Perfectionism and Self-Evaluative Emotions in Primary School Children

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Abstract
Perfectionists are characterised by constant evaluation of personal performance against high standards. Consequently, they are prone to self-evaluative emotions such as shame and guilt. Perfectionism encompasses both personal (i.e., self-oriented perfectionism) and interpersonal dimensions (i.e., socially prescribed perfectionism). Self-orientated perfectionism can be compared to intrinsic motivation of setting high standards for oneself. Socially-prescribed perfectionism can be compared to extrinsic motivation of perceiving others setting unrealistic high expectations for one to achieve. Shame is defined as negative evaluation of the global self, whereas guilt is the result of negative evaluation of specific behaviour. This paper examined the relationship between perfectionism and self-evaluative emotions among Years 4 to 6 primary school children. They completed the Child-Adolescent Perfectionism Scale (CAPS) and the Test of Self-Conscious Affect for Children (TOSCA-C). Results showed that there is a significant relationship between dimensions of perfectionism and both shame-proneness and guilt-proneness.

The constructs of perfectionism and self-evaluative emotions continue to gain interest and attention in psychological and educational research (e.g., Campbell & Di Paula, 2002; Dunkley, Blankstein, Masheb, & Grilo, 2005; Flett & Hewitt, 2005; Tangney, 1996). Previous research has explored the nature and measurement of these two constructs (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991; Lewis, 2003; Tangney, 1996; Tangney, Miller, Flicker, & Barlow, 1996), relationships between these constructs (Tangney, 2002), and their associations with various forms of psychopathology (Ferguson, Stegge, Miller, & Olsen, 1999; Hewitt, Flett, Besser, Sherry, & McGee, 2003; Shafran & Mansell, 2001). Although the majority of research has focused on adult populations, investigations centred on children are gaining momentum (Ferguson et al., 1999, Flett, Hewitt, Oliver, & MacDonald, 2002). Data gathered from studies has enhanced researchers’ understanding of these two constructs, and in doing so, various models and theories have been developed in an attempt to formalise and share new knowledge.
Perfectionism

Perfectionism, in essence, is a difficult construct to define (Flett & Hewitt, 2002). Variety in descriptors of perfectionism is attributed to different conceptualisations as understood by various researchers (Dunkley et al., 2005; Einstein, Lovibond, & Gaston, 2000; Flett & Hewitt, 2002; Shafran & Mansell, 2001), and subject to the instruments used for measurement and assessment (Campbell & DiPaula, 2002; Grzegorek, Slaney, Franze & Rice, 2004; Hewitt et al., 1991).

In simple terms, perfectionism can be defined as a personality style manifested in an individual’s strive for flawlessness (Flett & Hewitt, 2002; Hewitt, Flett, Besser et al., 2003) as highlighted by a tendency to establish excessively high personal standards (Alden, Ryder & Mellings, 2002). In setting high standards, perfectionists leave themselves with little latitude for making mistakes, and are left feeling tasks are never completed well enough (Einstein et al., 2000). They are preoccupied with self-appraisal and are prone to self-criticism of others (Alden et al., 2002).

Perfectionism is generally conceptualised as a multidimensional construct (Alden et al., 2002; Einstein et al., 2000; Flett & Hewitt, 2002, 2005; Frost & DiBartolo, 2002; Hewitt et al., 2002). As reflected in the recent development of perfectionism measurement scales, the multidimensional models incorporate both personal and social components (Flett & Hewitt, 2005; Frost & DiBartolo, 2002; Hewitt et al., 1991; Lundh, 2004; Rice et al., 1998). Hewitt and Flett (1991) and Frost, Marten, Lahart and Rosenblate (1990) demonstrate the conceptualisation of multidimensional models through the development of their independent measures, both labelled Multidimensional Perfectionism Scale (MPS).

