania, there is no such study, at least published. The importance of this study can be seen in several points, firstly to have a study that explores the levels of perfectionism in an Albanian sample, secondly to explore the relationship between perfectionism and psychological well-being. Such a study serves to add to the literature of what contributes to human suffering, as well as to demystify perfectionism as an asset or personal value. Thirdly, shedding light on the influence or level of explanatory power that perfectionism has on symptoms may help the clinical process, which in this case would help first identify these perfectionistic thoughts and then tackle them in order to help the patient with the treatment process.

Finally, psychotherapy is a very new discipline in Albania and studies related to its influence or connection with well-being and

perfectionism are few, if not non-existent. The discipline of psychotherapy, in fact, regardless of different poles or approaches, turns out to be successful in healing or treating mental health concerns (American Psychological Association, 2019). Meanwhile, in addition to increasing psychological well-being, psychotherapy first serves to identify factors that contribute to suffering. For this reason, a clinical sample was taken in this study, to compare the level of well-being and perfectionism in the sample that follows counseling/psychotherapy and in the sample that does not.

The purpose of this study is to explore the relationship between perfectionism and symptomatology.

The objectives of this study are:

• To explore the relationship between perfectionism and psychological well-being

• To see the level of perfectionism and symptoms in the selected sample

• To see gender differences in the level of perfectionism and psychological well-being

• To see the differences in the level of perfectionism and psychological well-being between people who follow psychotherapy/counseling and those who do not follow it

• To produce a good model which will describe the psychological well-being with the variables considered.

Literature Review

Perfectionism

Perfectionism is a trait or personality style that has been studied extensively by mental health professionals since the beginning of the discipline of speech therapy and then the entire science of psychology. To start with, The American Psychological Association defines perfectionism as the tendency to demand of

others or of oneself an extremely high or even flawless level of performance, in excess of what is required by the situation (APA Dictionary of Psychology, 2020a). Meanwhile this construct has always been associated with psychopathology, lack of well-being or even physical discomfort, or has been defined as its cause. Sigmund Freud considered perfectionism an obsessional neurosis (Cohen E. D., 2020).

In his article, The Perfectionist's Script for Self-Defeat, David Burns wrote about unhealthy perfectionism, the influence of society in encouraging and embracing perfectionist tendencies, and the concerns that perfectionist individuals have. Burns defines perfectionistic individuals as individuals whose standards are extremely unattainable, as people who compulsively strive to achieve unattainable goals and who measure their worth in terms of production and achievement (Burns, 1980).

Another interesting point in his article on perfectionistic tendencies as unattainable is the cultural influence, advertising, movies or other media that sell perfectionism as something that brings spiritual rewards and something to aim for in order to be happy. In fact, his studies have shown that individuals with perfectionistic tendencies are not only unhappy but have a number of mental health problems (ibid, pg.8). Studies have linked this trait to symptoms of anxiety, depression, eating disorders, thoughts and actions to hurt or kill oneself. Also, in the extreme, perfectionism has been seen to be associated with psychosomatic distress and short life expectancy.

Different attempts have been made to conceptualize and operationalize perfectionism as a multidimensional construct. Frost is the first author to make a multidimensional conceptualization of perfectionism and designed the FMPS, Frost Multidimensional Perfectionism Scale, questionnaire

which was used to measure the level of perfectionism in this study.

In his conceptualization, Frost has organized perfectionism in four dimensions; organization, concern over mistakes and doubt about actions, personal expectations and standards. Studies have shown that the organization and personal standards are two dimensions that are not highly related to the other dimensions, especially the organization dimension which is not included in the calculation of the global degree of perfectionism (Stöber, 1998).

Hewitt and Flett are two authors who have dealt extensively with the concept of perfectionism, ranging from the historical development of the concept to their original conceptualization of the construct of perfectionism. According to them, perfectionism is a personality trait characterized by striving for flawlessness and setting excessively high standards. for performance, accompanied by tendencies toward overly critical evaluations of one's behavior. (Hewitt and Flett, 2002). These authors see perfectionism in terms of costs, even though these tendencies can often bring success or achievements of the most different kinds (Hewitt et al., 2017).

