

Multidimensional Perfectionism Turns 30: A Review of Known Knowns and Known Unknowns

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Theory and evidence converge to suggest perfectionism is a personality construct that matters a great deal and is linked with many consequential outcomes (e.g., depression, eating disorders, suicide, marital problems, and procrastination). With the multidimensional perfectionism construct turning 30 years of age, our review critically examines the past and the future of this construct with a focus on the six landmark dimensions of Hewitt and Flett's (1991) and Frost et al.'s (1990) seminal models: Self-oriented perfectionism, other-oriented perfectionism, socially prescribed perfectionism, personal standards, concerns over mistakes, and doubts about actions. Our review considers both what we understand about these dimensions given the extant empirical literature (i.e., known knowns) and areas where gaps exist in our understanding of multidimensional perfectionism and its consequences (i.e., known unknowns). Evidence suggests the core dimensions of Hewitt and Flett's (1991) and Frost et al.'s (1990) trait and attitudinal models of perfectionism, respectively, are neither captured by nor redundant with other well-established predictors. In fact, these perfectionism dimensions appear to represent core vulnerability factors that are tied intimately to the development and maintenance of a wide range of maladaptive outcomes.

Public Significance Statement

Perfectionism is a personality style consisting of six major components: *Self-oriented perfectionism* (requiring perfection from the self), *socially prescribed perfectionism* (the belief that others require perfection from the self), *other-oriented perfectionism* (requiring perfection from others), *personal standards* (setting unattainable standards), *concern over mistakes*, and *doubts about actions*. This article reviews 30 years of research showing that these perfectionism components are related to various negative psychological, interpersonal, and physical health consequences in people of all ages. Therefore, further research must be conducted to improve the prevention and treatment of perfectionism.

Keywords: perfectionism, stress, depression, eating disorders, review

Personality is important in a variety of domains that pertain to our daily roles and relationships (see Ozer & Benet-Martinez, 2006, for review). In short, personality research matters! During the past 30 years, theory and evidence have converged to suggest perfectionism is a personality construct that matters a great deal and that it

is indeed associated with many consequential outcomes (e.g., for reviews, see Hill & Curran, 2016; Limburg et al., 2017; Smith, Sherry, Rnic, et al., 2016). This sense that perfectionism matters is fuelled not only by widely endorsed sayings such as “practice makes perfect” but also by the ever-increasing number of people who identify as perfectionists and experience difficulties associated with perfectionism (Curran & Hill, 2019).

Toward the start of this century, Flett and Hewitt (2002) noted that research on perfectionism had increased geometrically. This trend has continued over the past two decades (see Figure 1) and resulted in a large body of research that is difficult to summarize in one review. Thus, our review is selective and reflects our assessment of significant developments and themes in the literature over the past 30 years, with a focus on perfectionism from a multidimensional perspective. Likewise, because there is still much to be discovered, we highlight essential directions for future research in the hopes of guiding the next generation of perfectionism research. To this end, we structure our review based on “known knowns” (i.e., what is

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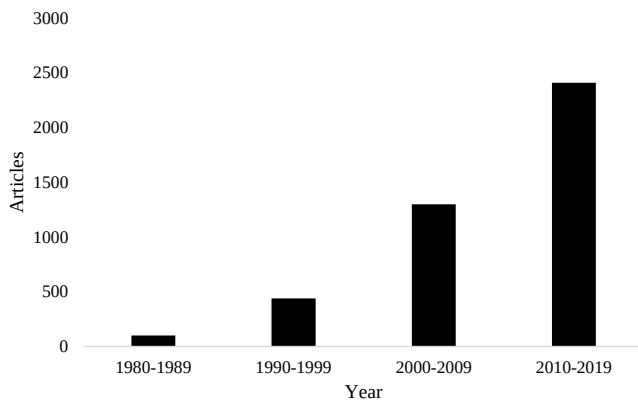
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Figure 1
Increase in Perfectionism Research



Note. This figure shows the number of articles listed on PsycINFO that mention the word “perfectionism” in the past four decades.

known) and “known unknowns” (i.e., what is not known but needs to be known).

Several descriptive models of perfectionism are prominent (e.g., Dunkley et al., 2003; Slaney et al., 2001), with the most detailed being Hewitt et al.’s (2017) Comprehensive Model of Perfectionistic Behavior (CMPB). The CMPB theorizes perfectionism is a multifaceted and multilevel personality style that permeates most behavior and consists of the intertwined trait (Hewitt & Flett, 1991), self-presentational or other relational (Hewitt, Flett, Sherry, et al., 2003), and cognitive or self-relational (Flett et al., 1998) components. However, a comprehensive review of the CMPB is beyond our scope, and we focus exclusively on the trait perfectionism dimensions conceptualized by Hewitt and Flett (1991) and the attitudinal perfectionism dimensions posited by Frost et al. (1990). We focus on these dimensions as they are widely studied, well-supported, and turning 30 years of age.

What is Perfectionism From a Multidimensional Perspective?

Several luminary theorists made critical contributions to our understanding of perfectionism long before empirical research began in earnest (e.g., Adler, 1998; Bruch, 1988; Horney, 1950). From these foundational contributions emerged a picture of perfectionists¹ as rigid and extreme in their expectations and self-evaluations, and both concerned with and, at times driven to, attain perfection. These theoretical accounts and clinical observations, although valuable, were also imprecise in that they described several key dimensions of perfectionism as one global and undifferentiated unidimensional construct (e.g., Ellis, 1957). In refining these contributions, Frost et al. (1990), as well as Hewitt and Flett (1991), each independently developed multidimensional conceptualizations of perfectionism and, by doing so, launched the current era of perfectionism research.

Frost et al. (1990) conceptualized perfectionism as having six attitudinal dimensions: Personal standards, concern over mistakes, doubts about actions, parental expectations, parental criticism, and organization. *Personal standards*, the tendency to set excessively

high goals, is a recurring theme among virtually all early theoretical descriptions of perfectionism (i.e., Hamachek, 1978; Hollender, 1965). However, Frost et al. (1990) extended these accounts by positing that personal standards are only perfectionistic if accompanied by overly critical self-evaluations involving *concern over mistakes* and *doubts about actions*. Likewise, guided by writings on the development of perfectionism (e.g., Hamachek, 1978), Frost et al. (1990) viewed *parental criticism* and *parental expectations* as integral to understanding perfectionism’s etiology. In their own words, “for the perfectionist, self-evaluations of performance are inextricably tied to assumptions about parental expectations of approval or disappointment” (Frost et al., 1990; p. 451). Finally, guided by Hollender’s (1965) observation that perfectionists are “fussy,” Frost et al. (1990) proposed a sixth dimension, termed *organization*, that involves an overemphasis on order, precision, and neatness.² Numerous studies support the reliability and validity of this widely utilized model (e.g., Gavino et al., 2019; Parker & Adkins, 1995). However, these studies suggest qualifications to Frost et al.’s (1990) model: Namely, parental expectations and parental criticism are developmental precursors of perfectionism as opposed to core features of perfectionism (Damian et al., 2013). Likewise, as indicated by Frost et al. (1990), the organization is a correlate of perfectionism, not a central characteristic.