Hewitt and Flett’s (1991) model of perfectionism will be used to guide this current study. Three dimensions are identified in the MPS as self-oriented perfectionism, socially prescribed perfectionism and other-oriented perfectionism (Hewitt, Flett, & Ediger, 1996; Hewitt, Flett, Besser et al., 2003). Self-orientated perfectionism relates to perfectionistic demands towards the self (Lundh, 2004) thus, the need for the self to be perfect (Hewitt et al., 2002; Hewitt et al., 1996). Characteristic of this dimension is the setting of rigid standards of behaviour and the stringent evaluation of them. Self-orientated perfectionism can be compared to intrinsic motivation of setting high standards for oneself. Socially prescribed perfectionism involves the perceived need to attain standards and expectations as prescribed by significant others (Hewitt & Flett, 1991; Hewitt et al., 1996). This dimension is reflected in an individual’s perception that significant others have unrealistic expectations for them, stringently evaluate them and exert pressure on them to be perfect (Hewitt & Flett, 1991; Hewitt et al., 1996). Socially-prescribed perfectionism can be compared to extrinsic motivation of perceiving high expectations from others. The third dimension, other-oriented perfectionism, relates to beliefs and expectations about others (Hewitt et al., 1996). The
perfectionist described here tends to have unrealistic standards for significant others, placing importance on others being perfect and, subsequently, stringently evaluating them.

In conjunction with the Frost et al. (1990) MPS, a factor analysis was carried out on Hewitt and Flett’s (1991) scale (Frost et al., 1993). It was found that the socially prescribed dimension loaded onto Maladaptive Evaluation Concerns and the self-oriented dimension loaded onto Positive Striving. Therefore, results support the assertion that perfectionism does indeed have both adaptive and maladaptive aspects. Specifically, this factor analysis suggests that socially prescribed perfectionism is maladaptive, whereas self-oriented perfectionism is adaptive.

Given the support for the use of such a scale in adult populations (Hewitt & Flett, 1991), similar investigation in younger populations was initiated (Flett, Hewitt, Boucher, Davidson, & Munro, 1997). The Child and Adolescent Perfectionism Scale (CAPS; Flett & Hewitt, 1990) has been developed to measure perfectionism in children. The CAPS is modelled on the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) however it uses only two of the three MPS dimensions, that is self-oriented and socially prescribed perfectionism.

Researchers who designed the CAPS were interested in seeing whether the relationship between perfectionism and various types of maladjustment found in adults would also be seen in children. To determine that, Hewitt, Caelian, Flett, Sherry, Collins and Flynn (2002) investigated the relationship between the CAPS dimensions of perfectionism with depression, anxiety, stress, and anger in 114 children from an urban area in North America. Results indicated that self-oriented perfectionism was positively associated with depression and anxiety but not with anger or stress. Socially prescribed perfectionism was associated with depression, anxiety, stress and anger and therefore represented a more maladaptive component of the scale. These findings were generally consistent with the adult literature (Hewitt et al. 2002) which views socially prescribed perfectionism as a largely maladaptive construct and self-oriented perfectionism as the more adaptive of the two.

**Self-evaluative emotions**

The second construct to be addressed here is that of self-evaluative emotions, specifically shame and guilt. According to Lewis (2003), emotions can be classified as primary emotions or self-conscious emotions. Examples of the primary emotions include joy, fear, anger, sadness, disgust, and surprise, whilst self-conscious emotions include embarrassment, empathy, envy, pride, shame and guilt. Self-conscious emotions are described as being concerned with the self, and how the self relates to and is seen by others (Strongman, 1996; Tangney, 2002). Specifically of interest here are two subtypes of self-conscious emotions, namely the self-evaluative emotions of guilt and shame. These two emotions are
described as evaluative as it is the process of self-evaluation, the cognitive connection of standards, rules and goals with consciousness, that elicits them.