Based on their theoretical development for this construct, Hewitt and Flett have created an instrument that measures the level of perfectionism. The instrument is called the Hewitt and Flett Multidimensional Scale for Perfectionism and is organized into three dimensions.

- Perfectionism imposed by society,
- Self-oriented perfectionism,
- Perfectionism oriented towards others.

Social or perfectionism imposed by society describes beliefs that the demands of being a perfectionist and being perfect are important to other people. Individuals who score high on this

dimension believe that others set very high standards and demands on them that if they do not meet then they will receive very severe criticism.

Self-oriented perfectionism reflects beliefs that striving for and being perfectionistic are important to the self. These individuals have very high standards for themselves, they must always be perfect and if they are not, they criticize themselves very heavily (Flett & Hewitt, 2015).

Finally, other-oriented perfectionism is related to beliefs that others should aspire to be perfect and be so. Individuals who score high on this dimension have unattainable standards for others and are highly critical of those who do not meet these standards (Stoeber, 2016).

Lastly, Martin Smith starting from instruments that see perfectionism as a multidimensional construct has created his scale to measure levels of perfectionism. The scale designed by Smith is called the Big Three Perfectionism Scale and organizes this construct into three global factors of perfectionism. These factors are rigid perfectionism, self-critical perfectionism, and narcissistic perfectionism.

Perfectionism and Gender

To make a connection between perfectionism and gender, we have been mainly focused on gender roles theory (Marriage and Family Encyclopedia, 2021). This theory assumes that children learn how the culture and society in which they live defines the roles of men and women and then internalize these roles in the form of gender schemas or unchallenged core beliefs (Bem, 1981).

Based on this theory, it can be said that perfectionist traits can be adapted into these schemas depending on the different roles that have been internalized, but not that one gender will be more perfectionist than the other. On the other hand, the theory also suggests that perfectionism is created as a result of neglect in

childhood, the desire to please parents who are not easily satisfied, the universal inferiority complex stimulated by a hostile, unsafe and unsuitable early environment (Overholser & Dimaggio, 2020). Literature shows, in fact, that there is little connection between gender and perfectionism. This reasoning is also supported by a study by Joachim and Franziska Stoeber in which it was found that there is no relationship between gender and perfectionism (Stoeber & Stoeber, 2009).

Meanwhile, studies that have made gender differences in the level of perfectionism are divided into two camps. One part says that there are no gender differences in the level of perfectionism (Kaëamura et al., 2001; Stoeber & Stoeber, 2009). Other studies have found statistically significant differences in dimensions of perfectionism, but not in its global scale. For example, a study by Hassan, Abd-El-Fattah, K., and Badary in 2012 showed that levels of both self-directed and society-directed perfectionism were equally high regardless of gender (Hassanet al., 2012) In a study specifically conducted to look at gender differences in the level of perfectionism, it was found that men reported higher scores in the dimension of worry about mistakes than women (Macsinga & Dobriţa, 2010).

Lastly, Marilyn E. Gawlik concluded in her study that girls and women were more perfectionists than men and boys, at a statistically significant level (Gawlik, 2012). A study done on a sample of children, on the other hand, showed that boys reported higher levels of perfectionism in all dimensions (Melero et al., 2020)

Psychological Wellbeing

Psychological wellbeing has many definitions and seems like each school of psychological thought and science has their definition. Nonetheless, there are two main approaches present in psychological literature; the hedonistic approach and the eudemonic approach. According to the hedonistic approach,

subjective well-being is experiencing a high level of positive emotions, a low level of negative emotions, and a high level of life satisfaction (Deci & Ryan, 2008). The eudemonic approach, defines psychological wellbeing as living well and actualizing your potential, living to realize your daemon, and living fulfilled without losing yourself (Waterman, 2013).

Carol Ryff is one of the main scholars in the psychological wellbeing research. She has defined psychological well-being as a dynamic concept that includes subjective, social and psychological dimensions, as well as behaviors that are considered healthy. The dimensions of well-being according to the author are; self-acceptance, establishing equal relationships with others, a sense of autonomy in thought and action, the ability to manage complex environments, the pursuit of important goals and purpose in life as well as continuous growth and development as an individual (Ryff & Keyes, 1995; Seifert, 2005).

