Leisure Satisfaction and Attitudes of Perfectionists: Implications for Therapeutic Recreation Professionals

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In this study, the researchers explored the differences in the leisure satisfaction and attitudes of perfectionists and nonperfectionists, and of maladaptive perfectionists and adaptive perfectionists. Results indicated that there were statistically significant differences between perfectionists and non-perfectionists on several factors in leisure satisfaction and attitudes toward leisure, but no statistically significant differences between maladaptive and adaptive perfectionists on any of the subscales of either measure. The authors discuss practical and theoretical implications for therapeutic recreation professionals.

KEY WORDS: Perfectionism, Leisure Satisfaction, Leisure Attitudes

There are signs everywhere that people are concerned with improving the quality of their lives. For example, in a recent Time/CNN poll, seven out of ten people indicated that they wanted to slow down their lives and that “earning a living today requires so much effort that it is difficult to find time to enjoy life” (as cited in United Way of America, 1992, p. 22). People are seeking a higher degree of life satisfaction, defined as a stronger sense of well-being, happiness, or quality of life (Shichman & Cooper, 1984).

Multiple variables contribute to an individual’s life satisfaction. This makes the concept...
of life satisfaction difficult to study. Yet several studies have linked life satisfaction and leisure (Iso-Ahola, 1980; Kelly & Godbey, 1992; Leitner & Leitner, 1996). Leitner and Leitner reported that “leisure behavior is the most important or one of the most important determinants of life satisfaction and psychological well-being . . . many studies support the assertion that leisure participation and life satisfaction are positively related to psychological well-being and life satisfaction” (p. 26).

Many leisure professionals recognize their role in creating life satisfaction for individuals through the provision of fulfilling and enjoyable leisure opportunities which enhance intellectual, social, physical, spiritual, and psychological well-being. Therapeutic recreation specialists take this opportunity one step further through the development of purposeful interventions designed to help clients grow, and relieve or prevent problems through recreation (Austin, 1996).

To be effective, therapeutic recreation professionals must understand the impact of various social and psychological variables which affect leisure experiences and affect clients’ perceptions of leisure. In addition, they must also understand how carefully chosen leisure activities can interact with these social and psychological variables to improve a person’s overall quality of life. Perfectionism is one such psychological variable that can have an impact on an individual’s quality of life.

The purpose of this article was three-fold. The first goal was to document perfectionism as a mental health issue. The second was to examine the connection between perfectionism and leisure attitudes as documented in an exploratory study of college students. The third was to explore the possible implications of the findings of this study for therapeutic recreation professionals and future research concerning perfectionism in therapeutic recreation clients.

**Perfectionism and Mental Health**

The term perfectionism has frequently appeared in the psychological literature over the past 10 to 15 years. However, the lack of a clear, agreed-upon definition has complicated the discussion about who perfectionists are and how perfectionism affects their mental health. Consistent in the literature is the idea that perfectionists are those who have high standards (Burns, 1980; Hamachek, 1978; Hewitt & Flett, 1990; Slaney, Ashby, & Trippi, 1995). Researchers in this field agree that perfectionism is pervasive, and that it affects every aspect of the life of a perfectionist (Blatt, 1995; Hewitt & Flett, 1990; Slaney & Ashby, 1996; Slaney et al., 1995). Despite this general consensus that the core of perfectionism is high personal standards and that the effects of perfectionism are pervasive, there seem to be rather wide-ranging definitional differences among those who work with and research perfectionists.

The traditional view of perfectionism has tended to be negative and unidimensional, assuming that all perfectionists are pathological (Blatt, 1995; Burns, 1980; Pacht, 1984). Pacht discussed the “insidious nature of perfectionism” (p. 387). Blatt suggested that “intense perfectionism” can lead to suicide and interfere with the progress of clients being treated for depression. Recent contributions to the therapeutic literature have linked perfectionism and various difficulties related to mental health problems, including eating disorders (Axtell & Newlon, 1993), low self-esteem (Preusser, Rice, & Ashby, 1994; Rice, Ashby, & Slaney, in press), depression (Blatt, 1995; Blatt, Zuroff, Quinlan, & Pilkonis, 1996; Burns, 1980; Halgin & Leahy, 1989; Rice et al., in press), obsessive-compulsive disorders (Broday, 1988), and anxiety (Johnson & Slaney, 1996).

