

The Roles of Adolescent Dissociative Experiences and Socially Prescribed Perfectionism on Social Conformity among a Sample of Undergraduates in Ondo State.

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ABSTRACT Given the current social change being experienced today, understanding the interplay between adolescent dissociative experiences, socially prescribed perfectionism, and social conformity is crucially important contemporary discourse in field of social psychology. This study investigated the roles of adolescent dissociative experiences and socially prescribed perfectionism on social conformity among a sample of undergraduates in Ondo State. Adopting cross sectional survey design, 314 undergraduates from Adekunle Ajasin University, Akungba-Akoko, (AAUA) were conveniently sampled for this study. The participants were between the ages of 16 to 28 years (Mean=22.44; SD=3.18) and they responded to standardized measures of Adolescent Dissociative Experiences Scale-II (A-DES), Multidimensional Perfectionism Scale (MPS) and Social Conformity-Autonomy Beliefs Scale (SCA Beliefs). Three hypotheses were formulated. The result indicated that the independent variables; adolescent dissociative experience [$\beta = -.77, t = -.28.44^{**}, p < .01$], and perceived prescribed perfectionism [$\beta = -.32, t = -.8.58^{**}, p < .01$] inversely predicted social conformity. The joint contributions of all predictor variables were also significant [$R^2 = .42, t = -143.26; p < .01$]. Based on the findings of this study it was recommended that understanding how adolescent dissociative experiences interact with socially prescribed perfectionism is crucial for developing effective interventions aimed at promoting healthier social behaviors among undergraduates.

KEYWORDS: Adolescent Dissociative Experience, Perceived Prescribed Perfectionism, Social Conformity, Undergraduates.

I. INTRODUCTION

In the contemporary landscape of psychological research, understanding the interplay between adolescent dissociative experiences, socially prescribed perfectionism, and social conformity is crucially important contemporary discourse in field of Social Psychology. Social conformity is an important area of research in today's world due to its profound implications for individual behavior, societal norms, and public policy [1]. Considering and understanding how and why people conform can help address critical issues such as misinformation, social media influence, and public health behaviors. For instance, conformity plays a significant role in how individuals adopt or reject social/health related behaviors based on perceived social norms, which can be leveraged to promote positive changes like interpersonal relationships, self-concepts, optimism as well as, vaccination uptake or smoking cessation [2]. Conformity remains an important facet of society spanning across various settings and demographics, indicating its relevance in understanding contemporary social dynamics [3]. As society becomes increasingly interconnected through digital platforms, examining the nuances of online conformity can provide valuable perspectives on collective behavior in virtual environments [4]. Reports [5;6] from statistical data highlights significant concerns regarding social conformity across Europe and Africa. For instance, a survey conducted by the European Union Agency for Fundamental Rights found that approximately 30%

of young people reported feeling pressured to conform to peer expectations regarding lifestyle choices [7]. In Africa, a study published in *Social Psychiatry and Psychiatric Epidemiology*, indicated that nearly 40% of adolescents' experience mental health challenges linked to peer pressure and societal expectations [9]. These statistics underscore the urgent need for research into how dissociative experiences and perfectionism contribute to conformity pressures among youth as these factors are currently gaining attention in social contexts [8].

Socially prescribed perfectionism is characterized by the belief that others have high expectations for oneself and that one must meet these expectations to gain approval and acceptance [10]. This form of perfectionism often leads individuals to undue self-inflicted pressure leading to excessive self-criticism and anxiety about their performance. Studies suggest that socially prescribed perfectionism is prevalent among students, contributing to mental health issues such as depression and anxiety, which can further increase feelings of inadequacy and influence social behavior [11;12;13]. By examining these interconnected factors within the context of Ondo State's undergraduate population, this paper provides deeper insights into how mental health issues manifest in social behaviors and ultimately inform interventions aimed at fostering healthier social environments for young adults. This research not only enhances comprehension of human psychology but also equips policymakers with tools to design effective interventions that harness social influence for beneficial outcomes as it informs critical areas for exploration given its implications for mental health and social dynamics.