Much controversy has surrounded the constructs of shame and guilt. Tangney et al. (1996) describe the difficulty people experience in differentiating these two emotions. Ferguson et al. (1999) concur and suggest that although guilt and shame are closely associated, there are distinct differences between them. Recent studies (Niedenthal, Tangney, & Gavanski, 1994; Tangney, 1990, 1996) suggest differences between shame and guilt centre on the role of the self in the experiences. In shame, the object of scrutiny and negative evaluation is the self, whereas for guilt negative evaluation focuses on the specific behaviour. Extending this idea, negative evaluations of the self (shame experiences) leave individuals feeling worthless and inferior, and wanting to withdraw and hide (Ferguson & Crowley, 1997; Tangney et al., 1996). Such shame experiences are believed to be primary contributors to the development of maladaptive tendencies (Ferguson & Crowley, 1997; Tangney, 1995), and as such, it would seem plausible to suggest that shamed individuals are at risk of falling prey to symptoms of psychopathology. Conversely, negative evaluations of specific behaviours (guilt experiences) leave individuals feeling regret about transgressions and subsequently experience a desire to make amends (Ferguson & Crowley, 1997). As such, guilt experiences lead to reparative action suggesting that guilt is essentially adaptive by nature (Ferguson et al., 1999; Tangney, 1990).

Tangney et al. (1998) investigated the distinction between negative evaluations of the self and negative evaluations of behaviour with a cohort of undergraduate American university students. The Test of Self-Conscious Affect (TOSCA; Tangney, Wagner & Gramzow, 1989) assesses individual differences in proneness to shame and guilt, and was administered to a university sample. Results from this study support the premise that negative evaluations of the self elicit shame experiences whilst negative evaluations of behaviour elicit feelings of guilt. To extend such research, and in recognition of the burgeoning research into child psychopathology, a variation of the TOSCA was developed, the Test of Self-Conscious Affect-Children (TOSCA-C; Tangney, Wagner, Burgraff, Gramzow, & Fletcher, 1990). Administration of the TOSCA-C provides a path to extend existing research and allows for investigations into whether conclusions drawn from adult populations are replicated in child populations. Such premise lays the foundation for the current study.

**Relationship between perfectionism and self-evaluative emotions**

Attention is now given to the relationship between perfectionism and self-evaluative emotions. Tangney (2002) highlights that research into perfectionism and self-evaluative emotions is somewhat limited. This has generally resulted from difficulties with measurement
of the constructs. However, speculation is given to relationships that may possibly exist, and which provide a framework for the current study.

Given that perfectionists consistently and rigorously self-evaluate themselves, Tangney (2002) suggests that they would be particularly prone to the self-evaluative emotions. Specifically, it is thought perfectionists would be especially vulnerable to feelings of shame and, subsequently would fall prey to symptoms of psychopathology. Tangney (2002) found that socially prescribed perfectionists are vulnerable to frequent and repeated experiences of shame, but not to experiences of guilt. Furthermore, Fedawa, Burns, & Gomez (2005), using the Positive and Negative Perfectionism Scale (PNP; Terry-Short, Owens, Slade, & Dewey, 1995), found that shame was associated with maladaptive negative perfectionism. Regarding self-oriented perfectionism, Klibert, Langhinrichsen-Rohling and Saito (2005), found mixed results indicating that self-oriented perfectionism was associated with both adaptive and maladaptive symptoms.

It has been acknowledged that research regarding perfectionism and self-evaluative emotions in children is a new area of study. The literature reviewed highlights both maladaptive and adaptive aspects within each construct. Specifically it is thought that socially prescribed perfectionism and shame are essentially maladaptive by nature, and that guilt is adaptive. However, findings regarding self-oriented perfectionism are less clear. Previous research (Frost et al. 1993; Hewitt et al, 2002; Klibert et al., 2005) presents conflicting results that suggest that self-oriented perfectionism may contain both adaptive and maladaptive elements.

**Research Hypotheses**

The aim of this research was to further explore such issues and helped fill the void that exists in literature relating to perfectionism in children. Accordingly, two hypotheses were presented. The first hypothesis was that a positive relationship will be found between socially prescribed perfectionism and shame, but not with guilt. The second hypothesis was that a positive relationship will be found between self-oriented perfectionism and both shame and guilt.