As with Frost et al. (1990), Hewitt and Flett’s (1991) conceptualization of trait perfectionism was also grounded in theoretical and clinical accounts (e.g., Adler, 1956; Bruch, 1988; Horney, 1950). However, unlike Frost et al. (1990), Hewitt and Flett’s (1991) conceptualization is also influenced by psychodynamic and interpersonal models of human behavior that embrace the centrality of agency and communion (e.g., Greenwald & Breckler, 1985; Sullivan, 1953), insights from attachment theory (e.g., Bowlby, 1988), and suggestions that when conceptualizing a personality construct it is important to not only consider what the trait is and its magnitude, but how that trait is expressed interpersonally and intrapersonally (e.g., Kiesler, 1982; Paulhus & Martin, 1987). As such, Hewitt and Flett (1991) conceptualized perfectionism as a deeply engrained requirement of perfection and distinguish both the source and target of perfectionistic expectations. More specifically, they theorized that trait perfectionism has three dimensions: *Self-oriented perfectionism* (i.e., requiring perfection of the self), *other-oriented perfectionism* (i.e., requiring perfection of other people), and *socially prescribed perfectionism* (i.e., belief that others require perfection of the self). The reliability, validity, and clinical utility of these three dimensions have since been extensively documented (Flett & Hewitt, 2014; Hewitt et al., 2017).

In seeking to understand what perfectionism is, it is also important to understand what perfectionism is not. Perfectionism is not conscientiousness. It differs meaningfully from the self-discipline, organization, and achievement striving that defines conscientiousness (Flett & Hewitt, 2006). Perfectionism involves rigidly demanding perfection of oneself or other people. There is a compulsive need for and concern with oneself or others being or appearing perfect. Evidence also suggests perfectionism is best understood as a

¹ We use the term “perfectionist” in this review to describe a heterogeneous group that can have excessive levels and different combinations of different perfectionism elements.

² Frost et al. (1990) later recommended the organization dimension be dropped as a core feature of perfectionism.

dimensional construct varying along a continuum of severity; perfectionism is not a categorical construct that forms a discrete taxon (Broman-Fulks et al., 2008). And ample research indicates perfectionism is not unidimensional. In fact, abundant studies indicate perfectionism is a complex, multifaceted construct involving personal and interpersonal traits that are best conceptualized and measured from a multidimensional perspective (see Hewitt, Flett, Besser, et al., 2003; Stoeber, & Damian, 2014). Perfectionism does not fit into a single box.

With multidimensional perfectionism turning 30 years of age, our review critically examines the past and the future of this construct with a focus on the six core components of Hewitt and Flett's (1991) and Frost et al.'s (1990) foundational multidimensional models of perfectionism. That is, we review three traits from Hewitt and Flett's (1991) model (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) and three attitudinal components from Frost et al.'s (1990) model (i.e., personal standards, concern over mistakes, and doubts about actions).

Known Knowns in Multidimensional Perfectionism Research

Multidimensional Perfectionism is Consequential

Ozer and Benet-Martinez (2006) summarized many of the practical aspects of personality in their landmark article, *Personality and the Prediction of Consequential Outcomes*. These authors highlighted the role of personality at three levels: The individual, the interpersonal, and the societal level. And 30 years of research indicates the traits and attitudes posited by Hewitt and Flett (1991) and Frost et al. (1990) are uniquely important predictors across these levels. Indeed, at the individual level, they predict psychological and physical health (e.g., Eley et al., 2020; Molnar et al., 2020), with perhaps the most compelling finding from a 7-year longitudinal study that found that self-oriented perfectionists are prone to earlier mortality (Fry & Debats, 2009). Likewise, multidimensional perfectionism is associated with an array of mental health problems including anxiety, depression, and suicide (e.g., Flett, Hewitt, et al., 2014; Smith, Sherry, Chen, et al., 2018). In fact, perfectionism dimensions appear to represent core vulnerability factors³ that cut across various domains of maladjustment, diagnoses, and other relational, achievement, and physical health problem. At the interpersonal level, and consistent with the Perfectionism Social Disconnection Model (PSDM; Hewitt et al., 2017), ample evidence suggests perfectionists are at risk for relational difficulties and familial adjustment problems either because they demand perfection from the people around them or because they feel that others are expecting them to be perfect (Hewitt et al., 2006). Other-oriented perfectionism, for instance, is associated with antisocial characteristics including Machiavellianism, narcissism, and psychopathy (e.g., Flett et al., 2016; Stoeber, 2014a; Stoeber et al., 2015). Meanwhile, experience sampling studies indicate that people high in socially prescribed perfectionism play an active role in stress generation due to a penchant for interpersonal conflict (e.g., Harper et al., 2020; Mackinnon et al., 2012). Overall, given the extra punitiveness and the heightened interpersonal sensitivity underlying perfectionism, it is not surprising that extreme levels of other-oriented and socially prescribed perfectionism are tied to

personality disorders rooted in aberrant relationships (Ayeart et al., 2012; Chen et al., 2019).

Finally, at the societal level, self-oriented, other-oriented, and socially prescribed perfectionism (Curran & Hill, 2019), as well as doubts about actions (Smith, Sherry, Vidovic, et al., 2019), have increased linearly over the past three decades. Curran and Hill (2019) attributed this rise to increasing cultural pressures and demands, especially in the domain of physical appearance. Indeed, we maintain that perfectionists today are especially receptive to harmful messages from various media sources that their lives would be better if they developed the perfect body and appearance (Grammas & Schwartz, 2009; van den Berg et al., 2002).

Multidimensional Perfectionism is Unique and Incremental

Multidimensional perfectionism is neither captured by, nor redundant with, other well-established predictors of consequential outcomes, such as self-esteem, attachment dysfunction, and disordered personality. For instance, though a significant body of evidence points to hopelessness as a predictor of suicidality (Minkoff et al., 1973), both self-oriented and socially prescribed perfectionism predict suicidal thinking beyond hopelessness (see Smith, Vidovic, et al., 2017, for review).