Not all experts in the mental health field believe that perfectionism is uniformly negative. Hamachek (1978) suggested a multidimensional model of perfectionism, with two different types of perfectionists, “normal” and
“neurotic.” “Normal” perfectionists hold themselves to high standards of performance and seek to achieve excellence in their activities, but their self-esteem remains intact when they do not live up to their expectations. Alternatively, the self-esteem of the “neurotic” perfectionist is vulnerable to perceived failures to live up to expectations. Unlike normal perfectionists, neurotic perfectionists seem unable to experience accomplishments as good-enough or to delight in jobs well done (Hamachek, 1978). Hamachek predicted that normal perfectionists would have more positive mental health outlooks than neurotic perfectionists because of the adverse effects of neurotic perfectionism on self-esteem.

Recent research has supported a multidimensional model of perfectionism, suggesting that while high standards and a sense of orderliness are related to perfectionism, these factors are not necessarily excessive or pathological (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost, Marten, Lahart, & Rosenblate, 1990; Rice, Ashby, & Slaney, 1997; Slaney et al., 1995). Additionally, Rice, Ashby, and Slaney (1997) and Slaney et al. (1995) found that perfectionists tend to fall into the two distinct categories of adaptive perfectionists and maladaptive perfectionists. Both adaptive and maladaptive perfectionists have a significant discrepancy between their personal standards and their performance. However, adaptive perfectionists manifest a low level of distress about this discrepancy, while maladaptive perfectionists manifest a high level of distress about this discrepancy (Rice, Ashby, & Preusser, 1996; Slaney et al., 1995).

Researchers have found other differences between adaptive and maladaptive perfectionists, including levels of inferiority (Ashby & Kottman, 1996), eating disorders (Ashby, Kottman, & Schoen, 1997), and positive and negative affect (Frost et al., 1993). Ashby and Kottman (1996) found that maladaptive perfectionists had significantly higher levels of inferiority than adaptive perfectionists. Ashby, Kottman, and Schoen compared a clinical sample of women being treated for eating disorders with a comparison group of undergraduate women on several measures of perfectionism. Their results suggested that there is a relationship between maladaptive perfectionism and several factors related to eating disorders. In contrast, they did not find a significant relationship between adaptive perfectionism and factors related to eating disorders. Frost et al. (1993) found that maladaptive perfectionism was related to depression and negative feelings about self and others. In contrast, adaptive perfectionism was not related to depression and was associated with positive feelings about self and others.

**Perfectionism and Leisure: An Exploratory Study**

While there is growing evidence that perfectionism is a mental health issue, there have been few studies designed to explore the connection between perfectionism and leisure satisfaction. Previous studies have suggested that perfectionism is pervasive and affects every aspect of the life of the perfectionist, including leisure (Blatt, 1995; Slaney & Ashby, 1996). Based on the results of a qualitative study of perfectionists, Slaney and Ashby suggested that there may be a connection between perfectionism and feelings about and attitudes toward leisure. The interviewees (n = 37) reported holding high personal standards, both in their interpersonal relationships and in their work settings. Several of the individuals also noted that holding these high standards was frequently problematic for them, sometimes precluding pursuit and/or enjoyment of leisure activities. Information from these interviews suggested that perfectionists may struggle with effectively using leisure as a method of enhancing the quality of their lives.

The present study explored the relationship between perfectionism and leisure satisfaction and attitudes. The study was specifically designed to test the hypotheses that (a) perfectionists would differ significantly from non-perfectionists in leisure satisfaction and
attitudes, with perfectionists being less satisfied with their leisure activities and having more negative attitudes toward leisure than non-perfectionists; and (b) maladaptive perfectionists (defined as those who manifest elevated emotional distress resulting from their striving for perfection) would differ significantly from adaptive perfectionists in leisure satisfaction and attitudes, with maladaptive perfectionists being less satisfied with their leisure activities and having more negative attitudes toward leisure than adaptive perfectionists.

Method

Subjects

One hundred twenty two undergraduate college students recruited from an on-campus summer work program at a mid-sized Midwestern university participated in this study. The participants identified themselves as predominantly Caucasian (70%). The remaining participants identified themselves as African American (7%), Asian American (3%), Latina/Latino (7%), and Native American (7%). Eight participants did not identify their race. This sample consisted of 51 male and 61 female participants. Ten participants did not indicate their sex. The participants ranged in age from 18 to 66, with a mean of 28 years (SD = 13).

