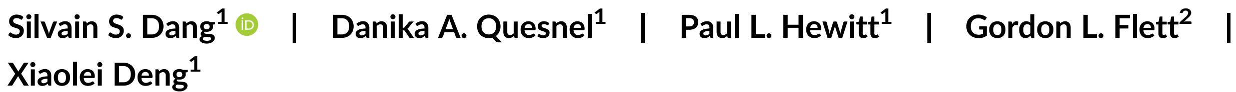
Received: 21 September 2019 | Revised: 18 March 2020 | Accepted: 18 March 2020
DOI: 10.1002/cpp.2450

RESEARCH ARTICLE

WILEY

Perfectionistic traits and self-presentation are associated with negative attitudes and concerns about seeking professional psychological help



Silvain S. Dang[1] | Danika A. Quesnel[1] | Paul L. Hewitt[1] | Gordon L. Flett[2] | Xiaolei Deng[1]

[1]Department of Psychology, University of British Columbia, Vancouver, British Columbia, Canada

[2]Department of Psychology, York University, Toronto, Ontario, Canada

Correspondence
Silvain S. Dang, Department of Psychology, University of British Columbia, 2136 West Mall, Vancouver, British Columbia V6T 1Z4, Canada.
Email: silvain@psych.ubc.ca

Abstract

Numerous factors influence whether an individual is able and willing to seek professional help for psychological difficulties. One of these may be perfectionism, a multidimensional personality construct that has been linked to poor psychological adjustment. The current study investigated whether perfectionism traits and self-presentational facets were associated with negative help-seeking attitudes and concerns about psychotherapy. Samples of university (N = 299) and community (N = 77) men and women completed the Multidimensional Perfectionism Scale, Perfectionistic Self-Presentation Scale, Attitudes Towards Seeking Professional Help Scale, and Thoughts About Psychotherapy Survey. Various components of perfectionism were associated with both negative help-seeking attitudes and concerns about psychotherapy. The findings suggest that perfectionistic behaviour may be an important dispositional factor that interferes with seeking and obtaining help for psychological difficulties. Theoretical and clinical implications are discussed.

KEYWORDS

attitudes about psychotherapy, concerns about psychotherapy, help seeking, perfectionism, perfectionistic self-presentation

1 | INTRODUCTION

Individuals often undertake a complex and multiply-determined process when deciding to seek professional help for psychological difficulties. Numerous factors can influence help-seeking behaviour and differentiate help seekers from nonseekers, including expectations (Kakhnovets, 2011; Shaffer, Vogel, & Wei, 2006), acculturation (Herrera & Church, 2007; Kim, 2007), gender (Cox, 2014; Fischer & Turner, 1970; Kessler, Brown, & Broman, 1981; Pederson & Vogel, 2007), previous help-seeking experience (Halgin, Weaver, Edell, & Spencer, 1987; Hsiaowen, 2008), and costs of asking for help (Vogel, Wade, & Hackler, 2007; Vogel, Wester, & Larson, 2007). Although numerous factors have been investigated, less research is available on the role of dispositional personality traits and processes. The current study examined the role of a multidimensional personality construct, perfectionism, in the process of seeking professional help for psychological difficulties (Hewitt et al., 2003; Hewitt, Habke, Lee-Baggely, Sherry, & Flett, 2008; Zuroff et al., 2000).

1.1 | Perfectionism traits and self-presentational styles

There are several conceptualizations of perfectionism (e.g., Frost, Marten, Lahart, & Rosenblate, 1990). One frequently used conceptualization is the comprehensive model of perfectionistic behaviour (Hewitt, Flett, & Mikail, 2017). The model includes both perfectionistic traits (Hewitt & Flett, 1991a, 1991b) and self-presentational

 © 2020 John Wiley & Sons, Ltd.

processes (Hewitt et al., 2003) as well as cognitive elements reflecting automatic perfectionistic and self-recriminatory self-statements (Flett, Hewitt, Blankstein, & Gray, 1998). The current study focused on traits and self-presentation. Perfectionism traits are described as personality components that involve the need for the self or others to be perfect (Hewitt & Flett, 1991a, 1991b). Specifically, there are three trait components: self-oriented perfectionism (expectations of perfection of oneself), other-oriented perfectionism (expectations of perfection from others), and socially prescribed perfectionism (perceiving that others expect perfection from oneself). These perfectionism dimensions have been shown to be stable over time and differentially associated with various types of maladjustment like depression, suicide, and marital difficulties (for reviews, see Hewitt & Flett, 2002, Hewitt et al., 2017).