Lastly, the American Psychological Association defines psychological well-being as a state of happiness and contentment with low levels of distress, good physical and mental health, or a high quality of life (APA Dictionary of Psychology, 2020c). In this definition psychological well-being includes mental health. Another definition of well-being is: Psychological well-being refers to a high level of positive functioning in interpersonal relationships and the relationship with oneself (Burns, 2016). This definition may include one's connection to others and attitudes toward oneself that include one's level of autonomy and personal growth.

Psychological Wellbeing and Gender

Several studies have been done to look at differences between psychological well-being and gender. These studies have actually seen differences between gender and certain dimensions of well-being. The results are actually not consistent showing that in some studies women have a higher level of well-being

and vice versa and that there is no gender difference in the levels of psychological well-being.

A study that has specifically studied the relationship between gender and psychological well-being has found statistically significant differences between men and women where men had received higher scores in the dimension of self-acceptance and autonomy and women in personal growth and positive relationships with others (Matud et al., 2019).

Gender differences in well-being, in relation to the points obtained in CORE OM, in the study conducted by Bodinaku in 2014, have shown that there are no statistically significant differences between men and women in the global level of well-being (Bodinaku, 2014). This study was carried out as part of the procedure of standardization of the questionnaire in the Albanian language. The only statistically significant difference between men and women in the dimension of CORE - OM was in the dimension of subjective well-being, where women reported a lower level of well-being than men (Bodinaku, 2014).

Lastly, in a study conducted by Watterman, where well-being was measured with the Eudaimonic Well-Being Questionnaire, it was found that women reported higher levels of this well-being and the difference was statistically significant (Watterman, et al., 2013).

Perfectionism and Psychological Wellbeing

Psychotherapy practice and practitioners have seen the consequences of being perfectionistic (Horney, 1950; Hollender, 1965; Burns D., 1980; Antony et al., 1998; Chang, 2006; Cohen J., 2021). Karen Horney describes in detail in her paper the Search for Glory (1950) that high and unattainable standards become ground for debilitating psychopathology and an arrest in the process of self-actualization. She talks about basic anxiety which is it arises from the infant's helplessness and dependence on his

or her parents or from parental indifference (American Psychological Association, 2020a). According to her, perfectionistic traits might be borne as a way to cope with the dread that comes with this hostile environment. Albert Ellis on the other hand, categorized perfectionistic thinking and beliefs as irrational thoughts and beliefs that produce immense psychological suffering (Ellis, 2002), Adler described as an effort to fight for the strong inferiority complex (Ewen, 2003).

Studies on perfectionism show that perfectionism is related to a range of psychopathology such as personality disorders, anxiety disorders (Ashbaugh, et al. 2007, Besser, Flett, Sherry, & Hewitt, 2019), mood disorders, eating disorders (Carvalho et al., 2009). Perfectionism has a role in the individual's response to psychological stress and can be considered a transdiagnostic personality trait, influencing vulnerability to many psychological disorders (Egan et al., 2011). Lastly, many studies have linked physiological problems with perfectionism. The "high standards for oneself" trait is associated with digestive disturbances, bowel problems and irritable bowel syndrome (University of Southampton, 2017). Meanwhile, another study has found that perfectionism and performance skills are related to the response to stress by increasing the level of cortisol in the blood and the activation of the HPA axis (Wirtz et al., 2007; Nealis et al., 2020). Sleep is another dimension of life affected by this trait. Individuals with high levels of perfectionism have reported high levels of insomnia (Lundh et al., 1994).

Psychotherapy in Albania

An important part of our study was the inclusion of psychotherapy attendance as a variable to be studied in relation to both our constructs. It can easily be said that the mental health care service in Albania is still developing. The fall of the dictatorship and the beginning of a new political system seems to have helped support and develop mental health policies and institutions. The communist regime used the Pavlovian

perspective in its service to support the communist ideology with what was called work therapy (Marks, 2018). This type of "therapy" consisted of unpaid work, more or less in the form of slavery, to correct what the regime called "deviant behavior" to produce "better socialist people or men" (Bodinaku, 2014).