Instruments

Almost Perfect Scale-Revised (APSR). The APSR (Slaney, Mobley, Trippi, Ashby, & Johnson, 1996) was designed to measure the multidimensional construct of perfectionism. The scale contains 23-items responded to on a 7-point Likert scale ranging from strongly disagree to strongly agree. The inventory is comprised of three subscales that measure different aspects of perfectionism. The subscales are standards (7 items designed to measure personal standards), order (4 items designed to measure organization and need for order), and discrepancy (12 items designed to measure distress caused by the discrepancy between performance and standards). Slaney, Rice, and Ashby (in press) described a series of confirmatory factor analyses that supported the structure and independence of the subscales. In separate analyses of two undergraduate samples of 600 and 260, factor loadings for the items ranged from .49 to .86 in the first sample and .50 to .86 in the second sample. Slaney et al. also provided support for the convergent and divergent validity of the subscales. The authors reported internal consistency reliabilities for standards (.85), discrepancy (.92), and order (.68). Reliabilities for the present sample were .84 (standards), .91 (discrepancy), and .77 (order).

Leisure Satisfaction Scale (LSS). The LSS (Beard & Ragheb, 1980) is a 51 item measure with 6 subscales. The items are responded to on a 5 point Likert scale ranging from 1 (i.e., “The Item is Almost Never True for Me”) to 5 (i.e., “The Item is Almost Always True for Me”). The LSS was designed to “provide a measure of the extent to which individuals perceive that certain personal needs are met or satisfied through leisure activities” (p. 22). The LSS subscales were based on categories of needs that may be met in leisure. The subscales are: (a) psychological (13 items), including benefits of freedom, enjoyment, and involvement; (b) educational (12 items), including intellectual stimulation; (c) social (11 items), including rewarding relationships; (d) relaxation (4 items), including stress reduction; (e) physiological (6 items), including controlling weight, developing fitness, and staying healthy; and (f) aesthetic (5 items), including finding leisure beautiful, interesting, and well-designed. Beard and Ragheb (1980) reported internal consistency reliabilities for the subscales ranging from .85 to .92. The authors also reported the results of several factor analyses supporting the structure of the subscales. Internal consistency reliabilities for the present study ranged from .71 to .88.

Measuring Leisure Attitude Scale (MLAS). The MLAS (Ragheb & Beard, 1982) is a 36 item inventory measuring three components of leisure attitudes. The 12 item subscales include (a) cognitive; (b) affective; and (c) be-
havioral. Ragheb and Beard reported internal consistency reliabilities of .91 (cognitive), .93 (affective), and .89 (behavioral). The authors also reported the results of a factor analysis supporting the structure of the scales. Internal consistency reliabilities for the present study ranged from .89 to .95.

Procedures

Participants were recruited from an on-campus summer work program. All participants were volunteers. No compensation or incentive was offered. The subjects received a copy of the instruments, a demographic sheet, and informed consent forms. They completed the instruments and returned them to the researchers.

Analyses

To investigate the differences between adaptive perfectionists, maladaptive perfectionists, and non-perfectionists, data were analyzed using a one-way multivariate analysis of variance (MANOVA). The between subjects factor was perfectionism (i.e., adaptive perfectionists, maladaptive perfectionists, and non-perfectionists). The dependent variables were the cognitive, affective, and behavioral subscales of the MLAS and the psychological, educational, social, relaxation, physiological, and aesthetic subscales of the LSS. The multivariate analysis strategy followed Stevens’ (1996) recommendation that an initial significant multivariate main effect be followed by all pairwise multivariate tests (Hotelling T2) to determine which pairs of groups (i.e., adaptive perfectionists, maladaptive perfectionists, and non-perfectionists) differ on the set of variables. Stevens (1996) recommended an experimentwise alpha of .15 in order to maintain adequate power and keep some degree of control over alpha. For the three pairwise analyses in this case, the alpha was adjusted to $15\alpha$, or .05. Finally, to determine significant differences between groups on specific dependent variables, significant T2 tests were followed by a series of individual dependent variable t-tests for each of the MLAS and LSS subscales with the alpha set at .05.