**Method**

**Participants**

The participants were 384 primary school students (212 girls, 172 boys) attending three government state schools in the Western region of Sydney. Students participating were from Years 4, 5 and 6 (mean age = 10 years, 5 months, SD = 10.72 months). Students were from diverse backgrounds including Australian (34%), Asian (47%), Middle Eastern and African (8%), Polynesian (6%) and other (5%). This is typically representative of the Western Sydney region.
Measures

Child and Adolescent Perfectionism Scale (CAPS; Flett & Hewitt, 1990). The CAPS is a paper-and-pencil 22-item self-report measure that assesses self-oriented perfectionism (12 items) and socially prescribed perfectionism (10 items) in children. A minimum Grade 3 reading level is required to independently complete this instrument. Items are rated on a 5-point Likert scale ranging from 1 (false – not at all true of me) to 5 (very true of me). An internal consistency of .85 for self-oriented perfectionism and .86 for socially prescribed perfectionism was reported (Flett et al. 1997).

Test of Self-Conscious Affect – Children (TOSCA-C; Tangney et al., 1990). TOSCA-C is a paper-and-pencil instrument designed to assess individual differences in proneness to shame, proneness to guilt, externalisation of blame, detachment-unconcern, pride in self (alpha pride) and pride in behaviour (beta pride). For the present study, only shame-proneness and guilt-proneness are investigated. TOSCA-C is appropriate for children aged 8-12 years. It is comprised of 15 brief scenarios (10 negative and 5 positive in valence) that respondents would be likely to encounter in day-to-day life. Each scenario is followed by a number of associated responses, two of which capture phenomenological aspects of shame and guilt. Respondents are asked to rate on a 5-point scale, 1 (not at all likely) to 5 (very likely), their likelihood of reacting in each manner indicated. This allows for the possibility that some respondents may experience both shame and guilt in connection with a given situation. Internal consistency for the TOSCA-C is reasonably high with Cronbach alphas of .78 for shame and .83 for guilt being reported (Tangney et al., 1990).

Procedure

Students completed the two questionnaires (CAPS and TOSCA-C) in groups. Items from the questionnaires were read aloud to class groups to ensure students were able to follow procedures. Order of administration of the questionnaires was counterbalanced. There were at least two researchers present in each classroom to help monitor student progress and offer assistance as required. On completion, questionnaires were collected and certificates distributed to students.

Results

Table 1 shows the means, standard deviation, and Cronbach's alpha for the two dimensions of perfectionism, socially prescribed and self-oriented, and for the self-evaluative emotions of shame and guilt. Cronbach’s alpha scores indicate adequate internal consistency for each scale.

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Table 1. Subscale Score Range, Means, Standard Deviations and Cronbach’s Alpha for Dimensions of Perfectionism and Self-Evaluative Emotions

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Possible Range</th>
<th>M</th>
<th>SD</th>
<th>α</th>
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<tbody>
<tr>
<td>CAPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented perfectionism</td>
<td>12-60</td>
<td>38.55</td>
<td>8.19</td>
<td>.75</td>
</tr>
<tr>
<td>Socially-Prescribed perfectionism</td>
<td>10-50</td>
<td>30.00</td>
<td>8.01</td>
<td>.78</td>
</tr>
<tr>
<td>TOSCA-C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shame-proneness</td>
<td>15-75</td>
<td>44.75</td>
<td>10.23</td>
<td>.79</td>
</tr>
<tr>
<td>Guilt proneness</td>
<td>15-75</td>
<td>59.87</td>
<td>8.79</td>
<td>.80</td>
</tr>
</tbody>
</table>

Note. α = Cronbach’s coefficient alpha. CAPS = Child and Adolescent Perfectionism Scale, TOSCA-C = Test of Self-Conscious Affect-Children.

Table 2 shows the correlations among socially prescribed perfectionism, self-oriented perfectionism, shame and guilt. Although correlations are relatively weak, significant levels were achieved for all scales. Additionally all correlations are in the positive direction.