However, perhaps the biggest frustration facing perfectionism researchers is the tendency for researchers in the general psychological literature to equate personality with the five-factor personality model (FFM; Costa & McCrae, 1992). Implicit in our claim that perfectionism predicts consequential outcomes are our conviction that perfectionism uniquely predicts consequential outcomes, and it is not redundant with individual differences in conscientiousness, neuroticism, extraversion, agreeableness, and openness. The FFM correlates of multidimensional perfectionism are well-researched. For example, self-oriented perfectionism and personal standards are associated mainly with conscientiousness, other-oriented perfectionism is linked primarily with low levels of agreeableness, and socially prescribed perfectionism, concern over mistakes, and doubts about actions are associated with neuroticism (e.g., Smith, Sherry, Vidovic, et al., 2019). Moreover, Smith, Sherry, Vidovic, et al. (2019) presented meta-analytic evidence that considered collectively, the five FFM traits only explained 21% of self-oriented perfectionism, 18% of other-oriented perfectionism, 30% of socially prescribed perfectionism, 22% of personal standards, 46% of concern over mistakes, and 72% of doubts about actions. This suggests that multidimensional perfectionism, with the possible exception of doubts about actions, should be considered as distinct from these broad personality traits. Moreover, several studies now illustrate the predictive utility of multidimensional perfectionism beyond five-factor traits. For instance, self-oriented and socially prescribed perfectionism predict depression beyond neuroticism (see Smith, Sherry, Rnic, et al., 2016, for review) and concern over mistakes predicts binge eating beyond neuroticism (Mackinnon et al., 2011). In addition, after controlling for both neuroticism and conscientiousness, various multidimensional perfectionism dimensions

³ We prefer the term core vulnerability factor as opposed to transdiagnostic factor because perfectionism is associated with a broad range of maladaptive outcomes, only some of which are diagnoses.

predict maladaptive coping (Dunkley et al., 2014) and poor health (e.g., Flett et al., 2011; Molnar et al., 2020).

Finally, as self-oriented perfectionism and personal standards correlate with conscientiousness, and they have some common conceptual features, some researchers conceptualize and measure these two traits as facets of conscientiousness (e.g., Goldberg, 1999; Lee & Ashton, 2006). This is problematic. First, treating perfectionism as facet of a broad trait marginalizes perfectionism, and minimizes its unique characteristics and predictive utility. Second, to describe perfectionists as conscientious does not capture the extreme perfectionist's disparate concern with being or appearing perfect as an absolute imperative. Third, and most importantly, the lumping of perfectionism and conscientiousness together is not supported by evidence. Research shows two positively correlated dimensions (e.g., conscientiousness and self-oriented perfectionism) can predict outcomes in opposite directions (e.g., Sherry et al., 2010). For example, work predicting academic productivity of psychology professors shows conscientiousness is linked with producing a greater number of published journal articles as determined by objective measures, but self-oriented perfectionism is a negative predictor; that is, psychological researchers who are trying to be absolutely perfect in ways that go well beyond conscientiousness tend to produce fewer articles (Sherry et al., 2010).

Self-Oriented Perfectionism

Self-oriented perfectionism, as defined by Hewitt and Flett (1991), includes "setting exacting standards for oneself and stringently evaluating and censuring one's own behaviour" (p. 457). In particular, this dimension has a salient motivational component that reflects striving to achieve perfection and avoiding failure at all costs. However, due to the likelihood that perfection will not be attained in most instances, this striving for absolute perfection often creates discrepancies and generates ego-involving stressors (Hewitt & Flett, 2002). At a deeper level, people high on self-oriented perfectionism often live a Sisyphean existence of striving to obtain the reliable love and acceptance that was absent from their childhood by perpetually striving to be, and appear, perfect at all times (Hewitt et al., 2017). Another key component of self-oriented perfectionism is the tendency for self-oriented perfectionists to be highly self-critical and to evaluate themselves against the impossible standard of perfection (e.g., Hewitt et al., 1991). Parenthetically, Hewitt and Flett (1991) did not suggest self-oriented perfectionism can be a form of positive achievement striving; a focus on self-oriented perfectionism as adaptive is not in keeping with the broader theoretical focus on self-oriented perfectionism as a diathesis or a vulnerability factor that will produce and be associated with negative outcomes only in the presence of stressors, shortfalls, or failures (Hewitt & Flett, 1993). Thus, work that shows negligible zero-order correlations between self-oriented perfectionism and negative outcomes is not at all unexpected for a vulnerability factor.

Hewitt and Flett's (1991) description of self-oriented perfectionism included several observations about its nature and origins. First, it was suggested that self-oriented perfectionists tend to selectively attend to, and overgeneralize, failure. Research on selective attention (Kobori & Tanno, 2012) and overgeneralization (Flett et al., 2012) has corroborated this claim. In particular, Hewitt et al. (1991) showed that self-oriented perfectionism was linked to self-report measures of overgeneralization and failure perseveration. Second,

Hewitt and Flett (1991) postulated the harsh self-evaluations of the self-oriented perfectionist could, in part, be traced back to the cognitive operations of the ideal self-schema described by Hewitt and Genest (1990). Subsequent research supports this claim, showing that certain perfectionists tend to experience frequent self-oriented automatic thoughts that reflect both their need to be perfect as well as their sense of falling short of this goal (Flett et al., 1998). Furthermore, research suggests the frequency of self-oriented automatic thoughts acts as a key mediator of perfectionism in various contexts (Wimberly & Stasio, 2013) and predicts significant variance in psychological distress and burnout beyond variance attributed to trait perfectionism dimensions (Flett et al., 1998).

On a final note, self-oriented perfectionism can be viewed through the lens of Gaudreau and Thompson's (2010) 2 × 2 model, which posits perfectionism is best understood as combinations of different levels of self-oriented perfectionism and socially prescribed perfectionism (discussed below). Briefly, some research has found that high socially prescribed perfectionism combined with low self-oriented perfectionism is related to the greatest severity of negative outcomes, including lower academic achievement and greater negative affect (Gaudreau & Thompson, 2010), athlete burnout (Hill, 2013), and social physique anxiety (Cumming & Duda, 2012). In contrast, a recent study by Lee and Anderman (2020) found people with any combination of self-oriented and socially prescribed perfectionism exhibited higher exhaustion and negative affect compared to nonperfectionists (i.e., those low in both dimensions).

Personal Standards

Personal standards are defined by Frost et al. (1990) as, "the setting of very high standards and the excessive importance placed on these high standards for self-evaluation" (p. 453). Parenthetically, though sometimes used interchangeably with self-oriented perfectionism, personal standards are qualitatively distinct (Blasberg et al., 2016; Sturman et al., 2009).⁴ Namely, Frost et al. (1990) posited perfectionism, and its associated dysfunctions, occur when an individual has both high personal standards and high tendencies for critical self-evaluations. Meanwhile, they suggested having personal standards alone would not lead to the same adverse outcomes. Subsequent research has supported these claims (e.g., Dunkley et al., 2006). For instance, though personal standards are associated with compulsivity (Frost et al., 1990), a study on regularly exercising women found the relationship between compulsive exercise and high personal standards disappeared after controlling for self-criticism (Taranis & Meyer, 2010).