This research study is particularly relevant given the increasing prevalence of mental health issues and societal pressures faced by young adults in contemporary educational environments. University campus environment is a social environment and most undergraduates as adolescents experiencing a critical developmental stage known by noticeable psychological and social changes. Under this period, individuals often experience dissociative symptoms, which can manifest as feelings of detachment from oneself or one's surroundings, leading to heightened anxiety and stress, potentially influencing an individual's behavior and decision-making processes. Despite the theoretical connections between these constructs, empirical research examining their relationships remains limited. Understanding how adolescent dissociative experiences and socially prescribed perfectionism contribute to social conformity can provide valuable insights into the psychological well-being of undergraduates. It may also inform interventions aimed at promoting healthier coping strategies among students facing these challenges. This study's research objective is centered on exploring how adolescent dissociative experiences and socially prescribed perfectionism influence social conformity among undergraduates in Ondo State, thereby addressing a gap in existing literature on mental health and social behavior within this demographic. Given the current social change being experienced today, understanding the interplay between adolescent dissociative experiences, socially prescribed perfectionism, and social conformity is crucially important contemporary discourse in field of social psychology. This paper focuses on social conformity among undergraduates with the view to draw the scholarly attention to it so as to accord social conformity the attention it deserves given repertoire of low turnout of scholarly articles conducted within university settings from Africa and Nigeria in particular.

II. RELATED WORKS

A. Adolescent Dissociative Experience and Social Conformity

The link between adolescent dissociative experiences and social conformity among adolescents is a complex and multifaceted issue that has garnered significant attention in the psychology discipline. This review aims to examine the relationship between adolescent dissociative experiences and social conformity among adolescents. [14] assessed the incidence of dissociative symptoms and trauma vulnerability among adolescent psychiatric inpatients. The research involved ninety-three (93) inpatients aged between 12 and 20 years, who filled self-report measures concerning dissociation, trauma, and a specific questionnaire aimed at providing diagnostic impressions of dissociative disorders. Authors in [14] findings indicated that these psychiatric patients exhibited pathological dissociative symptoms. This outcome implies that patients with such symptoms were significantly more likely to report experiencing some form of abuse whether it be, sexual, physical, or emotional. The researchers concluded that dissociative symptoms were highly prevalent among this population and often went undiagnosed clinically prior to their study. [15] analyzed the mutual relationship between loneliness, and dissociation in an adolescent sample. These authors found that, loneliness and dissociative experiences have direct effect on social conformity among adolescents, confirming the association between dissociative experiences and social conformity.

Research has shown that adolescents who experience dissociation are more likely to engage in social conformity behaviors. A study conducted by [16] confirmed that adolescents who reported higher levels of dissociation were more likely to conform to social norms and expectations. This finding suggests that dissociation may serve as a coping mechanism for adolescents to deal with the pressures of social conformity. Several studies have reported significant links between trauma related dissociation and social conformity. Research [17] has shown that adolescents who experience traumatic events are more likely to develop dissociative symptoms as a coping mechanism. Furthermore, trauma can also lead to social conformity behaviors as a way of avoiding social rejection or stigma. Another study conducted by [18] found that adolescents who experienced trauma were more likely to conform to social norms as a way of coping with their traumatic experiences.

[19] evaluated the social psychology of responses to trauma while considering, social identity pathways associated with divergent traumatic responses among adolescents in Ireland. The authors discovered that negative reactions to trauma are more pronounced when such trauma threatens important social identities. They also indicated that individuals tend to exhibit greater resilience in the aftermath of trauma when they can preserve their valued social identities or cultivate new ones. Furthermore, they noted that revitalizing old positive identities or expanding the self through new identities can facilitate post-traumatic growth.

B. Socially Prescribed Perfectionism and Social Conformity

Authors in [20] investigated the nature of self-oriented and socially prescribed perfectionism in relation to the mediating role of domain-specific academic self-efficacy and achievement goals in the relationships between perfectionism and achievement-related outcomes across math and English among 306 Korean adolescents. These authors found that socially prescribed perfectionism, related positively to test anxiety, acceptability of cheating, and academic procrastination. In the mediation models, socially prescribed perfectionism related consistently and positively to a performance-approach and a performance-avoidance goal and perfectionism dimensions to academic procrastination was significant.