Results

Consistent with other studies identifying perfectionists (e.g., Ashby, Bieschke, & Slaney, 1997; Ashby & Kottman, 1996), in this study subjects were identified as adaptive perfectionists, maladaptive perfectionists, or non-perfectionists based on their APSR standards and discrepancy scores. All participants whose scores on the standards subscale of the APSR fell above the 50\textsuperscript{th} percentile (in the top half of the sample) were identified as perfectionists. Non-perfectionists were those whose standards scores fell below the 50\textsuperscript{th} percentile. Adaptive Perfectionists were distinguished from maladaptive perfectionists based on their discrepancy scores. Those perfectionists (i.e., persons with standards scores above the median for the sample) whose discrepancy scores were below the 50\textsuperscript{th} percentile for the entire sample were identified as maladaptive perfectionists. Those perfectionists whose discrepancy scores were below the 50\textsuperscript{th} percentile were identified as adaptive perfectionists. Based on these criteria, 61 participants were classified as non-perfectionists (i.e., those with standards scores below the median), 32 participants were classified as adaptive perfectionists (i.e., those with standards scores above the median and discrepancy scores below the median), and 24 participants were classified as maladaptive perfectionists (those with standards scores above the median and discrepancy scores above the median). The means and standard deviations for the perfectionism groups’ MLAS and LSS scores appear in Table 1.

The one-way multivariate test investigating differences between adaptive perfectionists, maladaptive perfectionists, and non-perfectionists was significant, $F(18, 214) = 1.79$, $p < .05$. Two of the three subsequent multivariate tests were significant at $p < .05$: adaptive perfectionists differed significantly from non-perfectionists and maladaptive perfectionists differed significantly from non-perfection-
Table 1.
Means and Standard Deviations for the LSS and MLA Subscales by Group

<table>
<thead>
<tr>
<th>Groups</th>
<th>M</th>
<th>S.D.</th>
<th>M</th>
<th>S.D.</th>
<th>M</th>
<th>S.D.</th>
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<tbody>
<tr>
<td><strong>MLAS Scales</strong></td>
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<tr>
<td>Cognitive</td>
<td>57.47</td>
<td>7.13</td>
<td>56.50</td>
<td>10.25</td>
<td>49.30</td>
<td>11.22</td>
</tr>
<tr>
<td>Affective</td>
<td>55.84</td>
<td>8.04</td>
<td>54.13</td>
<td>11.11</td>
<td>54.82</td>
<td>7.32</td>
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<tr>
<td>Behavioral</td>
<td>48.69</td>
<td>9.61</td>
<td>50.71</td>
<td>10.56</td>
<td>47.61</td>
<td>8.36</td>
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<td><strong>LAS Scales</strong></td>
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<tr>
<td>Psychological</td>
<td>45.84</td>
<td>7.44</td>
<td>45.29</td>
<td>5.03</td>
<td>52.13</td>
<td>11.87</td>
</tr>
<tr>
<td>Educational</td>
<td>46.44</td>
<td>7.44</td>
<td>47.75</td>
<td>10.09</td>
<td>47.89</td>
<td>9.93</td>
</tr>
<tr>
<td>Social</td>
<td>44.18</td>
<td>6.47</td>
<td>45.63</td>
<td>8.81</td>
<td>43.15</td>
<td>7.69</td>
</tr>
<tr>
<td>Relaxation</td>
<td>17.50</td>
<td>2.58</td>
<td>17.75</td>
<td>4.40</td>
<td>17.57</td>
<td>3.18</td>
</tr>
<tr>
<td>Physiological</td>
<td>24.44</td>
<td>4.85</td>
<td>24.91</td>
<td>5.56</td>
<td>22.80</td>
<td>6.69</td>
</tr>
<tr>
<td>Aesthetic</td>
<td>19.56</td>
<td>3.12</td>
<td>19.50</td>
<td>4.22</td>
<td>18.93</td>
<td>4.93</td>
</tr>
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</table>

Two of the univariate t-tests comparing scores of adaptive perfectionists and non-perfectionists were significant. Adaptive perfectionists had significantly higher scores on the cognition subscale of the MLAS ($t = 2.94$, $p < .005$, $es = .75$) and the psychological subscale of the LSS ($t = -2.77$, $p < .01$, $es = .64$). Two of the univariate t-tests comparing scores of maladaptive perfectionists and non-perfectionists were significant. Maladaptive perfectionists had significantly higher scores on the affective subscale of the MLA ($t = 2.48$, $p < .05$, $es = .64$) and the behavioral subscale of the LSS ($t = 2.48$, $p < .05$, $es = .64$). As suggested by Haase, Ellis, and Ladany (1989), measures of magnitude of effect were calculated. Effect size (es) was computed using Wolf’s (1986) equation for group differences.

