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A Review on Perfectionism

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Abstract

Perfectionism is a personality trait that strives for high standards of performance and is accompanied by a tendency to critically evaluate oneself, which is closely related to individual mental health and has a profound impact on individuals' work, study and life. Nevertheless, there are controversies in its nature and characters and whether its impact on mental health is positive or negative still exists in the domain of perfectionism, calling for further discussions. The article identifies key findings in the perfectionism literature, reviews and summarizes the current state of perfectionism research, including the conceptual dimensions of perfectionism, the cluster of perfectionism, and the negative and positive effects of perfectionism on mental health. Finally, several future research directions were discussed.

Keywords

Perfectionism, Mental Health, Positive Perfectionism, Negative Perfectionism

1. Introduction

Perfectionism is one of the hot topics in counselling psychology and clinical psychology since the 1990s; from the beginning of theoretical analysis to empirical studies, more and more researchers focus on perfectionism. However, there is still much controversy on the definition of its conceptual extension and core characteristics. As a personality trait that is closely related to mental health, more and more researchers believe that perfectionism may have not only negative influence on mental health, but also positive influence (Ganske, Gnilka, Ashby, & Rice, 2015). Therefore, this study is a systematic review of the literature, starting with the definition of the concept, in order to clarify some of the fundamental issues, so that the follow-up research can be better carried out.

2. Definitions and Dimensions of Perfectionism

The definition of perfectionism is a gradual process, and different researchers have given different definitions. Hollender (1965) defined perfectionism as an inherently negative personality trait that manifested itself in an unrealistic requirement for oneself or others to perform well at all times and in all places. Burns (1980) argues that "perfectionism has unrealistic standards, they work compulsively and persistently towards their goals and measure their value solely on the basis of their output and achievements." Flett, Hewitt and Dyck (1989) identified perfectionism as a pervasive neurotic style. Frost, Marten, Lahart and Rosenblate (1990) defined perfectionism as "setting excessively high standards of self-expression, accompanied by excessively critical self-evaluation." Hewitt and Flett (1991) believe that perfectionism is mainly due to the improper cognitive manipulation of the ideal self. In the early studies of perfectionism, most researchers regarded perfectionism as a personality trait with negative self-worth, characterized by striving for perfection and setting excessive-performance goals, and accompanied by a tendency to evaluate behavior too harshly (Flett & Hewitt, 2002). Negative traits associated with perfectionism are related to many negative outcomes, including procrastination, indecisiveness, and other serious mental illnesses such as anorexia, depression and personality disorders (Pacht, 1984).

With the deepening of research, the connotation of perfectionism has been enriched, from the view that perfectionism is only negative, to recognize that perfectionism also has a positive side (Shafran et al., 2002; Shafran et al., 2003; Dunkley et al., 2006; O'Connor, 2007; Afshar et al., 2011). Hamachek (1978) believes that perfectionism has a dual character, being both a positive intrinsic motivation and an unhealthy irrational belief. Normal perfectionists are able to set goals based on their strengths and weaknesses, feel good after achieving them, and have the ability to respond flexibly in certain situations, such as lowering standards or not demanding too much accuracy. Neurotic perfectionists set unrealistic goals for themselves are dissatisfied with their efforts, never relax their standards, and are not flexible. Slade and Owens (1998) divided perfectionism into adaptive and maladaptive forms. The former is characterized by normal behavior that is beneficial to the individual, while the latter is characterized by maladjustment and can predict maladaptive behavior. Bieling, Israeli and Antony (2004) examined the two forms of perfectionism through factor analysis and found that maladaptive perfectionism reflects individuals' doubts and concerns about decision-making, believing that others have unrealistic expectations of their own performance, whereas adaptive perfectionism is characterized by individuals who can set standards according to their level of achievement in different fields. Kung and Chan (2014) confirm the existence of adaptive and maladaptive perfectionism by perfectionism in both positive and negative dimensions, respectively. In addition, the study found that maladaptive perfectionism was mainly reflected in negative forms of perfectionism, such as doubting behavior and fear of making mistakes, which was related to academic burnout, while posi-

tive perfectionism (personal standards and organization) was related to academic engagement (Zhang, Gan, & Cham, 2007). Numerous empirical studies have also shown that there are two dimensions of perfectionism that need to be distinguished in particular (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Frost, Heimberg, Holt, Mattia & Neubauer, 1993; Stoeber & Otto, 2006): the Evaluation Concerns Perfectionism (ECP) and Personal Standard Perfectionism (PSP). ECP (also called perfectionistic concerns) captures the negative aspects of perfectionism: the fear of making mistakes, the fear of negative social judgments, the sense of disparity between expectations and performance, and the negative response to imperfection, while the PSP (also called the perfectionistic strivings) captures those aspects related to the pursuit of perfection and the setting of extremely high personal standards.

