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Dimensions of perfectionism across the anxiety disorders[☆]

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Abstract

To explore the role of perfectionism across anxiety disorders, 175 patients with either panic disorder (PD), obsessive compulsive disorder (OCD), social phobia, or specific phobia, as well as 49 nonclinical volunteers, completed two measures [Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R., (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14, 449-468; Hewitt, P. L., & Flett, G. L., (1991). Perfectionism in the self and social contexts: Conceptualization, assessment and association with psychopathology. *Journal of Personality and Social Psychology*, 60, 456-470.] that assess a total of nine different dimensions of perfectionism. Relative to the other groups, social phobia was associated with greater concern about mistakes (CM), doubts about actions (DA), and parental criticism (PC) on one measure and more socially prescribed perfectionism (SP) on the other measure. OCD was associated with elevated DA scores relative to the other groups. PD was associated with moderate elevations on the CM and DA subscales. The remaining dimensions of perfectionism failed to differentiate among groups. The clinical implications of these findings are discussed. © 1998 Elsevier Science Ltd. All rights reserved.

1. Introduction

The term 'perfectionism' refers to the desire to achieve the highest standards of performance, in combination with unduly critical evaluations of one's performance (Frost et al., 1990).

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Perfectionistic individuals, then, are individuals who believe that they can and should achieve perfect performance, perceive anything less than perfect performance as unsatisfactory, and selectively attend to cues that their standards have not been met (Hamacheck, 1978; Burns, 1980; Pacht, 1984). Thus, perfectionistic individuals are likely to be unsatisfied with their performance, as they consistently set demands that they are unable to meet.

Although the detrimental effects of this paradox are obvious, and clinicians have long proposed a relationship between perfectionism and psychopathology, only recently have investigators attempted to define the construct of perfectionism precisely enough for its role in psychopathology to be examined empirically. Furthermore, whereas earlier theorists had described perfectionism as a unidimensional construct (see Burns, 1980; Pacht, 1984), investigators have only recently begun to consider the multidimensional nature of perfectionism.

Frost et al. (1990) were the first to develop a measure designed specifically to assess dimensions of perfectionism in clinical and nonclinical groups. Through review of the existing literature on perfectionism, this group of researchers hypothesized that the construct of perfectionism is comprised of six dimensions: (a) a tendency to react negatively to mistakes and to equate mistakes with failure (concern over mistakes), (b) a tendency to doubt the quality of one's performance (doubts about actions), (c) a tendency to set very high standards and place excessive importance on these for self-evaluation (personal standards), (d) a tendency to perceive one's parents as having high expectations (parental expectations), (e) a tendency to perceive one's parents as being overly critical (parental criticism) and (f) a tendency to emphasize the importance of order and organization (organization). The scale based on these dimensions was referred to as the multidimensional perfectionism scale (MPS-F).

At about the same time, Hewitt and Flett (1991a) also developed a multidimensional measure of perfectionism. These researchers argued that the existing views of perfectionism were too narrow, focusing only on self-criticism and ignoring interpersonal situations in which perfectionistic standards might be activated. They argued that perfectionism consists of three dimensions: (a) the tendency to set exacting standards for oneself as well as to evaluate one's own behavior stringently (self-oriented perfectionism), (b) the tendency to have unrealistically high standards for the behavior of significant others (other-oriented perfectionism) and (c) the tendency to believe both that significant others have unrealistically high standards for oneself, and that they engage in stringent evaluation of one's behavior (socially prescribed perfectionism). Hewitt and Flett (1991a) also titled their scale the multidimensional perfectionism scale (MPS-H). Although there is overlap in the constructs measured by the MPS-F and MPS-H (e.g. the socially prescribed perfectionism scale from the MPS-H is correlated with the parental criticism and parental expectations scales on the MPS-F, the dimensions from the two measures do not overlap entirely (Frost et al., 1993).

Perfectionism, as measured by these scales, is related to general symptoms of anxiety in nonclinical samples (Minarik and Ahrens, 1996), mixed groups of psychiatric patients (Hewitt and Flett, 1993), and samples of individuals with depression and anxiety disorders (Hewitt and Flett, 1991b). Furthermore, perfectionism is implicated in the development and maintenance of specific anxiety disorders. For instance, cognitive theories of obsessive-compulsive disorder (OCD) have suggested that perfectionistic thinking contributes to certain types of obsessions (e.g. doubts about whether a task was completed correctly) and compulsive activity (e.g.

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