A study conducted in Croatia looked at the effect of media, interpersonal connections, and sociodemographic characteristics in predicting teenage perfectionism [21]. The authors discovered that participants with poorer family relationships had much more concerns about mistakes and uncertainties about their own competence, as well as higher parental expectations and complaints. Similarly, doubts about one's own performance and more worries about errors were predicted by a lower quality of peer relationships. Higher levels of organization and meticulous personal standards were positively correlated with the quality of college relationships.

In an adolescent Norwegian sample, [22] investigated socially perceived perfectionism and its relationships to age, gender, and socioeconomic position. These authors discovered that, aside from slightly higher socially perceived perfectionism among girls than boys, levels of perfectionism were comparatively similar between the sexes in the current study. The high scorers on the general socially perceived perfectionism scale were likewise substantially more female than male. For reported economic well-being, high socially perceived perfectionism was correlated with socioeconomic status, but not with parental educational attainment. Authors in [23] investigated the connection between the high-stakes culture of achievement among parents and teenagers and socially perceived perfectionism. All three types of perfectionism have become greater over the study's 28-year duration, according to an analysis of 246 studies involving over 41,000 college students in the US, UK, and Canada. Socially specified perfectionism spiked most dramatically, showing a 33% increase over the study period. That was more than double the 10% increase seen in self-oriented perfectionism and the 16% rise in other-oriented perfectionism, the researchers found. Overall, these authors found that whether perfectionism comes from wanting attention or wanting to avoid criticism. [24] also reported that young people most time have an underlying sense that they do not matter enough, not deserving of love and approval.

III. MATERIALS AND METHODS

A. Research Design

This study used a cross-sectional survey design to investigate the connections between adolescent dissociative experiences; socially prescribed perfectionism exerts predictive influence on social conformity. The independent variables were adolescent dissociative experiences, socially prescribed perfectionism, while the dependent variable was social conformity.

B. Setting

Undergraduate students from various faculties (Science, Art, Education, Environmental Design and Management, Law, Agriculture, The Social Sciences, Administration and Management) at Adekunle Ajasin University Akungba-Akoko (AAUA), Ondo State, were chosen for this study. The selection of this university was primarily due to the ease of accessing undergraduate students from various backgrounds could spheres of life, and the possibility to reach a large number of participants. Research participants were selected using an accidental sampling technique.

C. Participants

Using a purposive and accidental sampling technique, a total number of three hundred and thirteen (314) undergraduates were selected from Adekunle Ajasin University Akungba-Akoko, Ondo State. The participants were between the ages of 16 to 28 years ($Mean=22.44$; $SD=3.18$). The gender distribution of the participants showed that 153 (48.7%) were male, while 161 (51.3%) were female. Their religion affiliation indicated that 183 (58.2%) were Christians, 98 (31.2%) were Muslims, and 23 (7.3%) traditionalists. However, 10 (3.1%) did not indicate their affiliation to any

religion. Participants distribution on faculty of study showed Science = 49 (16%), Art = 76 (25.0%), Education = 45 (14.7%), Environmental Design and Management = 12 (3.7%), Law 28 (8.0%), Agriculture = 35 (11.3%), Social Sciences = 35 (11.3%), and Administration and Management = 17 (5.7%). However, 14 (4.7%) did not report their faculty. The academic level of the participants showed that 49 (16.3%) were in 100 level, 77 (25.7%) were in 200 level, 76 (25.3%) were in 300 level, 62 (20.7%) were in 400 level, while 26 (8.7%) were in 500 level. However, 23 (8.2%) did not report their academic level.

D. Research Hypotheses

H¹: Dissociative experience will significantly and inversely predict social conformity among adolescent AAUA students in such a way that dissociative experience will be inversely related with social conformity.

H²: Socially prescribed perfectionism will significantly indirectly predict social conformity among adolescent AAUA students in such a way that socially prescribed perfectionism will be related with social conformity.

H³: Dissociative experience and socially prescribed perfectionism will have jointly significantly predict social conformity among adolescent AAUA students.

E. Instruments

Data were gathered via the use of validated questionnaires which comprised of four sections (section A-D).

Section A: Socio-Demographic Information. This section used questionnaire to gather information on the socio-demographics of the participants. The socio-demographics include age, gender, religious affiliation, faculty of study, and level of study.