Moreover, Frost et al. (1990) noted that personal standards stand apart from other perfectionism dimensions, as it was not only associated with negative outcomes, but also positive outcomes. For instance, people with high personal standards are sometimes less likely to procrastinate and more likely to feel a sense of self-efficacy (Frost et al., 1990). That said, when Frost et al. (1990) accounted for this feeling of self-efficacy, high personal standards became significantly correlated with dependency depression and self-critical depression, suggesting that an elevated sense of self-efficacy buffered the relationship between personal standards and

⁴ Hewitt and Flett (1991) maintain there are no circumstances in which self-oriented perfectionism reflects healthy striving because it is not in keeping with their focus on perfectionism as a vulnerability factor.

depressive symptoms. Following Frost et al.'s (1990) initial findings, subsequent findings are mixed, with some suggesting an association between personal standards and negative outcomes, such as higher depression and suicide (see Smith, Sherry, Chen et al., 2018; Smith, Sherry, Rnic et al., 2016), while others indicate no such associations (e.g., Brown et al., 1999; Cheng et al., 1999).

DiBartolo et al. (2004) posited these mixed findings are due to intertwined aspects of conditional self-worth in certain personal standards items. They hypothesized that, after accounting for conditional self-worth, "pure" personal standards would no longer be associated with psychopathology, whereas items reflecting a sense of self-worth that is conditional upon meeting high standards would be associated with negative outcomes. Their findings supported this hypothesis, given that pure personal standards did not significantly correlate with depressive symptoms or life stress, while the self-worth items, as well as the original personal standards items, predicted increased life stress.

As we discussed in the section on self-oriented perfectionism, people with a conditional sense of self-worth tend to have a need for control (Hill et al., 2010). Research suggests this need for control may also in part account for discrepancies in the research on personal standards. For example, the extant literature on the role of personal standards in eating disorders is mixed, with some reporting elevated personal standards in people with eating disorders (Sassaroli et al., 2008; Steele et al., 2007) and others failing to find an association (Boone et al., 2012; Levinson & Rodebaugh, 2016). To address this, Brosof et al. (2019) demonstrated people with high personal standards are more likely to develop eating disorders through their level of intolerance of uncertainty. Indeed, they found personal standards are associated with eating disorder symptoms only when levels of intolerance of uncertainty are high. This supports the notion that individuals with high standards are more likely to experience psychopathology when they possess a need for control and are unable to tolerate uncertainty (Hill et al., 2010).

Recent research has elucidated positive outcomes that are associated with individuals with pure personal standards (e.g., Gong et al., 2017; Muñoz-Villena et al., 2020). In particular, some researchers have found a positive relationship between higher achievement and personal standards (e.g., Sotardi & Dubien, 2019). This may be explained, in part, by Levine et al.'s (2017) finding that, when controlling for concern over mistakes and doubts about actions, people with high personal standards seem more likely to attribute their failures to external factors and successes to internal factors, which suggests these individuals have a more positive view of themselves and are less likely to blame themselves for their failures.

As with self-oriented perfectionism, personal standards can also be viewed from Gaudreau and Thompson's (2010) 2 × 2 model. For instance, dancers with only high personal standards appear to exhibit greater psychological adjustment, such as more positive affect and less body-related concerns, relative to those with higher concern over mistakes and doubts about actions, regardless of their personal standards (Cumming & Duda, 2012). Similarly, research suggests dancers with pure personal standards do not differ significantly in fear of failure from nonperfectionists, while dancers with both high personal standards and high concern over mistakes possess a greater fear of failure (Quested et al., 2014). This underscores how some people with high personal standards not only strive to achieve the expectations they set for themselves but also focus on avoiding

mistakes and failures. Further research supports this claim, showing that although athletes with high personal standards tend to report more success-oriented thoughts about their performance, they also have more thoughts about failures and mistakes (Frost & Henderson, 1991). Moreover, as a result of their tendency to evaluate themselves critically, people with personal standards are prone to experiencing profound distress in the face of failure (e.g., Békés et al., 2015).

Considering these findings together, the complexities inherent in personal standards highlight the need to consider the life context. That is, when people high in personal standards are feeling self-efficacious and confident, their approach tendency operates and leads to greater self-determination. On the other hand, in situations where people high in personal standards lack confidence and the possibility of failure looms, their more defensive motivational orientations appear to prevail.

Other-Oriented Perfectionism

In her classic book, *Neurosis and Human Growth*, Horney (1950, p. 78) described an outwardly directed style of perfectionism: "A person may primarily impose his standards upon others and make relentless demands as to their perfection. The more he feels himself to be the measure of all things, the more he insists—not upon general perfection but upon his particular norms being measured up to." Numerous other clinical observations and theoretical accounts converge to paint a picture of the other-oriented perfectionist—a domineering, hypercritical, and demanding person who rigidly and harshly imposes their need for perfection onto others (see Hewitt, Flett, Besser, et al., 2003; Hewitt & Flett, 1991).

Initial research on other-oriented perfectionism linked this trait dimension to domineering tendencies, a penchant for blaming and being hostile toward others (e.g., Hewitt & Flett, 1991). Viewed through the lens of the interpersonal circumplex, other-oriented perfectionism involves a hostile-dominant interpersonal style, including extreme and rigid arrogance (Habke & Flynn, 2002). In terms of higher-order interpersonal traits, Hill et al. (1997) found other-oriented perfectionism was negatively correlated with agreeableness, including lower levels of trust and altruism and was associated with hostile-dominant interpersonal styles and reported problems. And Stoeber (2014b) reported other-oriented perfectionism was positively correlated with antagonism, including higher levels of callousness and deceit.

Not surprisingly, and in line with the PSDM (Hewitt et al., 2017), evidence suggests other-oriented perfectionists struggle in romantic relationships. For instance, other-oriented perfectionism has clear, important links to relationship conflict in romantic dyads when high perfectionistic demands are ceaselessly placed on romantic partners (e.g., Lafontaine et al., 2019). Research seems to suggest that those who receive perfectionistic demands suffer much more than those who voice perfectionistic demands. For example, Habke et al. (1999) reported that wives' other-oriented perfectionism was related to decreased sexual satisfaction in both husbands and wives. In addition, Hewitt et al. (1995) demonstrated that the spouses of people who were high in other-oriented perfectionism reported higher marital distress—even though the people who were high in other-oriented perfectionism did not report being maritally distressed themselves.

Other-oriented perfectionists' relational difficulties are not confined to romantic relationships. For instance, McCown and

Carlson (2004) found that in cocaine abusing patients with a diagnosis of narcissistic personality disorder, self-termination from treatment was related to higher levels of other-oriented perfectionism. As a result of their interpersonal difficulties, other-oriented perfectionists may also be less likely to benefit from treatment. For example, in adult outpatients receiving cognitive-behavioral group therapy, both other-oriented and socially prescribed perfectionism were directly associated with lower posttreatment reductions in depression (Hewitt, Smith, et al., 2020). Additionally, a recent study on treatment-seeking adults found that, following a semistructured interview, clinician-rated patient hostility mediated the relationship between patients' other-oriented perfectionism and less favorable clinician impressions (Hewitt, Chen, et al., 2020). Thus, other-oriented perfectionism can negatively influence the therapeutic process and impact treatment outcomes.