Table 2.
Multiple Analysis of Variance for the MLAS and LSS by Perfectionism Group

<table>
<thead>
<tr>
<th>Groups</th>
<th>F</th>
<th>Degrees of Freedom</th>
<th>T2</th>
<th>Significance</th>
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<tr>
<td>Adaptive vs.</td>
<td></td>
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<tr>
<td>Non-perfectionists</td>
<td>0.55</td>
<td>9</td>
<td>0.18</td>
<td>.55</td>
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<tr>
<td>Adaptive vs.</td>
<td></td>
<td></td>
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<tr>
<td>Maladaptive perforctnists</td>
<td>2.48</td>
<td>9</td>
<td>17.74</td>
<td>.01</td>
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<tr>
<td>Maladaptive vs.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Non-perfectionists</td>
<td>2.19</td>
<td>9</td>
<td>16.36</td>
<td>.03</td>
</tr>
</tbody>
</table>
perfectionists scored significantly higher than non-perfectionists on the cognition subscale of the MLAS (t = 2.09, p < .05, es = .66) and the psychological subscale of the LSS (t = −2.76, p < .01, es = .70). No other significant differences were found between any of the groups on individual variables.

**Discussion**

The purpose of this study was to explore whether adaptive perfectionists, maladaptive perfectionists, and non-perfectionists differed significantly on measures of leisure satisfaction and leisure attitudes. Specifically, the researchers hypothesized that (a) perfectionists would differ significantly from non-perfectionists in leisure satisfaction and attitudes, with perfectionists being less satisfied with their leisure activities and having more negative attitudes toward leisure than non-perfectionists; and (b) maladaptive perfectionists would differ significantly from adaptive perfectionists in leisure satisfaction and attitudes, with maladaptive perfectionists being less satisfied with their leisure activities and having more negative attitudes toward leisure than adaptive perfectionists. With regard to the first hypothesis, the results did indicate that perfectionists and non-perfectionists differed significantly on the psychological subscale of the LSS and the cognitive subscale of the MLA. With regard to the second hypothesis, the results of this study did not reveal any differences between adaptive and maladaptive perfectionists, which does not lend support to the concept of multidimensional perfectionism discussed in the literature (e.g. Frost et al., 1993; Rice et al., 1997).

The scores on the psychological subscale of the LSS indicated that both adaptive and maladaptive perfectionists felt less freedom, enjoyment, and involvement in leisure than non-perfectionists. The authors believe that this is because perfectionists approach leisure activities with a need to meet high standards, frequently resulting in their experiencing less enjoyment and less freedom in these activities than non-perfectionists.

However, on the cognitive subscale of the MLA, the scores indicated that adaptive and maladaptive perfectionists held more positive beliefs about and greater value placed on leisure than non-perfectionists. This subscale included the following factors: (a) general information and beliefs about leisure; (b) beliefs about the relationship between leisure and other concepts such as work, happiness, and health; and (c) beliefs about "the qualities, virtues, characteristics, and benefits of leisure to individuals such as: developing friendship, renewing energy, helping one to relax, meeting needs, and self-improvement" (Ragheb & Beard, 1982, pp. 157–158). The relatively high scores on this subscale are consistent with the findings of Ashby and Kottman (1996), which indicated that perfectionists constantly strive to compensate for their own feelings of inferiority. The movement toward self-improvement and meeting needs would fit with the desire to make the best of their assets and to overcome their liabilities. It seems possible that while perfectionists may not always act on these beliefs, they believe that leisure and the benefits of leisure can be a positive force in their lives. This cognitive understanding of the beneficial aspects of leisure may not always translate into action.

There were no significant differences between maladaptive and adaptive perfectionists on any of the subscales of the two leisure measures. The findings were surprising given the significant differences between adaptive and maladaptive perfectionists found on other measures in various studies (e.g., Frost et al., 1993). According to the results of the current study, differences found in satisfaction and attitudes toward leisure seem to be related to the high standards of perfectionists, rather than the degree of emotional distress related to the discrepancy between standards and performance that differentiates adaptive perfectionists from maladaptive perfectionists.
Perfectionism and Therapeutic Recreation