After 1990, many mental health professions began to emerge, such as social work, psychology, and psychotherapy. The first generation of psychotherapists in Albania was certified by the European Association of Psychotherapy in 2000. From that moment, the profession of psychotherapy continued to grow, although still not formally regulated in the form of any order. The situation looks a little better with the creation of the order of the psychologist and the release of trainings for different therapeutic approaches. Currently in Albania, the training offered to professionals who want to specialize in psychotherapy are Cognitive-Behavioral Therapy Training, Psychoanalysis Training, Psychodrama, Schema Therapy, BWRT and EMDR, art and play therapy training as well as training or workshops. others shorter in time. Also, it must be said that contact with social networks or different websites of psychotherapy institutions of different modalities has made it easier, at least the visibility and the possibility to get these certifications online.

Methods and Procedures

Procedure

1. Pilot study

To test the internal reliability of the two instruments used, an online pilot study was conducted. A total of 31 people responded to the distribution of the online questionnaire, 5 of whom identified as male, 1 as non-binary and 25 as female.

The internal reliability analysis showed a high level of reliability for both instruments, which gave permission to use the

questionnaires for the second phase of the study. The reliability analysis for both instruments is presented in the table below:

Table 1. Internal Reliability of the instruments

Instrument	*Cronbach's alpha*
CORE – OM	0.946 (n=28)
FMPS	0.934 (n=30)

Before proceeding with the second phase, that of the full study, some changes were made from the pilot study phase. Two questions were added to the demographic questions section of the questionnaire: "Are you currently in psychotherapy/psychological counseling" and "Are you taking medication for mental health concerns?" Also, in the question of employment it was allowed to choose more than one alternative.

1. Study

The questionnaire was shared on different social networks (Facebook, Instagram, LinkedIn, and WhatsApp) due to the impossibility of receiving the answers face to face. The questionnaire stayed from May 15th to August 20th, from where 548 people answered the questionnaire. Also, part of the data for the population attending psychotherapy and counseling was collected by distributing the paper questionnaire. A total of 7 questionnaires were collected from this method of administration (paper and pencil).

Participants

548 participants completed the questionnaire shared on social media and through the pen and paper method. 22.3% of the participants (n=122) identified as men/boys, and77% (n=422) as girls/women, and 0.5% (n=3) as non-binary. Meanwhile, only one person did not answer this question.

Table 2: Descriptive Statistics - Gender

	N	***Percentage (%)***
Girls/Women	422	77.0
Boys/Men	122	22.3
Non - Binary	3	0.5
No answer	1	0.2
Total	**548**	**100**

Regarding participation in psychotherapy/counseling and taking medication, it turned out that 12% of the participants (n=66) were in counseling/psychotherapy, 86.9% were not and 6 people did not answer. Regarding medications, only 11 of the sample reported taking medication for mental health concerns (**Table 4**).

Table 3. Descriptive Statistics – Psychotherapy

	N	***Percentage (%)***
Attending	66	100.0
Psychotherapy		
Not Attending	476	86.9
No Answer	6	1.1
Total	**548**	**100**

Table 4. Descriptive Statistics - Medication

	N	***Percentage (%)***
Medication	11	2.0
Not Attending	531	96.9
No Answer	6	1.1
Total	**548**	**100**

Based on the purpose of this paper, people who stated that they take medication for mental health concerns, were removed from the sample with which the data analysis was performed. People identified as non-binary were also removed from the study as, firstly, they were too few in number and secondly, the non-binary sample could add other variables that could complicate the study's analyses. Finally, in the sample taken to perform the relevant statistical analyses, the sample that was between the ages of 18 and 45 was selected.

In the final data, 22.7% (n=114) of those sampled identified as men/boys and 77.3% (n=388) as girls/women. Age ranged from 18 to 45 years with a mean age of 25.3 years. Of these, 11.8% reported going to psychotherapy and counseling (n=59) and the rest reported not receiving these services (n=440; 87.6%).

Purpose and hypotheses

The purpose of this study was to explore the relationship between perfectionism and psychological wellbeing, while also shedding light on gender and psychotherapy attendance differences in relation to both these constructs. In this line the following hypotheses were proposed:

H1: There are no gender differences in the level of perfectionism.
H2: There are no gender differences in the level of psychological well-being.
H3: Individuals who attend psychotherapy/counseling will have higher levels of perfectionism.
H4: Individuals who attend psychotherapy/counseling have a lower level of psychological well-being.
H5: There is a negative relationship between perfectionism and psychological well-being.
H6: Perfectionism has a negative predictive effect on psychological well-being

Instruments

Two instruments were used for collecting the necessary data: CORE - OM and Frost's Multidimensional Perfectionism Scale (FMPS). Instruments were respectively used to measure psychological wellbeing and perfectionism.