From the multidimensional perspective, Frost et al. (1990) divided perfectionism into six dimensions: Concern over Mistake (CM), Personal Standards (PS), Doubts about Actions (DA), Parental Expectations (PE), Parental Criticism (PC), and Organization (O). Frost argues that the CM represents the core trait of pathological perfectionism, while PS and Organization represent the positive characteristics of perfectionism in pursuit of high achievement. Frost and his colleagues also developed the Frost Multidimensional Perfectionism Scale (FMPS) to verify the validity of these dimensions.

Hewitt and Flett (1991) divided perfectionism into three dimensions from an interpersonal perspective: self-oriented perfectionism (SOP), other-oriented perfectionism (OOP), and socially prescribed perfectionism (SPP). Self-oriented perfectionism involves a belief in the pursuit and achievement of perfection as an important goal, including setting unrealistic standards for oneself and rigorous self-criticism, and is driven by desires for success and fear of failure. Other-directed perfectionism means that individuals presuppose unrealistic goals for important others and require others to achieve perfection. Socially oriented perfectionism refers to the individual's efforts to meet the expectations of significant others for self, fearing others' disappointment in themselves, and the desire to be perfect in the eyes of others. To test the validity of these dimensions, Hewitt and Flett (1991) developed the Hewitt multidimensional perfectionism scale.

3. A Clustering Study of Perfectionism

It is also a controversial issue to divide the population on the scale of perfectionism, and whether to cluster into several categories is more in line with the actual situation and can highlight the differences in different indicators between the groups. The most popular models on this topic are the tripartite model of perfectionism (e.g. Parker, 1997; Rice & Ashby, 2007; Rice & Slaney, 2002) and the 2 × 2 model (Gaudreau & Thompson, 2010).

The tripartite model was originally proposed by Parker (1997), which divided into healthy perfectionists, dysfunctional perfectionists and non-perfectionists. The best-known current tripartite model is Rice and Ashby's (2007) model, which

distinguishes between three subtypes of perfectionists: 1) adaptive perfectionists (also called healthy perfectionists) who are low in ECP and high in PSP, 2) maladaptive perfectionists (also called unhealthy perfectionists) who are high in ECP and high in PSP, and 3) non-perfectionists who are in low PSP (Stoeber & Otto, 2006). When comparing three subtypes of perfectionists, unhealthy perfectionists consistently show higher levels of negative traits, outcomes and processes, as well as higher levels of psychological maladjustment (lower levels of positive traits, processes) compared to healthy perfectionists and non-perfectionists. In contrast, healthy perfectionists typically show higher levels of positive traits, processes, outcomes and good psychological adjustment (and lower levels of negative traits, processes, outcomes and psychological maladjustment) than non-perfectionists (Stoeber & Otto, 2006).

Gaudreau and Thompson (2010) believe that the perfectionism subtypes defined by within-person combinations of various perfectionism dimensions, rather than the dimensions themselves, therefore, the 2 × 2 model of perfectionism has been proposed. It is challenging the tripartite model of perfectionism by suggesting that it is important to differentiate not three, but four subtypes of perfectionism: 1) pure PSP, 2) mixed perfectionism, 3) pure ECP, and 4) non-perfectionism.

4. Perfectionism and Mental Health

The negative effects of perfectionism on mental health are mainly manifested in psychological disorders and psychosomatic diseases. In previous studies, perfectionism has been found to be associated with a variety of psychopathological phenomena, such as depression, anxiety, obsessions, eating disorders, and psychosomatic disorders (Kearns et al., 2007; Egan et al., 2011).

Depression is the most common manifestation of perfectionist individuals. Enns et al. (2002) concluded that individuals with perfectionism traits are prone to feelings of stress and depression. Huprich (2010) studied clinical patients with depression and found that the CM of FMPS was significantly associated with depression. Bell (2010) argued that perfectionism is prone to failure, anger, anxiety, helplessness, and disappointment. These feelings are closely related to depression and suicidal concepts. Self-oriented and socially prescribed perfectionism are associated with depression (Flett, Panico, & Hewitt, 2011). Chang and his colleagues (Chang et al., 2011) studied in 121 college students and found that parental expectations (PE) and doubts about actions (DA) in FMPS significantly positively predicted depression levels. Noble, Ashby, and Gnilka (2014) found that different types of perfectionists have significant differences in depression levels. Specifically, the depression levels from high, medium to low are: maladaptive perfectionists, non-perfectionists and adaptive perfectionists. Compared with maladaptive perfectionists and non-perfectionists, adaptive perfectionists are less likely to use avoidance coping strategies, which also explain the lower level of depression of adaptive perfectionists.