As expected, socially prescribed perfectionism was positively correlated with shame ($r=.255$, $p<.01$). Thus, a significant and positive relationship was found between the maladaptive aspect of perfectionism (socially prescribed) and the maladaptive emotional experience (shame). Socially prescribed perfectionism was also positively correlated with guilt ($r=.115$, $p<.05$). This result was unexpected, but indicates that socially prescribed perfectionists also are prone to feelings of guilt, though not as strongly as for shame. Self-oriented perfectionism, as predicted, was positively associated with experiences of both shame ($r=.285$, $p<.01$) and guilt ($r=.292$, $p<.01$). These results indicate that self-oriented perfectionists are prone to experiences of both shame and guilt, though proneness to guilt rated slightly higher.

A correlation of .527 ($p<.01$) was obtained between the two dimensions of perfectionism (socially prescribed and self-oriented) which indicates the measurement indices of each subscale tap into some common elements. Additionally, a correlation of .489 ($p<.01$) was found between guilt and shame indicating that these emotions may co-occur in same situations.

Table 2. Correlations among dimensions of Perfectionism and Self-Evaluative Emotions

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1. Self-oriented perfectionism</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Socially-prescribed perfectionism</td>
<td>.527**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Shame-proneness</td>
<td>.255**</td>
<td>.285**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4. Guilt-proneness</td>
<td>.115*</td>
<td>.292**</td>
<td>.489**</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. ** $p < .01$, * $p < .05$
Discussion

The purpose of this study was to examine the relationship between dimensions of perfectionism, and the self-evaluative emotions of shame and guilt in children. Firstly, it was hypothesised that socially prescribed perfectionism would be positively associated with shame, but not with guilt. Secondly, it was hypothesised that self-oriented perfectionism would be positively associated with both shame and guilt, though it was expected that association with guilt would be stronger.

Results from the current study provided support, in part, for both hypotheses. Although correlations were relatively weak, analysis indicated a significant positive relationship between socially prescribed perfectionism and shame as predicted. Unexpectedly however, a significant positive relationship was also found between this dimension of perfectionism and guilt. In relation to the second hypothesis, as predicted, positive relationships were found between self-oriented perfectionism and both guilt and shame. Furthermore, as anticipated for self-oriented perfectionism, correlation with guilt was higher than shame, although only marginally so.

In light of the first hypothesis, positive correlations between socially prescribed perfectionism and the self-evaluative emotions of shame and guilt suggest that, for the current sample, participants who set personal high standards based on actual or perceived expectations of others generally assimilate lack of attaining such standards to a defective self (shame) and, to a lesser degree, transgressions in behaviour (guilt). These findings draw together prior research which has distinguished socially prescribed perfectionism as being a maladaptive form of perfectionism (Bieling, Israeli, & Antony, 2004; Dunkley et al., 2005; Flett et al., 1997; Flett & Hewitt, 2002; Frost & DiBartolo, 2002) and shame as a maladaptive emotional experience (Covert, Tangney, Maddux, & Heleno, 2003; Niedenthal et al., 1994; Tangney, 1995; Tangney, Miller et al., 1996; Tangney et al., 1996).

Socially prescribed perfectionists believe that significant others exert pressure on them to be perfect (Hewitt & Flett, 1991; Hewitt, Flett, Besser et al., 2003). The perception is, therefore, that standard setting is extrinsically based, out of the control of the individual (Flett et al., 1997) and failure is inevitable. Experiences of shame transpire when failure is perceived as a reflection of an impaired self, a resultant of feelings of helplessness, worthlessness and incompetence (Ferguson et al., 1999; Lindsay-Hartz, 1984; Tangney et al., 1996).