Section B: Dissociative Experience. In this study, students' level of dissociative experience was measured using Adolescent Dissociative Experiences Scale-II (A-DES). A-DES is a psychological assessment tool designed to measure dissociative experiences in adolescents. Developed by [25], the A-DES is an adaptation of the original Dissociative Experiences Scale (DES) tailored specifically for younger populations. This scale aims to identify and quantify dissociative symptoms that may be indicative of underlying psychological issues such as trauma or stress. The scale consists of 10 items that measures psychological distress. Sample items include "*In the past 4 weeks, about how often did you feel tired out for no good reason?*", "*In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?*", and "*In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?*". All items were rated on a 5-point scale ranging from 1= None of the time; 2= A little of the time; 3= Some of the time; 4= Most of the time; 5= All of the time. Using the current sample, a Cronbach's Alpha of .71 was recorded. Low scores indicate low levels of psychological distress and high scores translate to high levels of psychological distress.

Section C: Socially Prescribed Perfectionism was measured using the Multidimensional Perfectionism Scale (MPS) by [26]. The MPS is a 45-item measure with three trait subscales measuring self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. The multi-dimensional MPS is rated on a 7-point Likert type scale. Samples of items include; "*When I am working on something, I cannot relax until it is perfect*", "*I am not likely to criticize someone for giving up too easily*", and "*It is not important that the people I am*

close to are successful". [26] reported a Cronbach's alpha of .93. For this study the MPS showed σ .90. To score the MPS, first, the following items should be reversed: 2, 3, 4, 8, 9, 10, 12, 19, 21, 24, 30, 34, 36, 37, 38, 43, 44, 45 [26].

Section D: Social Conformity-Autonomy Beliefs Scale (SCA Beliefs) was used to measure Social conformity. It was developed by [27] to assess the relative priority given to social conformity versus personal autonomy. Social conformity-autonomy is measured by a series of 17 paired alternative items. Samples of item include; "It's best for everyone if people try to fit in instead of acting in unusual way", "People should be encouraged to express themselves in unique and possibly unusual ways", grouped into five categories that illustrate the various facets of the dimension. Cronbach's alpha for this measure was .80.

F. Procedure

The researcher gathered data from the participants through the use of a well-designed questionnaire. The consent of the participants was sought through instructions on the questionnaire. The purpose of the study was explained to all prospective participants. The researcher assured the participants of the confidentiality of information on the questionnaire. Participants were kept anonymous. The study adopted accidental sampling technique in selected available final undergraduate students in the university. A total of three hundred and thirty (330) questionnaires were administered but only three hundred and fourteen (314) were retrieved and found useful for the analysis, which gives a response rate of 95.15%. Questionnaire administration and data collection spanned three (3) weeks.

G. Data Analysis

Pearson Product Moment Correlation (PPMC) analysis was used in order to determine the extent and direction of the relationship among the study variables. Hypotheses 1 to 3 were tested using Multiple Regressions to test the prediction of social isolation and perceived self-concept on psychological distress. All analyses were conducted using SPSS 29.0.

H. Ethical Considerations.

A significant ethical consideration for this research, is the potential for psychological distress or discomfort among participants when discussing sensitive topics such as past dissociative experiences and aspects of perfectionism. Participants were fully informed about the nature and purpose of the research, the procedures involved, the time commitment, potential risks (including psychological discomfort), potential benefits, measures taken to ensure confidentiality, and their absolute right to refuse to participate or withdraw at any point without penalty, including the potentially sensitive topics they were asked about (dissociation, perfectionism and conformity). Strict measures were taken to ensure confidentiality and, where possible, anonymity of participant data. Study participants signed consent form and declared their interest to participate in the study. Participants were assured that no physical or psychological harm would come to them on the basis of their participation in this study. The research protocol was subjected to rigorous ethical review and approval by the AAUA's Institutional Review Board (IRB). The IRB evaluated the study's design, consent process, risk mitigation strategies, and overall ethical soundness before permitting the research to proceed.

IV. RESULTS AND DISCUSSION

A. Test of Relationship among the Study Variables

Pearson Product Moment Correlation (PPMC) analysis was conducted to test the relationship among the variables of the study. The result is presented in Table 1.