Perfectionism is also strongly associated with anxiety (Eum & Rice, 2011; Flett & Hewitt, 2002; Kawamura et al., 2001). Juster et al. (1996) found in clinical research that the socially prescribed perfectionism dimension plays an important role in the development and maintenance of social phobia. Patients with social anxiety pay more attention to details in interpersonal interactions, worry about making mistakes, doubt their ability to communicate, and often blame themselves for small mistakes, that it developed into social withdrawal. A longitudinal study by Gautreau et al. (2015), found that social anxiety predicted an increase in self-critical perfectionism, but Perfectionism did not predict a change in social anxiety. Levinson et al. (2015) studied 602 undergraduates and 180 participants diagnosed with social anxiety disorder found that two different combinations of "standards" and "evaluation concern" were associated with social anxiety, each combination was a unique type of perfectionism, with low Self-reported standards and high-rating concerns and high-individual standards and high-rating concerns in informant-only reported. Furthermore, Newby et al. (2017) found that socially prescribed perfectionism was positively associated with social anxiety and that self-oriented perfectionism was positively associated with social anxiety, but the association became non-significant after controlling for the effects of socially prescribed perfectionism.

In addition, self-oriented and socially prescribed perfectionism has been associated with the development of multiple types of eating disorders. Specifically, self-oriented and socially prescribed perfectionism has been associated with bulimic automatic thoughts and binge eating (Flett et al., 2011; Mackinnon et al., 2011). Self-oriented and socially prescribed perfectionism is also associated with the display of anorexia nervosa symptoms (Cockell et al., 2002). Soares (2015) found that socially prescribed perfectionism and self-oriented perfectionism were significantly associated with eating disorders. In addition, socially prescribed perfectionism was a predictor of eating disorder and eating concern. Wang and Li (2017) found that positive perfectionism was negatively associated with emotional eating and negative perfectionism was positively associated with emotional eating.

The positive effects of perfectionism on mental health are mainly manifested in the effect of positive perfectionism on individuals' emotion and life satisfaction. Rice & Mirzadeh (2000) showed that positive perfectionism is beneficial to learning and emotions, while negative perfectionism does not help learning and has a negative effect on mood and emotion. Bieling et al. (2003)'s research showed that in college students in real exam situations. DiBartolo (2008) showed that positive perfectionism was significantly and positively related to positive emotions and negative perfectionism was significantly positively correlated with negative emotions in exams. Gaudreau and Thompson (2010) found that individuals with high in perfectionistic strivings showed significantly higher levels of positive affect and lower levels of negative affect than those with low in perfectionistic strivings.

Mitchelson and Burns (1998) conducted a researcher on the relationship be-

tween perfectionism and well-being in working women. The results showed that negative perfectionism was negatively related to life satisfaction and that groups scoring higher on the socially prescribed perfectionism dimension scored lower on the life satisfaction dimension. Adaptive perfectionists typically exhibit the highest levels of life satisfaction, while maladaptive perfectionists exhibit the lowest (Rice & Ashby, 2007). Chang (2000) studied the relationship between perfectionism and life satisfaction in younger and older adults, found that the relationship between perfectionism and life satisfaction was mediated by perceived pressure. Chang, Banks and Watkins (2004) explored the relationship between different types of perfectionism and positive psychological functioning (life satisfaction and positive emotions) and negative psychological functioning (suicidal ideation and negative emotions). Findings indicated that positive perfectionism was significantly positively related to life satisfaction and negative perfectionism was significantly negatively related to life satisfaction. Wang, Yuen and Slaney (2009) showed that positive perfectionism was significantly positively related to life satisfaction and negative perfectionism was significantly negatively related to life satisfaction. Park and Jeong (2015) also found that adaptive perfectionists scored higher on purpose in life and personal growth than maladaptive perfectionists. Adaptive perfectionists reported higher levels of presence of meaning, life satisfaction and subjective happiness, while maladaptive perfectionists scored higher in the search for meaning (Suh et al., 2017).

5. Conclusion

At present, there are still many issues to be improved and perfected in the study of perfectionism. The most fundamental problem facing the field of perfectionism is the general lack of consensus among researchers on its core definition and nature, and the contradictory views. Researchers use different terms and component nomenclature to define and operationalize it, leading to conceptual and dimensional crossover and confusion. On the one hand, if different researchers are concerned with what are actually different psychological phenomena and simply use the concept of perfectionism, no amount of debate will lead to substantive conclusions. Then, it is worth considering whether obtaining an accepted definition of perfectionism is necessary and conducive to the enrichment and depth of perfectionist theoretical constructs. To address these issues, the nature of perfectionism is still worth exploring and requires subsequent researchers to explore its nature at a deeper level, preferably with the help of different research methods such as qualitative research and brain-neurological research, in addition to scale instruments to gather evidence.

Secondly, although the dual nature of perfectionism is recognized, existing research has focused more on the negative aspects of perfectionism, treating perfectionism as pathological and abnormal, while there is a relative lack of research on positive perfectionism. Future research could consider the impact of perfectionism on mental health from the perspective of positive psychological.

Finally, the current research provides valuable empirical support for psychological counselling and psychotherapy. Research on the specific relationship between perfectionism and various psychological consequences can help to better understand the mechanisms of perfectionism. Therefore, conducting research on perfectionism interventions and influencing factors should also be an important direction for future research in order to better guide the clinical work of psychological counselling or psychotherapy.

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