The CORE – OM (Clinical Outcomes in a Routine Evaluation), is an instrument designed by Evans et al. to measure the level of psychological well-being. This instrument is pan-theoretical, which means it is not based on a specific theory or school of psychotherapy, and pan-diagnostic. CORE – OM has a total of 34 statements measured on a Likert scale from 0 (never) to 4 (Most or all of the time). The global scale of well-being is measured by finding the average of all statements or by finding the average of the averages of the dimensions. Higher scores on the global scale indicate a lower level of psychological well-being or a high level of symptoms.

Studies on psychometric properties have shown high reliability and high convergent validity with several other instruments (Paz, et al., 2020). A study by Evans, et al., 2002, has shown that this instrument is valid and reliable for clinical and non-clinical populations as well as highly sensitive to change. Also, the instrument has been translated and adapted in several different countries, in which it has again shown strong psychometric properties. (Honkalampi, et al., 2017; Kristjánsdóttir & Sigurðsson, 2015). The Albanian variant of CORE-OM presents similar and, in some cases, even higher values than its original variant (Bodinaku, 2014).

The FMPS is an instrument designed to measure the global scale of perfectionism. Frost and colleagues (1990), were the first to develop this questionnaire to measure dimensions of perfectionism in clinical and non-clinical groups (Antony et al.,

1998). This instrument has 35 items organized into six dimensions. The dimensions are (a) concern over mistakes, (b) doubts about actions, (c) personal standards, (d) parental expectations, (e) parental criticism, and (f) organization. The FMPS items are measured on a Likert scale from 1 to 5, where 1 indicates the lowest level of and 5 indicates the highest level of perfectionism. The measurement for each dimension is done by adding the accumulated points from each statement. Meanwhile, the global level of perfectionism is measured by finding the sum of all the points obtained from the statements.

Finally, regarding the psychometric properties, various studies have shown good psychometric properties of the instrument to be used in both clinical and non-clinical populations, in young people (Gelabert et al., 2011) A study conducted on the Portuguese version of the FMPS has shown that the instrument has high internal reliability as well as high consistency. Meanwhile, convergent validity with Hewitt and Flett's Multidimensional Scale was high, as well as divergent validity with positive and negative affect (Amaral et al., 2013).

Data analysis

To test the hypotheses of this study quantitative data analysis were used; independent samples t-test, Pearson correlation, partial correlation, simple regression model and multiple regression model.

Independent samples t-test was used to investigate gender and psychotherapy attendance differences in the level of perfectionism and psychological wellbeing. Whereas, to measure the relationship between perfectionism and psychological wellbeing, Pearson correlation and regression models were used. Considering our conceptualization and the literature review the regression model equation were conceptualized as follows:

$$\mathbf{1}.\ \boldsymbol{PsychWB = a + b * perf + e}$$

$$2.\ PsychWB = a + b * cmdaa + e$$

Multiple regression model was used to obtain a better explanatory model for psychological wellbeing. In this equation, age was added as a predictive variable. The equation was conceptualized as follows:

$$3.\ PsychWB = a + b * cmdaa + c * age + e$$

Data analysis included also normal distribution tests for the sample gathered and general descriptive statistics for the variables taken into consideration.

Results

Normal Distribution Test

In order to be sure and perform the following analysis, the sample was tested if it had a normal distribution. To test for normal distribution the sample needs to be controlled for the values in skewness and kurtosis. In fact, the debate over these values still continues, but literature suggests that the values range from -2 to +2 for skewness and kurtosis.

From the analysis and verification of these data, it has resulted that of all the variables taken into consideration, only the risk sample does not fulfill the condition for normal distribution and therefore it has been removed from further analyses (Table 5). In fact, this data is expected, considering that this dimension does not meet the psychometric criteria to be considered a real subscale. However, it is calculated on the global perfectionism scale.