Table 1: Correlation Matrix Showing the Mean, Standard Deviation and Relationship among the Study Variables

Factors	Mean	SD	1	2	3	4	5	6	7
1. Age	22.44	3.18	1	-.21**	.03	.74**	.04	-.02	.38
2. Sex	-	-		1	-.05	-.13*	-.02	.10	-.05
3. Religious Affiliation	-	-			1	.21	.11	-.12	.18
4. Academic Level	-	-				1	-.06	.04	.26
5. Dissociative Experiences	11.90	5.45					1	.03	-.56**
6. Socially Prescribed Perfectionism	53.94	8.75						1	-.33**
7. Social Conformity	25.30	6.12							1

Note: ** $p < 0.01$, * $p < .01$, $N = 314$; Gender was coded: Male=1, Female=2 etc.

The result in Table 1 showed above those dissociative experiences had a significant negative correlation with social conformity [$r(314) = -.56, p < .01$]. This ascertains as feeling disconnected from thoughts, feelings, memories, and surroundings increase, the less adolescents tend to socially conform. Also, the result from Table 1, demonstrate that socially prescribed perfectionism indicated a negative correlation with social conformity [$r(314) = -.33, p < .01$]. The implication of this is that adolescents who report increased levels socially perceived perfectionism are less likely to exhibit social conformity.

The result in Table 1, in respect to the tested personal factors had revealed that age has no significant relationship with social conformity [$r(314) = .38, p > .05$]. This indicates that been young or old has a student does associate with their feeling of social engaging with others. Similarly, gender did not significantly relate with social conformity [$r(314) = -.05, p > .05$]. This implies that students gender does affiliate their possible feeling of being overwhelmed, anxious, or unhappy due to stress or mental strain. Religious affiliation showed significantly relationship with social conformity [$r(314) = .18, p > .05$]. This indicates that students' religious belief has significant association with social conformity. Academic level show significantly correlation with social conformity [$r(314) = .26, p > .05$]. This implies that students' academic level increases, so those their beliefs or behaviors align with those of a group or the people around them.,

B. Test of Study Objectives

In testing the study hypotheses, multiple regressions analysis was employed. This was done to test the independent and joint prediction of the independent variables (dissociative experiences and socially perceived perfectionism) on the dependent variable (social conformity). The results are presented in the Table 2:

Table 2: Summary of a Multiple Regression Analysis Showing the Prediction of Social Isolation and Perceived Self-Concept on Psychological Distress Among AAUA Students

Predictors	β	t	Sig	R	R^2	df	F
				.74	.42	2,314	.143.26**
Dissociative Experiences	-.77	-28.44**	.000				
Socially Perceived Perfectionism	-.32	-8.58**	.000				

Note: * * $p < .01$, $N = 314$

C. Hypothesis Evaluation

The result in Table 2 revealed that dissociative experiences significantly but indirectly predicts social conformity ($\beta = -.77$, $t = 28.44^{**}$, $p < .01$). This implies that students' who report increase in dissociate experience, showed reduced levels of social conformity with others. This supported the formulated hypothesis 1, and it was then accepted. Plausible reason for this outcome, could be because individual dissociative experiences exist on a continuum due to everyday experiences. These experiences can occur in response to acute stress or exposure to traumatic events. Studies have supported this notion, such as [28;29], who reported that extreme psychological stress, including childhood physical and sexual abuse, emotional abuse, maltreatment, neglect, witnessing violence, rape, war experiences, natural disasters, assault, and motor vehicle accidents, is associated with dissociative symptomatology. In psychological literature, emotional abuse, maltreatment, trauma and acute stress are viewed as triggers and causes for the development of dissociation, which is often conceptualized as an adaptive mechanism [30;31]. This mechanism (dissociation) is thought to help individuals block awareness of traumatic experiences they cannot cope with or psychologically escape intolerable situations when physical escape is impossible, thereby protecting them from extreme mental/emotion distress [32].