Theory and research suggest other-oriented perfectionism is a key feature of dramatic, emotional, and erratic individuals' disordered personality functioning (e.g., Hewitt & Flett, 1991; Kohut, 1972). Consistent with this notion, Sherry et al. (2007) found other-oriented perfectionism was uniquely related to Cluster B personality disorder traits (American Psychiatric Association, 1994). Other researchers have also suggested imposing perfectionistic demands on others may be accompanied by externalizing personality pathology that is characterized by entitled, dramatic, and aggressive interpersonal behavior. In fact, some antisocial or Machiavellian individuals' criticism of and demandingness toward others may reflect other-oriented perfectionism. Supporting this view, Hewitt et al. (1992) found a link between other-oriented perfectionism and antisocial traits, and Sherry et al. (2006) found a correlation between other-oriented perfectionism and Machiavellianism in women (but not in men). Also, Stoeber (2014a) demonstrated that other-oriented perfectionism is uniquely related to Machiavellianism and psychopathy. Finally, ample theory and research also suggest people high in other-oriented perfectionism are narcissistic (Flett, Sherry, et al., 2014). Indeed, Smith, Sherry, Chen, et al.'s (2016) meta-analytic review reported the link between other-oriented perfectionism and narcissism remains even after controlling for other trait perfectionism dimensions. All considered, it seems an other-oriented perfectionist is more apt to hurt you than to help you (Smith, Sherry, & Saklofske, 2018).

Socially Prescribed Perfectionism

When conceptualizing perfectionism in the late 1980s and beginning to treat people with perfectionistic behavior in the early 1990s, it became clear to Dr. Paul Hewitt that there are people who require perfection of themselves not because of their own introjected needs for perfection but because of the perceived need of others' requirement of perfection (Hewitt & Flett, 1991). The concept of socially prescribed perfectionism thus arose from interactions with clinically distressed perfectionists and by coming to understand, based on these interactions, that although there were patients that certainly fit the bill in terms of either self-oriented or other-oriented perfectionism (Hewitt & Flett, 1990), there were patients whose perfectionistic behavior had a different and a distinctive interpersonal flavor. These individuals attempted to perfect themselves based on the perception of others' (specific others or generalized others) perfectionistic needs, desires, or expectations for them. Thus, socially prescribed perfectionism was conceptualized as a relational trait dimension that

is both distinct from self-oriented and other-oriented perfectionism (Hewitt & Flett, 1991, 2004) and related to different forms of maladjustment. Since then, 30 years of research has shown socially prescribed perfectionism is not only a core interpersonal component of perfectionism (Hewitt, Flett, Besser, et al., 2003) but also the perfectionism dimension most broadly associated, as the main effect, with distress, severe psychopathology and potentially life-threatening behaviors, such as suicide (Flett & Hewitt, 2002).

Socially prescribed perfectionism is associated broadly with various forms, levels, and chronicity of distress. These associations are seen in both adult and child samples, including community members, psychiatric and other patients, and university students (e.g., Hewitt & Flett, 1991). A large number of studies show socially prescribed perfectionism is associated with greater severity of symptoms of depression, anxiety, suicidal ideation, and hostility (e.g., Blankstein et al., 2007; Enns & Cox, 2002). Moreover, socially prescribed perfectionism is the perfectionism dimension that is most strongly linked with anger, hopelessness, shame, loneliness, low social support, relationship dissatisfaction as well as interpersonal, physical health, and achievement problems (e.g., Habke & Flynn, 2002; Haring et al., 2003). In many of these studies, socially prescribed perfectionism uniquely predicts symptom severity or negative emotionality beyond the effects of relevant variables such as other perfectionism or personality measures, including neuroticism (e.g., Sherry et al., 2007). This indicates not only a unique role of the interpersonal nature of perfectionism in these outcomes but also emphasizes the importance of socially prescribed perfectionism in particular. There are also studies showing socially prescribed perfectionism is elevated in specific, diagnosed clinical groups in comparison to controls, suggesting a possible role for socially prescribed perfectionism in clinical dysfunction. These include disorders such as unipolar depression in adults and adolescents, eating disorders, anxiety disorders, and borderline personality disorder (e.g., Cockell et al., 2002; Hewitt et al., 1994).

One of the most significant domains where socially prescribed perfectionism plays a unique role in is suicide behavior. In fact, it has been stated that perfectionism, specifically socially prescribed perfectionism, is one of the most significant personality traits in the amplification of suicide risk (e.g., Hewitt et al., 2006; O'Connor, 2007). Indeed, we maintain that while certainly acknowledged, the degree of suicide risk for perfectionists in psychological pain is grossly underestimated and is a growing public health problem (Flett, Hewitt, et al., 2014). Evidence from several research groups indicates socially prescribed perfectionism is associated strongly, consistently, and uniquely with suicide behaviors, including suicidal ideation, suicide risk, and suicide attempts across clinical and nonclinical adult populations (e.g., Blankstein et al., 2007; Hewitt et al., 1998). Likewise, socially prescribed perfectionism is a unique predictor of suicide behavior even after controlling for traditionally powerful suicide predictors such as hopelessness and depression (Flett, Hewitt, et al., 2014; Smith, Vidovic, et al., 2017). Thus, it is not surprising that Smith, Sherry, Chen, et al.'s (2018) meta-analytic review demonstrated that socially prescribed perfectionism predicts a longitudinal increase in suicide ideation and correlates positively with a prior number of suicide attempts.

Other research addresses when (moderators) and why (mediators) the socially prescribed perfectionism–suicide link occurs. For moderators, Blankstein et al. (2007) showed socially prescribed perfectionism was related to suicide risk factors in both women and men.

In particular, men high in socially prescribed perfectionism had higher suicide ideation when in the presence of high academic stress. In addition, low self-esteem led to a greater positive association between socially prescribed perfectionism and achievement and social hopelessness in women, and a greater positive association between socially prescribed perfectionism and suicide ideation in men. For mediators, findings from Roxborough et al.'s (2012) study provided support for the PSDM (Hewitt et al., 2006, 2017), which hypothesized that the perfectionism–suicide link is accounted for by the social alienation generated by perfectionism.

Although the examination of models and mechanisms of socially prescribed perfectionism and suicide are just beginning, evidence suggests there may be several elements of socially prescribed perfectionism that are especially pernicious. First, socially prescribed perfectionism includes a salient component of hopelessness, particularly social hopelessness, which involves pessimism about future relationships (Hewitt & Flett, 1991). Research has shown that this hopelessness and pessimism about the future is an important aspect of socially prescribed perfectionism (Flett, Hewitt, et al., 2014; Hewitt et al., 1998). Second, socially prescribed perfectionism contains elements of helplessness that are reflected in amotivational states. For instance, socially prescribed perfectionism is tied to outcomes that reflect a paralysis in terms of task completion or procrastination (Flett et al., 2004).