Perfectionistic self-presentation, another key component of perfectionism, entails behaviours intended to portray a perfect or flawless impression of oneself to others (Hewitt et al., 2003). Perfectionistic self-presentation also involves three dimensions: perfectionistic self-promotion (actively proclaiming and displaying one's own “perfection”), nondisplay of imperfection (avoiding overt demonstrations of any “less-than-perfect” behaviour), and nondisclosure of imperfection (avoiding verbal disclosures of personal failings or flaws). As such, for some individuals, perfectionism entails not necessarily a need to be perfect but a need to appear as if one is perfect to others (Hewitt, 1993). Past research (Hewitt, Flett, & Ediger, 1996; Hewitt, Flett, & Endler, 1995) showed that perfectionistic self-presentation is associated but not redundant with perfectionism traits and is differentially correlated with social maladjustment outcomes (e.g., social anxiety, interpersonal, and marital difficulties).

1.2 | Perfectionism and seeking help for psychological difficulties

Perfectionism may be an important vulnerability factor in numerous types of maladjustments and disorders (e.g., O'Connor, 2007; Shafran & Mansell, 2001; Sirois & Molnar, 2016). This can specifically include depression (e.g., Enns & Cox, 1999; Hewitt & Flett, 1991b), eating disorders (Cockell et al., 2002; Hewitt, Flett, & Ediger, 1995; McGee, Hewitt, Sherry, Parkin, & Flett, 2005), borderline personality (Hewitt, Flett, & Turnbull, 1994; Roxborough, Hewitt, flett, & Abizadeh, 2009), and Type A behaviour (Flett, Hewitt, Blankstein, & Dynin, 1994). Overall, perfectionism has been linked to increased risk of mortality, decreased quality of life, and reduced longevity (Fry & Debats, 2009). Beyond the direct role in psychological difficulties, perfectionism may indirectly influence maladjustment by affecting one's ability to manage and cope effectively with pain and distress, and to seek help when suffering. Perfectionism was hypothesized to be associated with inappropriate or maladaptive coping strategies and other behaviours that enhance and maintain stress in the person's life, including tending to not seek help when needed (Hewitt & Flett, 2002).

Key Practitioner Message

- Therapists should be aware that psychotherapy itself can be distressing for highly perfectionistic people.
- Screening and recognizing perfectionism may be an important aspect of working with process issues in therapy.
- Negative cognitions and attitudes about therapy may be important considerations in the treatment of perfectionism.
- Outreach and reducing barriers to help seeking for mental health concerns may be important for individuals with high perfectionism.
- Perfectionism may impede help seeking for other mental health concerns.

The stress perpetuation model (SPM; Hewitt & Flett, 2002) outlines multiple interrelated tendencies, which highly perfectionistic individuals display that contribute to the maintenance of stress or distress. The one tendency of the SPM model surrounds the inclination for those high in perfectionism to self-blame and try to preserve their image of perfection when encountering failure. These tendencies result in a predisposition to both prolong and exacerbate the experiences of (distress related to) failure. Some individuals with high perfectionism also experience frequent automatic, perfectionistic thoughts. It appears that stress is interpreted as one's life or self being imperfect and is associated with rumination and self-recrimination. These thoughts continuously highlight the discrepancy between their ideal perfect self and their real selves and result in a prolongation of their distress. Engagement in feeling such a need to be perfect contributes to the persistence of pathological states. Rather than engaging in behaviours that would alleviate difficulties, these individuals are oriented to excessively focus on their experience of distress instead of engaging in healthful problem solving.

In addition to these three factors, interpersonal styles associated with perfectionism can also impact the maintenance of stress. Managing stress appropriately might entail seeking help, including at times from mental health professionals. However, a major facet of perfectionist behaviour is an inability to admit or outwardly demonstrate a need for help, as this would be evidence for being less than perfect (Hewitt & Flett, 2002). This inability to admit imperfection and seek help thus limits their ability to receive needed support, further perpetuating their distress. Foundational research on this topic suggests that people with high scores in perfectionism traits tend to be less open to seeking help for psychology problems, in addition to high perfectionism having deleterious effects on the continuation of the treatment (if they have sought it out). Together, the perfectionistic patterns and interpersonal factors indicate that perfectionist may have a negative

orientation towards treatment and subsequently have difficulties establishing a working alliance with a health professional due to their difficulties in admitting their imperfections.