Although the subjects used in this study do not directly transfer to therapeutic recreation, the findings do bring up some interesting issues for therapeutic recreation professionals. As has been documented in this paper, perfectionism is a mental health issue that warrants attention of certified therapeutic recreation specialists (CTRSs). As Austin (1997) has noted, like physicians and other medical professionals, therapeutic recreation specialists have long dealt with the problem of mental illness. However, unlike traditional medical practitioners, therapeutic recreation professionals have gone beyond illness to “promoting the goal of self-actualization, or the facilitation of the fullest possible growth and development of the client” (Austin, p. 136). In striving for this goal of wellness, therapeutic recreation specialists work with clients to provide them with opportunities to feel good about themselves and their accomplishments, improve relationships with others, relieve tension, develop healthy coping techniques, and communicate their leisure needs (National Therapeutic Recreation Society, 1993). To accomplish this with clients whose issues include perfectionism, CTRSs need to understand more of how perfectionism manifests itself in one’s leisure functioning. Thus, future research regarding perfectionism and leisure may explore the following questions:

1. To what degree does perfectionism manifest itself in specific population groups during leisure?

2. How does perfectionism interact with other social and psychological variables to have an impact on the leisure experience? How does this interaction affect perfectionists’ perceptions of leisure?

3. Within their own lives, do perfectionists view leisure as important and recognize the value of leisure for themselves?

4. Are perfectionists satisfied with their leisure options within therapeutic recreation programs?

5. Is perfectionism a constraint to trying new leisure pursuits? If so, how can this constraint be overcome?

A second area of research relates to examining actual techniques to assist therapeutic recreation professionals to help perfectionists develop appropriate leisure lifestyles. For example, the findings of this study seem to indicate that while perfectionists may place greater value on leisure and hold more positive beliefs about leisure than non-perfectionists, perfectionists may feel less freedom, enjoyment, and involvement in leisure than non-perfectionists. One explanation of this discrepancy derives from the flow theory developed by Csikszentmihalyi (1982; 1990) which explains behavior based on the variables of risk (challenges) and competence (skills). Because perfectionists have a high level of personal standards, they may have an exaggerated perception of the risks involved with particular leisure activities and an underrated perception of their own competence. They may not be willing to take advantage of opportunities for leisure because they are afraid they will fail and that the risk of failure is high due to their own inability to perform equivalent to their own standards.

Csikszentmihalyi’s (1982; 1990) flow model provides therapeutic recreation professionals with several possibilities for intervention with perfectionistic individuals, especially in the area of leisure education. By teaching clients about the details of specific activities through leisure education, the therapeutic recreation professional may also help perfectionistic clients to reduce anxieties related to exaggerated perceptions of the risks of failure involved in those activities. As they feel more comfortable with various leisure pursuits, perfectionists may relax. This increased relaxation might result in reduced tension related to leisure activities which could lead to enhanced feelings of enjoyment.

Therapeutic recreation professionals can also use a cognitive-behavioral approach to
working with perfectionistic clients, working with clients to examine their thought processes related to leisure and feelings about their own performance (Austin, 1997). Using Beck’s (1976) model, the CTRS could help clients examine their thought patterns, looking for irrational ideas or faulty beliefs about the risks of specific leisure activities and about their perceptions of their own competence. Once the CTRS helps clients identify their cognitive distortions or patterns of mistaken ideas, he or she may teach clients to dispute these distorted beliefs and begin to establish new thought patterns. By using cognitive-behavioral strategies such as cognitive rehearsal, role-playing, homework assignments, journaling, and relaxation training (Austin, 1997), the CTRS can help perfectionistic clients change their perfectionistic beliefs related to leisure attitudes and functioning.

By exploring the connection between perfectionism and other psychological conditions, such as anxiety and locus of control, research may provide therapeutic recreation professionals with guidance as to which clients may be likely candidates for intervention aimed at decreasing anxiety about risks and competence related to high personal standards. It would also be helpful for researchers to gather data about whether reducing personal standards may result in higher levels of leisure satisfaction, without any other intervention. Another possible study would involve exploring the impact of interventions by therapeutic recreation professionals on both the leisure satisfaction and the life satisfaction of perfectionists.

**Conclusion**

As a result of examining the connection between perfectionism and leisure, this study has generated many questions for therapeutic recreation professionals. Whether CTRSs are working within a clinical or a community setting, they will encounter clients who are perfectionists. By increasing their understanding of perfectionists and their attitudes, beliefs, and thought processes, especially those related to leisure, CTRSs will be better equipped to assist individuals whose perfectionism interferes with their enjoyment and participation in leisure activities.

**References**