Table 5. Skewness and kurtosis values

	N	*Missing*	*Skewness*	*Kurtosis*
Age	486	15	1.32	1.5
CORE	500	1	.58	-.07
Funx	500	1	.49	-.05
Problems	500	1	.39	-.60
SubWb	500	1	.39	-.49

Risk	500	1	3.30	12.70
Perf	498	3	.35	-.18
CMDAA	497	4	.39	-.41
ParEC	498	3	.57	-.12
Org	498	3	-.82	+.55
PSt	497	4	-.19	-.05

T-test analysis for independent samples

T-test analysis regarding gender differences in the levels of perfectionism, showed that there are no significant differences in the level of perfectionism between girls and boys (t=-.400 and p=.662>0.05), despite the fact that girls and women reported higher levels of perfectionism (d =0.03161). This is a result that supports the hypothesis and rejects the null hypothesis.
Regarding well-being, the results showed that there are statistically significant differences between the two genders with which the sampled/rats were identified (t=-3.245 and p=0.01 < 0.05) when girls and women reported lower levels of well-being, or a higher level of symptoms (d = -0.217).

These results shown summarized in **Table 5**

Table 5: T-test analysis: Gender

Variable	***Gender***	***N***	***M***	***Difference***	***t***	***p***
Psychological Wellbeing	Men/Boys	113	2.74	-.031	-.40	.662
	Girls/Women	387	2.77			
Perfectionism	Men/Boys	113	1.10	-.22	-3.25	0.01
	Girls/Women	385	1.32			

Another t-test analysis controlling for psychotherapy attendance was conducted

The results showed that there are no statistically significant differences in the level of psychological well-being (t=1.006;

p=0.318>0.05), even though individuals attending psychotherapy counseling reported lower levels of well-being (d=0.095).

The results for perfectionism on the other hand showed that individuals attending psychotherapy or counseling have higher levels of perfectionism (d=0.48) and this difference is statistically significant (t=4.59; p=0.00<0.05).

Again, these results are shown in the following table:

Table 2. T-test analysis: Psychotherapy Attendance

Variable	*Psychotherapy*	*N*	*M*	*Difference*	*t*	*p*
Psychological Wellbeing	Yes	58	1.35	.09	1.006	.318
	No	436	1.26			
Perfectionism	Yes	58	3.17	.48	4.598	0.01
	No	436	2.96			

Correlation Analysis

To explore the relationship between these two variables, simple Pearson correlation was used. The results of the correlational analysis have supported the hypothesis for testing (r=0.472; p=0.00<0.05). This result shows that for this sample taken in the study, individuals who have high levels of perfectionism have a lower level of psychological well-being and vice versa. It is important to note that this type of method only indicates the direction of the relationship, not whether perfectionism causes lower psychological well-being.

In order to further deepen the analysis, the relationship between the dimensions of perfectionism and well-being was also explored. Pearson correlation was again used for this analysis. The analysis showed that symptomatology has the strongest positive relationship with doubts about actions (r=0.537; p=0.000<0.01), followed by parents' expectations and criticism

(r=0.426; p<0.01), and ending with personal standards, a construct with which the symptoms actually have a weak relationship, despite being positive (r=0.095) and statistically significant (p<0.05). The dimension of organization has a negative relationship with symptoms, which shows us that this dimension is positively related to well-being and negatively to symptomatology.

Table 7. Correlation matrix for perfectionism and psychological wellbeing

		1	*2*	*3*	*4*	*5*	*6*
1.	***CORE***	1					
2.	***Perf***	**.472****	**1**				
3.	***CMDAA***	**.537****	.936**	1			
4.	***ParEC***	**.425****	.866**	.724**	1		
5.	***Org***	**-.132****	.099**	.013	-.002	1	
6.	***PSt***	**.095***	.675	.506**	.401**	.361**	1

**. Correlation is statistically significant in 0.01 level (2-tailed).
**. Correlation is statistically significant in 0.05 level (2-tailed).

Regression analysis

In order to create a good explanatory model for psychological wellbeing a simple linear regression model and multiple regression model were considered. In the simple regression model, the global level of perfectionism was used as an explanatory variable. This model proved to explain 22% of the variance of psychological wellbeing (b=+.430; Ad R^2=0.22) and proved to be a statistically significant model (p=.00<0.05).