Previous research has demonstrated that various components of perfectionism are associated with maladaptive or inappropriate coping (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Dunkley, Sanislow, Grilo, & McGlashan, 2006). For example in a 3-year prospective study using a clinical sample (N = 96), Dunkley et al. (2006) highlighted that perfectionism was related to depressive symptoms through maladaptive tendencies, including negative social interactions, avoidant coping, and negative perception of social support. In addition, perfectionistic individuals may not access social networks or professionals in times of distress as they have difficulty in admitting to the self or to others that they are in need of help and subsequently are indeed, "less than perfect" (Hewitt et al., 2003, 2008; Hewitt et al., 2008). Because perfectionists strive to create an image of flawlessness (Hewitt, Flett, & Ediger, 1995), anything that might implicate them as being less than perfectly competent and successful will be avoided.

This conceptualization is consistent with the "threat-to-self-esteem" model of help seeking (Fisher, Nadler, & DePaulo, 1983; Fisher, Nadler, & Whitcher-Alagna, 1982), whereby individuals may perceive seeking help as threatening to their sense of self-worth, and hence shun help-providers. For individuals with high perfectionism, aide therefore may not be welcomed because they believe receiving help would communicate to others that they are less than perfect, potentially jeopardizing the approval they desperately need. The process of psychotherapy can create substantial perceived risk for negative social evaluations. For example, patients are expected to disclose their personal difficulties and failings and hence may be perceived as quite imperfect by their therapists. The social stigma of needing mental health services similarly puts them at risk of negative evaluation by others. Moreover, Hewitt et al. (2017) have suggested that not only would individuals with high perfectionism find seeking help be threatening to their self-esteem, it would increase the likelihood of experiencing perceived rejection by the therapists (also see Hewitt et al., 2008) and, ultimately, a sense of disconnection with others.

Previous research has lent some support to the hypothesis that perfectionism is associated with poor help seeking. Fischer and Turner (1970) suggested that reticence to admit personal problems and inability to recognize personal need for help is detrimental to the help-seeking process; data from 24 countries found that among those with a psychiatric disorder, low perceived need for treatment and desire to handle the problem on one's own were the most common barriers to seeking help (Andrade et al., 2014). Ey, Henning, and Shaw (2000) found that among medical and dental students, only a third of participants who endorsed clinically significant psychological distress reported receiving treatment. Moreover, distressed, non-help-seeking students had higher levels of socially prescribed perfectionism and less positive attitudes in mental health services. Among university students, perfectionistic self-presentation has been associated with greater stigma about help seeking and negative mental health attitudes (Shannon, Goldberg, Flett, & Hewitt, 2018). Perfectionistic concerns about mistakes and doubts about actions were associated with less positive attitudes towards psychological services (Rasmussen, Yamawaki, Moses, Powell, & Bastian, 2013), and concern over mistakes when coupled with low academic achievement was associated with less effective help seeking (Shim, Rubenstein, & Drapeau, 2016). Among a sample of Korean university students, the lack of help seeking mediated the positive association between self-oriented perfectionism and depression and anxiety (Jung & Ha, 2016). Higher self-stigma for needing help was also correlated with greater self-oriented perfectionism among high school students (Zeifman et al., 2015).

1.3 | Current study

The current study aims to examine the factors outlined in the SPM and investigating their impact on help seeking in perfectionist populations. It was expected that the perfectionism traits of self-oriented and socially prescribed perfectionism would be associated broadly with negative attitudes and thoughts about help seeking and with fears of psychotherapy and the threat-to-self-esteem model discussed previously. Similarly, we expected that all facets of perfectionistic self-presentation would be associated with negative help-seeking attitudes and fears of psychotherapy because these components of perfectionism specifically involve being driven not to reveal the true self and presenting oneself in an inauthentic perfect manner to others (see Hewitt et al., 2003).