Contrary to expectation, a positive and significant, although very weak, relationship was found between socially prescribed perfectionism and guilt. Guilt is generally thought to be an adaptive emotion (Nienndathal et al., 1994; Tangney, 1995). Although involving a negative evaluation of specific behaviour, such evaluation motivates reparative action (Ferguson & Crowley, 1997; Ferguson et al., 1999; Tangney, 1995; Tangney et al., 1996;
Tangney, et al., 1990) and the development of problem solving skills and empathy (Covert et al., 2003; Tangney, 1995). Surprisingly in the current study, a positive relationship was found between socially prescribed perfectionism and this self-evaluative emotion. Speculation is given as to why the perceived adaptive emotion of guilt showed a positive correlation with the maladaptive socially prescribed perfectionism. One possible suggestion related this to the developmental stages of shame and guilt in children. Tangney et al. (1996) believe that young children may not have the cognitive capacity to differentiate the emotions of shame and guilt. Therefore, in the current sample, it is possible that some students may have responded to the questionnaire without an appropriate understanding of the constructs involved.

Another issue worth exploring is the possibility that perhaps in some situations guilt becomes fused with shame. Correlations obtained could therefore be the result of the combined influence of shame and guilt. Tangney (1995) suggests that guilt takes a turn for the worse when it becomes fused with shame, and further makes note of the positive correlation between shame and guilt as found in research involving college students and adults (Tangney, 2002). Accordingly, Tangney (2002) proposed that these emotions can co-occur with respect to same situations. Correlations between shame and guilt in the current study show a moderate positive relationship, suggesting some common elements exist in their measurement and that such co-occurrence of emotions may be evident in younger populations.

In relation to the second hypothesis, that self-oriented perfectionism would be positively correlated with both shame and guilt, results were as predicted. Findings suggest that, for this sample, individuals who set high standards based on their own perceived need to be perfect will identify failure to attain such standards as relating to transgressions in behaviour (guilt) and to a lesser extent, a defective self (shame). Positive correlations with both guilt and shame in the current study suggest that self-oriented perfectionism encompasses both adaptive and maladaptive functions, and thus, such perfectionists experience both self-evaluative emotions. Experiences of guilt will motivate reparative action (adaptive functioning), whereas experiences of shame will reinforce feelings of hopelessness and worthlessness (maladaptive functioning), and hence reflect flaws in the self.

These findings complement existing literature in which the complex nature of self-oriented perfectionism is highlighted (Campbell & Di Paula, 2002; Flett et al., 1997; Grzegorek et al. 2004; Klibert et al., 2005). Campbell & Di Paula (2002) suggest the construct of self-oriented perfectionism is comprised of two distinct types of self beliefs, Perfectionistic Striving and Importance of Being Perfect. Researchers found that Perfectionistic Striving was positively related to adjustment traits whereas Importance of Being Perfect was uncorrelated or negatively correlated with adjustment. Consideration is given that these self beliefs may factor in the results of the current study, further validating the positive correlation between self-oriented perfectionism and both emotions of shame and guilt.
Although results of the current study provide support for most aspects of the hypotheses and map onto findings from previous research, some limitations must be recognised. Firstly, results were solely based on self-report measures that inevitably are subject to response bias and social desirability demands. Ferguson et al. (1999) suggest that, for child populations, other forms of measurement such as observations and parental reports may deliver different, and more accurate results.

Another limitation relates to the cross sectional design of the current study. Results obtained relate specifically to responses of children in one given moment in time. As such, it would be important to consider how the variables explored in this study would interact across time. In light of such limitations and results obtained in the current study, future studies could delineate the effects of age and gender on the relationship between perfectionism and self-evaluative emotions. Despite the limitations, this is the first study that has investigated the relationship between perfectionism and self-evaluative emotions in primary school children.

**Conclusion**

The current study highlights that dimensions of socially prescribed and self-oriented perfectionism are evident in younger populations, and that significant relationships exist between such dimensions and the self-evaluative emotions of shame and guilt. Insights gained increase the chances of discerning combinations and patterns of behaviours and emotions that may help or hinder an individual’s psychosocial functioning. Given existent links between perfectionism, emotions and psychopathology, it is important that children at risk of falling prey to maladaptive symptoms be appropriately identified and nurtured. Enhanced understandings of individual personality differences and associations with psychopathology provide a framework on which to base appropriate practices aimed at fostering positive emotional development in children. Findings from the current study serve as an important extension of previous research in adult populations and provide an impetus for future work investigating perfectionism and self-evaluative emotions in children.

**References**


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