Finally, socially prescribed perfectionism may be a nonspecific but fundamental relational variable that is not only a marker that a person does not meet external expectations (i.e., feeling unable to attain others' perfectionistic expectations) but also an indication of one's inability to meet a fundamental motivational need—the need to belong (see Hewitt et al., 2017). An early-identified major interpersonal component of socially prescribed perfectionism was fears of rejection and abandonment, and power needs for acceptance, caring, and belonging (Hewitt & Flett, 1991). Time and again in research, it is socially prescribed perfectionism that shows consistent and unique associations with such interpersonal needs. We believe that a fundamental underpinning of much of the distress and dysfunction experienced by socially prescribed perfectionists is their thwarted need for a sense of belonging and mattering (Hewitt et al., 2006). A belief in one's inability to meet the expectations of others is a powerful force in understanding one's self as not fitting or mattering to others (Hewitt et al., 2017). This suggests socially prescribed perfectionism may be reflective of object representations that do not necessarily reflect veridical judgments or perceptions of important others (cf. Smith, Speth et al., 2017) but develop as a function of early experiences with caregivers, family members, or other important people in the young person's life (Hewitt et al., 2017). This might also account for socially prescribed perfectionism and its demonstrated maladaptive outcomes in childhood, adolescence, and adulthood. Clearly, preoccupation with and attempts to attain perceived perfectionistic expectations of others does little to facilitate healthy adaptation and coping.

Concern Over Mistakes and Doubts About Actions

Concern over mistakes reflects not only the attitudinal tendency to react negatively to mistakes but also a tendency to equate mistakes with personal failure. It also incorporates the conviction that others will react negatively and harshly judge someone who makes mistakes (Frost et al., 1990). Given the diverse themes tapped by the

items on this subscale, a case can be made for renaming this dimension as “concern over mistakes and failure sensitivity.” For example, Brown et al. (1999) found concern over mistakes did not predict actual grades, but it did predict greater test anxiety and more negative mood before a classroom test as well as a tendency to blame oneself for a disappointing performance afterward. Additionally, Frost et al. (1995) reported a laboratory study of reactions to mistakes in which participants with high versus low levels of concern over mistakes were induced to make either a high or a low number of mistakes. Participants with a high level of concern over mistakes did not make relatively more mistakes in more difficult conditions but did report more negative affect, lower self-confidence, and a greater sense of personal imperatives (i.e., that they should have done better). In a subsequent study, Frost et al. (1997) found people with high concern over mistakes attached greater importance to their mistakes and exhibited more negative reactions to mistakes, including greater negative affect and rumination. This suggests that it is the reaction to mistakes that best differentiates individuals with high concern over mistakes from nonperfectionists.

Frost et al.'s (1990) conceptualization of concern over mistakes also involved an interpersonal component, whereby individuals with high concern over mistakes have a “tendency to believe that one will lose the respect of others following failure” (p. 453). As such, it is unsurprising that consistent with the PSDM (Hewitt et al., 2017), high concern over mistakes is associated with interpersonal difficulties in adults (Prud'homme et al., 2017) and undergraduate students (Sherry et al., 2016) as well as social demonstration avoidance goals (i.e., concealing imperfections in the social domain; Fletcher & Shim, 2019) and avoidance of help-seeking (Shim et al., 2016) in children.

Emerging evidence suggests a link between concern over mistakes and disordered eating. For instance, a meta-analysis of adolescents, undergraduates, and adults found that concern over mistakes at baseline predicted longitudinal increases in bulimic symptoms (Kehayes et al., 2019). Additional studies have found a relationship between concern over mistakes and binge eating behavior in undergraduates (Mackinnon et al., 2011; Sherry et al., 2016). In particular, evidence suggests that anxiety symptoms, which are commonly associated with concern over mistakes (Patson & Osborne, 2016; Smith, Vidovic, et al., 2018), mediate the relationship between concern over mistakes and binge eating in undergraduate women (Brosof & Levinson, 2017).

Doubts about actions reflect an obsessive tendency to doubt personal behaviors. Items comprising this factor are characterized by a personal identity dominated by self-doubt and by self-uncertainty. For instance, doubts about actions can manifest as high levels of procrastination in university students (Sherry et al., 2016). While this dimension is often combined with concern over mistakes into a composite referred to as perfectionistic concerns, there are key differences across subscales (e.g., Frost & Shows, 1993; Smith, Sherry, Chen, et al., 2018). For example, compared with concern over mistakes, doubts about actions has more robust links with compulsive indecisiveness (Frost & Shows, 1993). This is also in keeping with Frost et al.'s (1990) original findings that doubts about actions, relative to other perfectionism dimensions, typically have a stronger link with compulsive symptoms.

A consistent theme that emerges when perfectionism dimensions, such as concern over mistakes and doubts about actions, are

evaluated is that perfectionists tend to be highly defensive (DiBartolo et al., 2008), which stems in part from a contingent sense of self-worth. Sturman et al. (2009) showed that this contingent sense of self-worth includes activity-based contingent self-worth. However, when perfectionists keep busy and strive to achieve this sense of self-worth, they make it more likely that they will suffer exhaustion and burnout (Garratt-Reed et al., 2018). This contingent sense of self-worth in people with high concern over mistakes has also been linked with greater psychopathology. For instance, individuals with high concern over mistakes and high levels of appearance and relationship contingent self-worth exhibit greater severity of disordered eating than individuals who are high in only concern over mistakes or contingent self-worth (Bardone-Cone et al., 2017).

Unresolved personal needs seem to be at the root of both concerns over mistakes and doubts about actions. Boone et al. (2014) studied perfectionism, need frustration, and binge eating and established that these elements of perfectionism predicted increased binge eating longitudinally, and this was mediated by the robust link perfectionism had with psychological need frustration. When it comes to the frustrated, unresolved needs of people who are overly concerned with making mistakes and have doubts about their actions, one factor that likely contributes to a sense of lack of competence and lack of autonomy is the extent to which they have been exposed to parental psychological control. Parents who are intrusive and manipulative are more focused on their own needs rather than their child's needs. Collectively, several studies point to a link between parental psychological control and elevated concern over mistakes and doubts about actions (e.g., Gong et al., 2016; Smith, Sherry, et al., 2017).

Finally, concern over mistakes and doubts about actions often accompany high personal standards (Lundh et al., 2008). Therefore, while our review has focused on individual perfectionism dimensions from a variable-centered perspective, a person-centered approach is vital in understanding the negative outcomes of perfectionism. Indeed, when Lundh et al. (2008) examined patterns of perfectionism in terms of their prevalence among patients with social phobia and patients with panic disorder, cluster analysis showed three patterns involving extreme perfectionism across most of Frost et al.'s (1990) subscales were overrepresented among clinical participants. As such, Lundh et al. (2008) cautioned it is inappropriate to characterize high scores on personal standards as adaptive without also considering dimensions such as concern over mistakes and doubts about actions because when the focus is on the person, concern over mistakes and doubts about actions regularly occur alongside personal standards.

Known Unknowns in Multidimensional Perfectionism Research

Despite major advances in the multidimensional perfectionism literature, there is still much to learn. Building upon these studies, we propose nine critically needed advances in multidimensional perfectionism research.