Based on previous research, we expected that all three perfectionism traits would be associated with negative attitudes and thoughts about help seeking. We expected socially prescribed perfectionism would be the most consistent predictor of negative attitudes and thoughts about help seeking, as these concerns are likely most salient for individuals whose perfectionism is oriented around expectations and judgements of others. This would be consistent with findings that socially prescribed perfectionism was specifically predictive with reduced help seeking (Ey et al., 2000), and a stronger predictor of poorer social problem solving among depressed individuals than other perfectionism traits (Bresser, Flett, & Hewitt, 2010). For perfectionistic self-presentation, we predicted a particularly strong relationship with stigma tolerance and interpersonal openness, as the latter two variables respectively involves how one is seen in the eyes of others and willingness to express one's difficulties (Fischer & Turner, 1970).

We evaluated these associations in both a sample of young adults in a university setting and an older community-based sample to assess if results replicate across the samples. We expect that the above pattern would hold for both university and community samples, as perfectionism is relevant to both populations. In addition, because there are gender differences in help-seeking attitudes and help seeking more generally (Mackenzie, Gekoski, & Knox, 2006), we undertook an exploratory assessment of whether men and women differed in the terms of the relationship between components of perfectionism and help-seeking attitudes and concerns.

2 | METHODS

2.1 | Participants

2.1.1 | Sample 1

University students (129 men and 170 women) from first-year psychology classes at a large Canadian university were recruited to participate in this study. The mean age was 19.68 years (*SD* = 2.27). The most frequent ethnicities reported were Asian (47.5%) or Caucasian (29.8%). Participants received one bonus course credit as compensation for participation.

2.1.2 | Sample 2

Individuals (26 men and 51 women) were recruited from the community. The mean age was 37.24 years (*SD* = 13.53). The most frequent ethnicities reported were Asian (28.6%) and Caucasian (16.9%). This sample was recruited using newspaper advertisement and was compensated $10 for their participation.

2.2 | Measures

2.2.1 | Multidimensional Perfectionism Scale

The Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991a) is a 45-item measure with three subscales, assessing self-oriented, other-oriented, and socially prescribed perfectionism. Participants make 7-point ratings of agreement with statements such as: "One of my goals is to be perfect in everything I do" (self-oriented), "I have high expectations for the people who are important to me" (other oriented), and "I feel that people are too demanding of me" (socially prescribed). The reliability and validity of the MPS have been demonstrated in both clinical (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991) and nonclinical samples (Hewitt & Flett, 1991a). Cronbach's alphas for self-oriented, other-oriented, and socially prescribed perfectionism in this study respectively were.87, .77, and .85 in Sample 1 and .90, .78, and .87 in Sample 2.

2.2.2 | Perfectionistic Self-Presentation Scale

The Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003) is a 27-item measure assessing three dimensions of perfectionistic self-presentation: perfectionistic self-promotion (e.g., "It is very important that I always appear to be 'on top of things' "), nondisplay of imperfection (e.g., "I do not want people to see me do something unless I am very good at it"), and nondisclosure of imperfection (e.g., "I try to keep my faults to myself"). Participants rate their agreement on a 7-point scale. Hewitt et al. (2003) have demonstrated the reliability and validity of the PSPS. Cronbach's alphas for self-promotion, nondisplay, and nondisclosure respectively in this study were .87, .86, and .76 in Sample 1 and .85, .86, and .75 in Sample 2.

2.2.3 | Attitudes Towards Seeking Professional Help Scale

The 29-item Attitudes Towards Seeking Professional Psychological Help (ATSPPH; Fischer & Turner, 1970) consists of four subscales: recognition (recognition of personal need for psychological help), stigma tolerance (tolerance of the stigma associated with psychological help), interpersonal openness (openness regarding one's personal problems), and confidence (confidence in the mental health profession). Participants rated their level of agreement with each item on a 4-point scale, and higher scores indicate more positive help-seeking attitudes. The scale showed adequate reliability and validity (Fischer & Turner, 1970). Cronbach's alphas for recognition, stigma tolerance, interpersonal openness, and confidence respectively in this study were .73, .70, .63, and .67 in Sample 1 and .76, .55, .59, and .56 in Sample 2.

2.2.4 | Thoughts About Therapy Survey

This 19-item scale (Kushner & Sher, 1989) has three subscales: concerns about therapist responsiveness (e.g., "whether the therapist will understand my problem"), image concerns (e.g., "whether I'll lose control of my emotions while in therapy"), and coercion concerns (e.g., "whether I will be pressured into talking about things that I don't want to"). Participants respond on a 5-point scale with higher scores indicating more concern. Reliability and validity of this scale have been demonstrated (Kushner & Sher, 1989). Cronbach's alphas for therapist responsiveness, image concerns, and coercion concerns respectively in this were .90, .88, and .85 in Sample 1 and .89, .88, and .88 in Sample 2.