From the regression analysis in Table 2, it was observed that socially perceived perfectionism showed significant inverse prediction on social conformity ($\beta = -.32$, $t = 8.58^{**}$, $p < .01$). This implies that AAUA students who reported high levels of socially perceived perfectionism, reported reduced levels of social conformity with others. Thus, hypothesis 2 was confirmed. The researcher believes that reason for this outcome is hinged on the notion that, individuals who perceive high expectations from others may actually conform less to society or others, these individuals with high levels of socially prescribed perfectionism often experience intense fear of negative evaluation and this fear can lead them to withdraw from situations where they might be judged, resulting in lower levels of conformity. They may tend to avoid engaging in behaviors that are typical within a group if they believe those behaviors do not align with their perceived standards of perfection. Also, individuals with this type of personality who feel they must meet externally imposed standards may develop a strong sense of individual identity that resists conformity. They might prioritize their own beliefs and values over those dictated by the group, leading to nonconformity as a form of self-assertion against perceived social pressures. Several studies have made similar findings, that suggests how individuals high in socially prescribed perfectionism may be less likely to conform because they are preoccupied with meeting external standards and avoiding disapproval, which can lead to a focus on individual performance and a decreased reliance on group norms. These individuals might be less concerned with fitting in and more

concerned with achieving their own (often self-imposed) high standards, even if it means deviating from the group. Research indicates that individuals with high levels of socially prescribed perfectionism may experience increased anxiety and self-criticism, which can lead to a focus on individual achievement rather than social acceptance [35]. This internal pressure to meet external standards can, therefore, lead to a decreased need to conform to social norms.

[33] reported that high levels of socially prescribed perfectionism are associated with increased anxiety and depression. Such distress can impair social functioning, making individuals less likely to engage in conforming behaviors due to feelings of inadequacy or fear of failure in social contexts. Research published in *International Review of Social Psychology* [34] found that when individuals perceive a discrepancy between their personal standards and the expectations from their social environment, they may experience cognitive dissonance. To resolve this discomfort, they might choose nonconformity as a way to align their actions with their internal beliefs rather than succumbing to external pressures.

Furthermore, the results in Table 2, demonstrated that adolescents' dissociative experience and their socially prescribed perfectionism jointly inversely predicted social conformity [$F(2,314) = .143.26, p < .01$] and the independent variables (dissociative experiences and social perceived perfectionism) had contributed 52% variation ($R^2 = .42$) to changes observed in students' experience of social conformity. This result confirms hypothesis 3 and it was accepted. The interaction between dissociative experiences and perfectionism creates a compounded effect on social conformity. For instance, an adolescent who feels detached (dissociation) while also believing they must adhere strictly to peer expectations (perfectionism) may find it increasingly difficult to assert individuality or resist group pressures and there eschew from social settings or gatherings. The interplay between adolescents' dissociative experiences and socially prescribed perfectionism significantly predicts their tendency toward social conformity. The use of convenience sampling, while often practical, introduces limitations to the generalizability of research findings. Convenience sampling involves selecting participants based on their accessibility, which can lead to a sample that is not representative of the broader population [38]. This non-random selection process increases the risk of selection bias, where the characteristics of the sample differ systematically from the population of interest [39]. Consequently, the study's conclusions may not accurately reflect the experiences or perspectives of the entire population. Recognizing these dynamics is essential for fostering healthier developmental outcomes during this pivotal life stage.

V. CONCLUSION

Overall, examining the interplay between adolescent dissociative experiences, socially prescribed perfectionism, and social conformity among undergraduates in Ondo State, it becomes evident that these psychological constructs significantly influence one another. The findings suggest that higher levels of dissociative experiences correlate with increased socially prescribed perfectionism, which in turn heightens tendencies toward social conformity. This relationship underscores the complex dynamics at play during adolescence, a critical period for identity formation and social integration. The study indicates that those who experience dissociation may do so as a coping mechanism to manage stressors related to these perfectionistic demands. Moreover, the implications of these findings extend beyond individual psychological health; they highlight the need for educational institutions and mental health professionals to address the pressures of perfectionism and its potential links to dissociative symptoms. By fostering environments that promote self-acceptance and resilience against societal pressures, it may be

possible to mitigate the adverse effects of both dissociation and perfectionism on social conformity. In summary, understanding how adolescent dissociative experiences interact with socially prescribed perfectionism is crucial for developing effective interventions aimed at promoting healthier social behaviors among undergraduates. Future research should continue exploring these relationships across diverse populations to enhance generalizability and inform targeted support strategies.

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