Monosource Data

Multidimensional perfectionism research suffers from an overreliance on monosource, self-report questionnaires (Sherry et al., 2013).

This is partly due to the proliferation of self-report perfectionism scales. Mono-source, self-report questionnaires may artificially inflate observed relations through method variance or can result in inaccurate reports via biased self-perceptions (e.g., defensiveness). Perfectionists may also become so accustomed to their behavior (e.g., demandingness) that they fail to recall it or report it accurately.

Informant reports help to overcome biases in, or limitations of, self-perceptions (Vazire, 2006). For example, informant reports may assist in bypassing self-enhancing or self-deprecating responses in perfectionists. There are very few multidimensional perfectionism studies where informants are used as data sources, and these studies suggest that self- and informant reports of perfectionism dimensions are moderately correlated and that informant reports add incrementally to our understanding of outcomes beyond self-reports of perfectionism dimensions (Nealis et al., 2016; Sherry et al., 2013). More studies involving informants are needed in perfectionism research to produce a more reliable, encompassing assessment of perfectionists.

Monomethod Data

Correlational designs dominate perfectionism research. Although there are improvements in this literature via the use of multiwave longitudinal studies, which address issues of directionality and temporal precedence (e.g., Smith et al., 2021), even these methodologies are limited in the causal conclusions that can be reached. Randomization and experimental control are needed to increase confidence in any causal conclusions drawn, and therefore experimental designs are urgently needed. Future perfectionism research would also benefit from including other methods of data collection. This might include interviews for perfectionism or indirect measures of perfectionism (e.g., projective tests or implicit measures). It should also include supplementing self-report measures with an assessment of observable outcomes (e.g., binge eating, interpersonal conflict, and romantic dissolution) or direct observation in a laboratory.

Cross-Sectional and Two-Wave Longitudinal Designs

Most research in the perfectionism literature uses cross-sectional or two-wave longitudinal designs. Cross-sectional designs prevent causal inferences as they fail to address directionality or temporal precedence. And two-wave longitudinal designs capture only a narrow, and possibly unrepresentative, a slice of change. Reliance on cross-sectional or two-wave longitudinal data also limits understanding of whether perfectionism is an antecedent of psychopathology, a complication of psychopathology, or both (Smith et al., 2021). Longitudinal studies with three or more measurement occasions allow researchers to clarify directional or temporal relations. Such studies better capture changes over time and, for mediational designs, permit the assessment of temporally independent predictors, mediators, and outcomes (Maxwell & Cole, 2007). This allows researchers to make stronger inferences regarding mediational processes by reducing temporal confounding.

Long-term longitudinal studies with a focus on development are also extremely rare in the perfectionism literature. Few studies capture transition points in the lifespan (e.g., marriage, childbirth, or retirement). Longitudinal studies of the expression and the impact

of perfectionism across various life stages (e.g., student, professional, parent, and retiree) would significantly advance perfectionism research. There is also emerging work on developmental trajectories of perfectionism (e.g., [Herman et al., 2013](#)). Such work will inform the design and the implementation of prevention programs (e.g., [Flett & Hewitt, 2014](#)) for the destructive aspects of perfectionism in children and adolescents.

Linear Models

Perfectionism research focuses almost exclusively on linear models in testing the link between perfectionism and outcomes and findings from the few studies that did test curvilinear relations are equivocal. For example, on the one hand, [Molnar et al. \(2012\)](#) reported that self-oriented perfectionism shared a curvilinear relation with health functioning in women with fibromyalgia such that those with moderate levels of self-oriented perfectionism exhibited better health functioning, whereas those with low and high levels of self-oriented perfectionism demonstrated poorer health functioning. On the other hand, [Hewitt et al.'s \(2014\)](#) findings suggest the relationship between self-oriented perfectionism and suicidal behaviors was not curvilinear in a sample of adolescent psychiatric outpatients. Regardless, until more perfectionism researchers test nonlinear models, the extent to which the perfectionism–outcome link is curvilinear will remain a “known unknown.”

Interpersonal Context

Perfectionism dimensions explicitly incorporate other people into the multidimensional perfectionism construct (e.g., demanding perfection of others). Despite this, perfectionism research is often studied from the vantage of the self-in-isolation from others while neglecting the self-in-relation to others. That is, perfectionists are rarely studied in their social contexts.

Studies are needed to provide a fuller account of the perfectionism–interpersonal problems link by investigating these problems amid the actual interpersonal contexts in which they occur. For example, by studying romantic relationships, researchers can study perfectionists in a more contextualized, ecologically valid way ([Mackinnon et al., 2012](#)). Data involving more objective indicators of social problems (e.g., relationship dissolution or divorce) would also greatly enhance our understanding of the social impact of multidimensional perfectionism.

The veridicality of socially prescribed perfectionism is also poorly understood (cf. [Smith, Speth, et al., 2017](#)). It is not well understood whether individuals high on socially prescribed perfectionism in fact exist amid a social network where others demand perfection of them. [Smith, Speth, et al.'s \(2017\)](#) study on undergraduate students found that the presence of other-oriented perfectionists in an individual's social network contributed to elevated levels of socially prescribed perfectionism. This, in turn, led to increased stress in these socially prescribed perfectionists, even after accounting for neuroticism. While recent studies provide evidence for the presence of external pressures to be perfect from the social networks of socially prescribed perfectionists ([Smith, Sherry, Glowacka, et al., 2019](#)), further studies using multisource designs should be conducted to understand the nature of these social networks and their impact on individuals with socially prescribed perfectionism.

Diverse Populations

Perfectionism research involves a relatively narrow evidence base, with most research using undergraduate samples. In fact, most perfectionism research relies on Western, Educated, Industrialized, Rich, and Democratic (i.e., WEIRD) samples ([Henrich et al., 2010](#)). This raises questions about the representativeness and the generalizability of a sizeable portion of the perfectionism literature to more diverse populations. Additionally, given that perfectionism has been identified as a transdiagnostic factor, it is important to use clinical and, especially, at-risk samples. There are many studies that currently use these samples (see [Smith et al., 2021](#) for review), but given perfectionism researchers are frequently attempting to generalize their findings to clinical populations, it is imperative that research on these samples continues.

There is also a clear need for well-designed cross-cultural studies examining not only mean levels of perfectionism but also what perfectionism represents and how it manifests across various cultures (see [DiBartolo & Rendón, 2012](#), for review). For example, [Hamamura and Heine \(2008\)](#) suggest that perceptions of the “self” and ways of being a “good” self differ across cultures. These researchers also speculated that in East Asian culture, self-criticism exemplifies a “good” self in the context of maintaining “face.” Even so, as [Stoeber \(2018\)](#) concluded, systematic research on cultural differences in perfectionism is scarce and researchers need to remain open to the possibility that cultural similarities in perfectionism may be far greater and more important than cultural differences ([Smith, Saklofske et al., 2016](#)).