2.3 | Procedure

Participants in Sample 1 completed the MPS, PSPS, and ATSPPH. A subsample of Sample 1 (*n* = 117) completed the Thoughts About Therapy Survey. Students in Sample 1 received extra course credit for participation. Community members in Sample 2 completed the MPS, PSPS, ATSPPH, and Thoughts About Therapy Survey. Participation was confidential and voluntary, and participants gave informed written consent in all cases. All procedures were approved by the institutional behavioural ethics research board.

3 | RESULTS

Means and standard deviations for each measure in both samples are presented in Table 1. The zero-order correlations for Sample

TABLE 1 Means and standard deviations of the perfectionism traits, self-presentation, help-seeking attitudes and thoughts about psychotherapy measures in university students (Sample 1) and community members (Sample 2)

	Minimum and maximum scores	Sample 1 (*n* = 299)		Sample 2 (*n* = 77)	
		M (SD)	Cronbach's alphas	*M* (SD)	Cronbach's alphas
Perfectionism traits					
Self-oriented	15–105	67.70 (13.92)	.87	71.44 (15.63)	.90
Other-oriented	15–105	56.47 (11.02)	.77	57.91 (12.47)	.78
Socially prescribed	15–105	53.84 (12.78)	.85	53.87 (14.73)	.87
Perfectionistic self-presentation					
Perfectionistic self-promotion	10–70	41.49 (10.63)	.87	21.95 (6.49)	.85
Nondisplay of imperfection	10–70	44.84 (9.95)	.86	23.29 (7.59)	.85
Nondisclosure of imperfection	7–49	23.80 (6.83)	.76	12.92 (4.37)	.75
Help-seeking attitudes					
Need recognition	0–24	11.14 (4.21)	.73	12.82 (4.47)	.76
Stigma tolerance	0–15	7.89 (3.03)	.70	9.64 (2.63)	.55
Interpersonal openness	0–21	11.52 (3.73)	.63	12.69 (3.90)	.59
Confidence in professionals	0–27	13.76 (4.08)	.67	15.49 (3.78)	.56
Thoughts about psychotherapy		(*n* = 117)			
Therapist responsiveness concerns	7–35	20.83 (6.88)	.90	21.95 (6.49)	.89
Image concerns	8–40	23.67 (7.65)	.88	23.29 (7.59)	.88
Coercion concerns	4–20	12.20 (4.32)	.85	12.92 (4.37)	.88

1 (students) and Sample 2 (community) are presented in Table 2. Correlations between perfectionism subscales and correlations between help-seeking measures subscales are presented in Appendix S1. Perfectionistic self-presentation facets were correlated significantly with all help-seeking attitudes and thoughts about psychotherapy subscales, except with need recognition or confidence in professionals in the community sample. Many of these correlations were of a medium ($r > .30$) to large ($r > .50$) effect size. For perfectionism traits, socially prescribed perfectionism was consistently related to concerns about image and coercion concerns in both samples. It was also positively associated with concerns about therapist responsiveness and negatively related to need recognition, stigma tolerance, and interpersonal openness in the student sample. These correlations had a small ($r > .10$) to medium effect size, whereas correlations between other perfectionism traits and help-seeking variables were generally of a small effect size.

T tests were used to examine differences between men and women on all help-seeking variables in Samples 1 and 2. In Sample 1, women scored significantly higher than men on need recognition, $t(297) = -4.43$, $p < .001$; $M_{women} = 12.05$, $SD_{women} = 4.12$; $M_{men} = 9.93$, $SD_{men} = 4.05$, interpersonal openness, $t(297) = -3.48$, $p < .01$; $M_{women} = 12.17$, $SD_{women} = 4.00$; $M_{men} = 10.67$, $SD_{men} = 3.62$, and confidence in professionals, $t(297) = -2.37$, $p < 0.5$; $M_{women} = 14.25$, $SD_{women} = 4.00$; $M_{men} = 13.13$, $SD_{men} = 4.12$. In Sample 2, women scored significantly higher recognition of need for help, $t(74) = -2.21$, $p < .05$; $M_{women} = 13.62$, $SD_{women} = 4.56$; $M_{men} = 11.29$, $SD_{men} = 3.94$, and confidence in professionals, $t(74) = -3.23$, $p < .01$; $M_{women} = 16.44$, $SD_{men} = 3.53$; $M_{men} = 13.65$, $SD_{women} = 3.62$.