On the other hand, multiple regression model with concern over mistakes and doubts about actions as the explanatory variable. This model, as expected proved to have more explanatory strength in the level of psychological wellbeing (R^2=0.304; F=106.282; p<0.05).

A third model was used to provide a better explanatory model for subjective wellbeing. The model used together with concern over mistakes and doubts about actions, age as an explanatory variable.

The results of the multiple regression analysis in this case show that this is the model with strong explanatory effect from the three models under consideration. The variable of age and cmdaa explains 30.4% of the variation of psychological well-being and is a model which is statistically significant (R2=0.304; F=106.282; p<0.05). Meanwhile, for each of the variables, the coefficients are for age (b=+0.384; p<0.05) and cmdaa (b=-0.20; p<0.05). The relationship between cmdaa and well-being is a positive relationship, which means that as criticism over mistakes and doubt over actions increases, psychological well-being decreases. More concretely, with a one-unit increase in the cmdaa variable, welfare would decrease by 0.384 units.

Meanwhile, in relation to the age variable, we see that the relationship between it and well-being is an oblique relationship, that is, with increasing age, the level of symptoms decreases and the level of well-being increases.

Table 8. Regression Models

	Predictive Variables	***b***	***R^2***	***Ad R^2***	***F***	***p***
Model 1	*Perf*	**.430**	0.223	0.22	142.24	0.00
Model 2	*CMDAA*	**.404**		0.29	199.78	0.00
Model 3	*CMDAA*	**.384**		0.30	106.28	0.00
	Age	**-.20**				0.00

Discussions

To study the relationship between psychological wellbeing and perfectionism 6 hypothesis were proposed and tested with inferential statistics. In this section, each of the hypotheses is

presented and we have provided a detailed discussion that confronts our results with the existent literature.

H1: There are no gender differences in the level of perfectionism

The results of the t-test for independent samples showed that there are no statistically significant differences between girls and boys in the level of perfectionism as found by (Stoeber & Stoeber, 2009; Kaëamura et al., 2001; Hassan et al., 2012) This is a result which also supports the proposed hypothesis. Despite the statistical significance of the results, girls reported higher levels of perfectionism. This result is actually understandable and expected, since perfectionism, as mentioned above, can have different ways of showing, for example girls and women can have higher levels of perfectionism in terms of how they look, based on the theory of gender roles, perfectionism for them can be related to a perfect performance in terms of appearance, unattainable body standards, on the other hand for boys and men perfectionism can be manifested in other forms, for example the perfectionistic tendency to perform like someone else, to have as much income as possible and to be versatile. The literature on gender differences in perfectionism presented mixed, inconsistent data regarding gender differences (Melero et al., 2020; Gawlik, 2012)

H2: There are no gender differences in the level of psychological well-being

The second hypothesis put forward for this study was that there are no gender differences in the level of psychological well-being. As with perfectionism, gender can hardly be considered an influencing variable in the level of well-being. Psychological well-being, measured in this study through 3 dimensions, functioning, subjective well-being and symptoms, measures some parts of functioning, which according to the literature are not so much related to gender than to life events or personal characteristics for each individual.

The results of the study actually showed that there is a statistically significant difference between the sexes in the level

of psychological well-being, with girls and women reporting lower levels of psychological well-being than boys/men. This is a result that rejects the main hypothesis and supports the null hypothesis. First, this result may be due to the low number of boys who participated in the study. Second, gender role theory makes girls and women more free to understand and express their emotional world. Also, given the nature of some of the CORE-OM questions which are "sensitive" again according to gender role theory, it is more likely that it made men and boys less inclined to give a response of precisely, not wanting to appear "weak" and underreport their real levels of well-being. Thirdly, from the sample that follows psychotherapy and counseling, the majority of the sample were girls and women, which can cause two things, first theoretically, people who go to therapy have more knowledge about their suffering and second, people who go to psychotherapy and counseling are expected to actually have lower levels of well-being, which has led them to seek counseling and psychotherapy.