Gender Differences

A specific problem tied to the representativeness of perfectionism research is the tendency for perfectionism researchers to study mostly women. Even in perfectionism research that specifically investigates gender differences, samples often consist of a larger proportion of women than men (e.g., [Ghosh & Roy, 2017](#); [Rivière & Douilliez, 2017](#)). In the few perfectionism studies with gender-balanced samples, evidence for gender differences has emerged. For instance, in university students, the mediational relationship between attachment insecurity, perfectionism, and career adaptability is stronger for women than for men ([Jahng & Kim, 2019](#)), but career search efficacy mediates the relationship between perfectionism and the perception of career barriers in men but not women ([Gnilka & Novakovic, 2017](#)). Likewise, women may be more prone to perfectionism in various life domains. [Haase et al. \(2013\)](#), for instance, found that female university students had higher levels of perfectionism in academic and appearance domains whereas male university students had similar levels of perfectionism across several work and personal domains. Finally, meta-analytic evidence from [Smith, Sherry, Vidovic, et al. \(2019\)](#) suggests there might be gender differences in the perfectionism–personality link. Namely, the relationship between self-oriented perfectionism and neuroticism may be stronger in women relative to men. However, evidence also suggests that men and women do not differ on mean levels of multidimensional perfectionism ([Smith, Sherry, Vidovic, et al., 2019](#)) and additional research is needed to determine whether the handful of studies reporting gender differences in multidimensional perfectionism are reliable and replicable. Finally, we believe a more nuanced analysis of gender beyond the simple categorization of men

and women is also needed (e.g., the contribution of gender roles such as stereotypically masculine traits), including investigations into how different gender identities or gender roles can contribute to perfectionism.

Theoretical Models

Theories are organizational frameworks used to arrange, understand, and *explain* the natural and physical world, whereas evidence is the information used to *describe* the natural and physical world. And scientific progress occurs by iteratively testing, modifying, rejecting, and confirming theories using evidence. That is, theories and models drive the generation of hypotheses to be tested. Yet, over the years we have observed too often studies with few (if any) theoretical reasons offered for expecting or observing their published results. As such, we believe the perfectionism literature would benefit from conducting more research that tests theory-driven hypotheses. More specifically, we maintain that without clearly relying on articulated theoretical models, research on perfectionism is unlikely to be incremental or inform prevention, assessment, treatment, or policy meaningfully.

That said, there are several promising theories available to test. For instance, the CMPB conceptualizes perfectionism as a multifaceted and multilevel personality style that permeates most behavior and has intertwined traits, self-presentational or other-relational, and cognitive or self-relational components (Hewitt, 2020). Likewise, the PSDM (Hewitt et al., 2006) provides an in-depth account of perfectionism and both its development and its consequences through the lens of dynamic-relational theory (Hewitt et al., 2017). Though the PSDM has a myriad of testable hypotheses, in a broad sense, it theorizes that multidimensional perfectionism arises from a relational context and leads to various adverse outcomes as a consequence of objective and subjective social disconnection. To illustrate, according to the PSDM, perfectionistic behavior (i.e., traits, self-presentation, and internal perfectionistic or critical internal dialog) serves the purpose of attempting to secure either a sense of belonging or acceptance (relations with others) or of repairing a sense of defectiveness or not being “good enough” (relation with self) or both. Moreover, at a deeper level, the PSDM theorizes that perfectionism can be traced back to early relational experiences involving an asynchrony between child and caregiver/family/peer relations that cumulates in the development of perfectionism as a means to become “good enough” and to obtain acceptance and avoid rejection. Relatedly, precursors of the PSDM include various hypotheses involving stress–diathesis such as the specific vulnerability hypothesis or stress generation, anticipation, and enhancement hypotheses. Finally, conceptual clarifications involving important perfectionism-related constructs (e.g., excellencism) also provide theory-driven research that moves the field ahead. Descriptions of these models are beyond the scope of this article; however, readers can find detailed descriptions in Flett and Hewitt (2002), Gaudreau (2019), and Hewitt et al. (2017).

Treatment Research

Research on the impact of multidimensional perfectionism on treatment-seeking behaviors and treatment outcomes is needed. In what little research has been conducted, the negative impact of perfectionism on treatment outcomes across multiple treatment

modalities is apparent (see Hewitt, Smith, et al., 2020), including psychodynamic, cognitive-behavioral, interpersonal, and antidepressant therapies (Blatt et al., 1998; Egan et al., 2016; Ferguson & Rodway, 1994; Hewitt, Mikail, et al., 2020; Lee-Bagglely et al., 2016). For instance, not only does perfectionism negatively influence the process of seeking treatment (Dang et al., 2020) and establishing a therapeutic alliance (Hewitt et al., 2008), but perfectionistic individuals who enter treatment can be resistant to change (Hewitt, Smith, et al., 2020). Given perfectionism is among some of the most common presenting complaints about patients (Johnson & Hayes, 2003), and given strong evidence of the destructive impact of perfectionism on treatment processes and outcomes, more research is urgently needed.

Concluding Remarks

Despite these important areas for improvement, at 30 years of age, the multidimensional perfectionism construct remains vital, strong, and growing. We have every confidence that the perfectionism research area will remain a place of many impactful discoveries, spirited debates, and clinically relevant findings. It is our belief that perfectionism dimensions ultimately exist in the service of one goal: Perfecting the self. For perfectionists, this unrelenting push to be perfect is wrapped up in an intense effort to belong—to find a place in the world to fit in, to find people who accept or love them, and to truly matter to someone else. More research is needed to help those perfectionists who get lost along the way to finding their place in the world.

Résumé

La théorie et la preuve convergent pour indiquer que le perfectionnisme est un aspect très important de la personnalité qui est lié à plusieurs conséquences (par ex., dépression, troubles alimentaires, suicide, problèmes conjugaux et procrastination). À l'occasion des 30 ans de la définition de la construction multidimensionnelle du perfectionnisme, notre revue jette un regard critique sur le passé et l'avenir de cette construction, en se concentrant sur les six dimensions repères des modèles précurseurs de Hewitt et Flett (1991) et de Frost et al. (1990) : le perfectionnisme orienté vers soi, le perfectionnisme orienté vers autrui, le perfectionnisme socialement prescrit, les normes personnelles, les préoccupations relatives à ses erreurs, les doutes relatifs à ses actions. Notre revue tient compte à la fois de ce que nous comprenons de ces dimensions, vu l'étendue de la littérature empirique (les connus connus) et des domaines où notre compréhension du perfectionnisme multidimensionnel et de ses conséquences (les connus inconnus) est lacunaire. Les données indiquent que les dimensions de base des traits et des modèles comportementaux du perfectionnisme établis par Hewitt et Flett (1991) et Frost et al. (1990), respectivement, ne sont jamais relevées ni reprises par d'autres indicateurs bien établis. En fait, ces dimensions du perfectionnisme semblent représenter les facteurs de vulnérabilité de base qui sont intimement reliés au développement et au maintien d'une vaste gamme de comportements inadaptés.

Mots-clés : perfectionnisme, stress, dépression, troubles alimentaires, revue

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