There were no significant differences in the magnitude of correlations between variables for men and women in Samples 1 and 2, with one exception. The relationship between nondisclosure of imperfections and concerns about therapist responsiveness was significantly stronger for men than for women among Sample 1 ($z = 2.13$, $p < .05$; $r_{men} = .49$; $r_{women} = .10$). After applying Bonferroni's correction for Type 1 error inflation in multiple comparisons, no comparisons remained significant. Given the numerous correlations that were compared (108), these results indicate that the overall pattern of relationships between variables were comparable for both genders.

4 | DISCUSSION

The present study examined the association between perfectionistic traits and self-presentation styles on ATSPPH and concerns about entering psychotherapy. In support of our hypothesis, the results from the student and the community sample suggested that perfectionism traits and perfectionistic self-presentation facets were associated with negative help-seeking attitudes and concerns about psychotherapy. The findings suggest that high perfectionistic tendencies may be interfering with seeking aid in dealing with difficulties for these individuals. Socially prescribed perfectionism, compared with other perfectionism traits, was most consistently associated with concerns about

TABLE 2 Correlations of the perfectionism trait and self-presentation dimensions with help-seeking attitudes and thoughts about psychotherapy in university students (Sample 1) and community members (Sample 2)

	Perfectionism traits			Perfectionistic self-presentation		
	Self	Other	Social	Promotion	Nondisplay	Nondisclosure
Sample 1						
Help-seeking attitudes (n = 299)						
Need recognition	−.14*	−.05	−.15**	−.25***	−.18**	−.27***
Stigma tolerance	−.16**	−.16**	−.35***	−.40***	−.37***	−.38***
Interpersonal openness	−.14*	−.11	−.36***	−.41***	−.38***	−.44***
Confidence in professionals	.01	−.07	−.06	−.13*	−.15*	−.17**
Thoughts about psychotherapy (n = 117)						
Therapist responsiveness concerns	.15	.17	.23*	.38***	.39***	.22*
Image concerns	.17	.09	.48***	.42***	.51***	.34***
Coercion concerns	.13	.12	.38***	.36***	.45***	.26**
Sample 2 (n = 77)						
Help-seeking attitudes						
Need recognition	.10	.09	.02	−.06	−.03	−.15
Stigma tolerance	.02	−.07	−.20	−.35**	−.37***	−.44***
Interpersonal openness	−.08	−.05	−.10	−.30**	−.31**	−.45***
Confidence in professionals	−.06	−.02	.02	−.14	−.10	−.22
Thoughts about psychotherapy						
Therapist responsiveness concerns	.23*	.13	.12	.24*	.31**	.16
Image concerns	.13	.19	.26*	.37***	.51***	.37***
Coercion concerns	.09	.08	.29**	.23*	.34**	.27*

*$p < .05$.
**$p < .01$.
***$p < .001$.

psychotherapy in both samples, as well as negative help-seeking attitudes in the student sample. Socially prescribed perfectionism generally also had the greatest magnitude of correlations with help seeking. Perfectionistic self-presentation was particularly consistently and strongly associated with interpersonal openness and stigma tolerance aspects of negative help-seeking attitudes and also showed correlations with other aspects of help-seeking attitudes and thoughts about psychotherapy.

Our results suggested that perfectionism, in both samples, was associated with number of negative attitudes and concerns regarding engaging in psychotherapy. These beliefs and concerns highlight the potential of perfectionistic thoughts and ruminations that can form barriers to help seeking among highly perfectionistic people. Additionally, their negative beliefs about seeking help and engaging in therapy contribute to explaining why individuals high in perfectionism experience more intensive and long-term distress and impairment. These current findings provide support for the SPM, which highlights how individuals high in perfectionism may refrain from seeking help when distressed (Hewitt & Flett, 2002). Therefore, perfectionism might not only contribute to the development of maladjustment but also maintain difficulties by impairing the utilization of environmental resources, such as psychotherapy and thus perpetuates the distress these individuals encounter.