H3: Individuals who attend psychotherapy/counseling have higher levels of perfectionism

Independent t-test analysis showed that individuals who attend psychotherapy have higher levels of perfectionism. In fact, perfectionism is one of the reasons individuals seek psychotherapy (Hewitt and Flett, 2002; Burns 1989). In the sense that it is not that someone comes and says "perfectionist", but during the preliminary interviews and following the psychotherapy, the thoughts, the perfectionist beliefs that are identified are seen as the cause of part of the suffering for the person.

H4: Individuals who attend psychotherapy/counseling have a lower level of psychological well-being

The results of the independent samples t-test showed in fact that there are no statistically significant differences between these two groups. Such a result, although it does not support the

proposed hypothesis, is nevertheless interesting as it is actually expected that there will be a difference. One possibility may be that individuals who do not attend psychotherapy may underreport their symptoms or vice versa. Second, some individuals who do not attend psychotherapy and counseling may need to do so but do not do so because they think they can handle their problems or concerns on their own, they are not informed about how to access these services or feel the stigma that accompanies going to psychotherapy.

On the other hand, in terms of follow-up or psychotherapy, a very important factor is the stage of therapy in which the person is. The fact that this part was not measured, which is very important in the psychotherapeutic journey of the patient, does not allow us to make many guesses about such an outcome.

H5: There is a negative relationship between perfectionism and psychological well-being

The results of the correlational analysis proved that there is a negative, relatively strong relationship between perfectionism and psychological well-being. Such a result supports the main hypothesis put forward and also supports studies that have explored the relationship between these two constructs.

On the other hand, supporting literature, the dimension of criticism over mistakes and doubt on actions had the strongest connection with psychological well-being. This link in the study turned out to be quite strong. Doubt over actions is a dimension that is expected to actually have such an effect on psychological well-being that doubting every action you do whether it is good or bad should and is actually very tiring, thus triggering the experience of very strong emotions such as intense anxiety and feelings related to being incapable, inadequate. Meanwhile, it has been found in the literature that cmdaa (concern over mistakes) or daa (doubts about actions) is the dimension that is

most closely related to anxiety disorders, especially obsessive-compulsive disorder (Chicc et al., 2008).

H6: Perfectionism has a negative predictive effect on psychological well-being

The first model included only the global scale of perfectionism, coded as totp, in the model. From this model it was found that the global scale of perfectionism explained 22.2% of the variation in psychological well-being and with a negative effect. This result supports the proposed hypothesis.

To deepen the analysis further, concern over mistakes and doubts about actions was included in the model. The results were also the same and that the presence of this variable in the regression increased the explanatory effect of the model to 30%, which shows us that this variable is the one that most affects the variation of psychological well-being. Together with the correlational analysis, this result is also supported by a part of the literature.

Finally, age was also entered into the model, given that some studies suggest that psychological well-being increases with age. Entering the age as a variable in the regression increased the explanatory power of the model to 38%. The model also showed that the relationship between these two variables was negative, which means that psychological well-being increases with age. Some psychological theories assume that with age, one loses the egocentrism of youth, becomes more open to experiences and more accepting of the world in general. However, it seems a bit counterintuitive, given the fact that older age groups face different problems, especially health (Steptoe, Deaton, & Stone, 2014).

Limits and implications for further studies

Having come to these conclusions it is evident that the design of the study presents many limitations, such as the small number of men who answered the questionnaire, the small clinical sample. These limitations make it difficult to understand and to come to a real conclusion on the gender or psychotherapy attendance differences on perfectionism. Therefore, it is recommended that other studies who might be interested in this topic to explore such relations with the same number of participants in gender and psychotherapy attendance.

When measuring differences in either the levels of perfectionism or psychological wellbeing it was not specified neither the phase of psychotherapy the clients were in. As it is known, especially the phase of the psychotherapeutic process in which the client is, might have a certain effect on the insight on perfectionism.

Lastly, we believe the study provides a necessary beginning line of studies in the dimension of perfectionism. It is important, as it is also stated in literature that different dimensions of perfectionism might be related to specific mood, anxiety, eating or personality disorders. Therefore, it is important to continue to study these relationships but in the Albanian context, where such research is unfortunately missing. Understanding perfectionism and its relation to psychopathology in the Albanian context, we will be able to raise awareness on this matter by providing policymakers, educators and mental practitioners with empirical data on the consequences that the search for glory has on our population's mental health.

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