



# Is perfectionism good, bad, or both? Examining models of the perfectionism construct

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## Abstract

Perfectionism has been conceptualized as a personality variable that underlies a variety of psychological difficulties. Recently, however, theorists and researchers have begun to distinguish between two distinct types of perfectionism, one a maladaptive form that results in emotional distress, and a second form that is relatively benign, perhaps even adaptive. In this study, we compared varying models of the perfectionism construct using the best known measures of perfectionism. In a sample of 198 students, three competing models of perfectionism were examined using confirmatory factor analysis. A model that incorporated two factors, one corresponding to maladaptive perfectionism and the other adaptive perfectionism, was a better fit to the data than a unitary perfectionism model. We also examined the relations of the two types of perfectionism, Maladaptive Evaluative Concerns and Positive Striving, to a well known measure of psychological distress. Maladaptive Evaluative Concerns was more strongly associated with depression, anxiety, stress, and test taking anxiety. Overall, this study supports the validity of a distinction between two types of perfectionism, and points to the importance of this duality for measurement and research on perfectionism.

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## 1. Introduction

Theoretical and research interest in the personality construct of perfectionism has grown markedly over the last decade (see Shafran & Mansell, 2001 for a review). There has been a particular focus on the negative correlates and consequence of perfectionism, including concurrent

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psychopathology and the perfectionist's future vulnerability to distress (Antony, Purdon, Huta, & Swinson, 1998; Hewitt & Flett, 1991b, 1993; Hewitt, Flett, & Ediger, 1996; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). Moreover, clinical writers suggest that perfectionism leads to a chronic sense of failure, indecisiveness, procrastination, and shame (Burns, 1980; Hamachek, 1978; Hollender, 1965; Pacht, 1984).

An as yet unresolved issue is whether or not perfectionism always, and uniformly, leads to difficulties for the individual. Certainly, the deleterious consequences of perfectionism have been emphasized since the construct was first examined carefully (Frost, Marten, Lahart, & Rosenblate, 1990; Hamachek, 1978; Hewitt & Flett, 1991a, 1991b; Hollender, 1965; Pacht, 1984). However, dissenting views and recent research suggest that perfectionism may contain both adaptive and maladaptive features (e.g., Bieling, Israeli, Smith, & Antony, 2003; Enns, Cox, Sareen, & Freeman, 2001) and, interestingly, there is additional recent evidence from a psychometric and theoretical standpoint that two forms of perfectionism exist (Cox, Enns, & Clara, 2002; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Hill, McIntire, & Bacharach, 1997; Slade & Owens, 1998).

A distinction between adaptive or "healthy" perfectionism and maladaptive "unhealthy" perfectionism is important because it raises a number of conceptual and pragmatic issues about the construct itself. These include the most fundamental definition of perfectionism and construction of appropriate measurement tools that capture the underlying construct(s). The two most common measures of perfectionism were derived from a clinical perspective and view perfectionism as a personality feature that is problematic and in need of modification. These two scales, both called the Multi-dimensional Perfectionism Scale were developed over a decade ago by two separate teams of researchers (FMPS, Frost, et al, 1990; HMPS, Hewitt & Flett, 1991a). Paul Hewitt and his colleagues view perfectionism as a multidimensional construct with intrapersonal and interpersonal content. Their scale has three dimensions; self-oriented perfectionism (setting of excessive personal standards and stringently evaluating one's behavior), other oriented-perfectionism (expectations of perfection that one has for others) and socially prescribed perfectionism (a perception that other people expect one to be perfect and that others are harsh, punitive judges). Frost and his colleagues also focused on high, rigid standards in their measure but went on to suggest that a critical component of perfectionism is a tendency to be critical of one's own behavior (Frost et al., 1990). In addition the Frost Scale also assesses the origin of perfectionism, parental expectations and parental criticism. These two perfectionism scales have been associated with a wide variety of psychopathology (Shafran & Mansell, 2001) as well as negative behavioral consequences (e.g., Alden, Bieling, & Wallace, 1994; Bieling & Alden, 1997; Bieling, et al., 2003).

However, unlike the developers of these scales, earlier theorists such as Hamachek (1978) argued that some aspects of perfectionism might be adaptive since they foster excellence and striving to meet important goals. Hamachek termed this more adaptive form of perfectionism "normal perfectionism" and termed the maladaptive form "neurotic perfectionism". It is also noteworthy that in the larger culture outside of clinical and personality psychology, perfectionism is often tolerated, perhaps encouraged, due to the perception that perfection is associated with important rewards in domains such as sports, business, science, and academics. An argument that might explain the lay perception of perfectionism has been advanced by Slade and Owens (1998) who distinguish conceptually between a normal/healthy form of perfectionism and a pathological form. Based on a behavioral model, the authors suggest that healthy perfectionism is related to

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