In both samples, perfectionistic self-presentation facets, compared with perfectionism traits, were more consistently associated with negative thoughts and attitudes towards help seeking and displayed greater magnitudes of effects. One possible explanation was that high perfectionistic self-presentation measures more directly problematic self-concealment, which has been conceptualized as crucial to perfectionistic self-presentation (Hewitt et al., 2003). Self-concealment represents a major barrier in help seeking (Cramer, 1999; Kelly & Achter, 1995), which could have manifested as specific negative attitudes and concerns regarding help seeking and psychotherapy in the context of the current study. For example, Hewitt et al. (2008) showed that individuals high in perfectionism, especially with high perfectionistic self-presentation, had more anxiety and negative reactions when completing an initial clinical intake interview and were more fearful of potential negative judgements from the clinician. Qualitative work by Shattell, Starr, and Thomas (2007) explained that an effective therapeutic relationship requires “in-depth personal knowledge” and “knowing the whole person” (p. 274). Unfortunately, due to the nature of perfectionism, a suffering individual may struggle with revealing themselves, even in the context of seeking support for their potentially severe psychological distress and suffering. Highly perfectionistic individuals may appear to be doing well despite being distressed and often may be unwilling to admit to difficulties or obtain

help. In fact, high-achieving but highly perfectionistic individuals have often been victims in reportedly "unexpected" suicides, wherein their suffering and difficulties were hidden from their loved ones (Blatt, 1995). Such individuals may benefit from school, community, and health workers, even outside mental health, being able to identify perfectionism and associated suffering (e.g., Flett & Hewitt, 2014). It may be useful for mental health support or guidance to be available without individuals having to seek it out.

Parallels can be drawn between our findings on perfectionism and its impact on help seeking and previous research on the negative toll perfectionism can have on interpersonal relationships, and therapeutic outcomes. Perfectionism, and socially prescribed perfectionism in particular, often leads to negative, hostile relational patterns and social isolation (Hewitt, Flett, Sherry, & Caelian, 2006). The perfectionism social disconnection model (Chen et al., 2012) explains how perfectionistic self-promoting and self-concealing behaviours engender the very social isolation and relational distress often feared by highly perfectionistic individuals. These patterns may also manifest in the context of psychotherapy, where the therapeutic alliance can be compromised by these factors and result in fewer benefits. Previous research has suggested that individuals with high perfectionism are also more likely to experience poorer therapeutic alliance and therapeutic outcomes if and when they do enter into psychotherapy, such as in brief treatments for depression (Blatt, Quinlan, Pilkonis, & Shea, 1995; Shahar, Blatt, Zuroff, Krupnick, & Sotsky, 2004; Zuroff et al., 2000). Thus, perfectionism can perpetuate psychological difficulties at the level of general social disconnection, greater barriers to help seeking, and reduced benefit if help is sought out.

Our second hypothesis suggested that these tendencies would be present in both the student and community samples. This was only partially supported, as perfectionistic self-presentation significantly correlated with concerns about entering therapy, but not with help-seeking attitudes, among the community sample. Not only were there fewer significant correlations among the community sample (which relates to differences in power between the two samples) but the community sample also tended to show a smaller magnitude of associations. The lower effect sizes could potentially be due to age differences in normative attitudes towards psychological help and mental health. This was supported by the community sample having higher mean stigma tolerance and interpersonal openness than the university sample. Both absolute age and generational cohort represent useful areas of future investigation, particularly in light of evidence of increasing levels of perfectionism over time (Curran & Hill, 2017). However, the significant associations for concerns about psychotherapy suggested fears about psychotherapy were nevertheless important issues among individuals who are highly perfectionistic in the community sample. Combined our results build on previous work highlighting the need for clinical awareness about perfectionism and the barrier it presents to help seeking in both our community and student populations.

Despite the women in our samples generally having more positive attitudes towards help seeking than men, the findings demonstrated similar patterns of association between perfectionism and help-seeking attitudes and concerns for both genders in both samples. The persistent pattern of women being more open to help seeking has been identified in the past (Mackenzie et al., 2006), indicating that targeted interventions for men at the community and university levels may aide this population in becoming more open to help seeking. Despite these mean differences however, comparisons of the magnitude of correlations between perfectionism and help-seeking variables between men and women did not provide evidence of a gender differences in these relationships. Therefore, as per our above discussion, such interventions may be valuable to individual well-being for both men and women.

The study's findings are not without limitations. The design was correlational, limiting determination of causality. Although we believe that perfectionism, a stable characteristic, leads to thoughts and attitudes about therapy, attitudes about treatment could potentially result in changes in perfectionism levels, or there may be a shared third variable. As well, the SPM predicts that highly perfectionistic individuals would not only have difficulties seeking help but also are likely negatively impacted by their perfectionism during treatment. Although the current study does not examine this possibility, work is currently ongoing by our group to examine this. As well, the study's samples are representative only of the specific population present at our site (e.g., specific demographic makeup). Further research using samples from other contexts would help determine the generalizability of these findings. Moreover, all the data in the study is self-report in nature. To corroborate the findings, other-report measures or behavioural observations would be useful.

5 | CONCLUSION

These findings provide evidence supporting the hypothesis that perfectionism plays a negative role in help-seeking processes. The desire to portray oneself as perfect is likely detrimental to help-seeking efforts due to its association with negative attitudes and concerns about therapy. Perfectionism may thus be associated with exacerbation of distress and avoidance of psychotherapy. The study demonstrated the importance of considering perfectionism as a process-level variable beyond its association with specific psychiatric symptoms and highlights the need for further research on how to support the mental health needs of individuals with high perfectionism.

CONFLICT OF INTEREST

The authors do not have any conflicts of interest.

ORCID

Silvain S. Dang https://orcid.org/0000-0003-2099-819X

REFERENCES

Andrade, L. H., Alonso, J., Mneimneh, J. E., Wells, J. E., Al-Hamzawi, A., Borges, G., … Kessler, R. C. (2014). Barriers to mental health treatment: Results from the WHO World Mental Health surveys. *Psychological*

Medicine, *44*, 1303–1317. https://doi.org/10.1017/S0033291713001943

Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist*, *50*, 1003–1020. https://doi.org/10.1037/0003-066X.50.12.1003

Blatt, S. J., Quinlan, D. M., Pilkonis, P. A., & Shea, M. T. (1995). Impact of perfectionism and need for approval on the brief treatment of depression: The National Institute of Mental Health Treatment of Depression Collaborative Research Program revisited. *Journal of Consulting and Clinical Psychology*, *63*, 125–132. https://doi.org/10.1037/0022-006X.63.1.125

Bresser, A., Flett, G. L., & Hewitt, P. L. (2010). Perfectionistic self-presentation and trait perfectionism in social problem-solving ability and depressive symptoms. *Journal of Applied Social Psychology*, *40*, 2121–2154. https://doi.org/10.1111/j.1559-1816.2010.00653.x

Chen, C., Hewitt, P. L., Flett, G. L., Cassels, T. G., Birch, S., & Blasberg, J. S. (2012). Insecure attachment, perfectionistic self-presentation, and social disconnection in adolescents. *Personality and Individual Differences*, *52*, 936–941. https://doi.org/10.1016/j.paid.2012.02.009

Cockell, S. J., Hewitt, P. L., Seal, B., Sherry, S. B., Goldner, E. M., Flett, G. L., & Remick, R. A. (2002). Trait and self-presentational dimensions of perfectionism among women with anorexia nervosa. *Cognitive Therapy and Research*, *26*, 745–758. https://doi.org/10.1023/A:1021237416366

Cox, D. W. (2014). Gender differences in professional consultation for a mental health concern: A Canadian population study. *Canadian Psychology*, *55*, 68–74. https://doi.org/10.1037/a0036296

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, *46*, 381–387.

Curran, T., & Hill, A. P. (2017). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin*, *145*(4), 410–429. https://doi.org/10.1037/bul0000138

Dunkley, D. M., Blankstein, K. R., Halsall, J., Williams, M., & Winkworth, G. (2000). The relation between perfectionism and distress: Hassles, coping, and perceived social support as mediators and moderators. *Journal of Counseling Psychology*, *47*(4), 437–453. https://doi.org/10.1037/0022-0167.47.4.437

Dunkley, D. M., Sanislow, C. A., Grilo, C. M., & McGlashan, T. H. (2006). Perfectionism and depressive symptoms 3 years later: Negative social interactions, avoidant coping, and perceived social support as mediators. *Comprehensive Psychiatry*, *47*(2), 106–115. https://doi.org/10.1016/j.comppsych.2005.06.003

Enns, M. W., & Cox, B. J. (1999). Perfectionism and depression symptom severity in major depressive disorder. *Behaviour Research and Therapy*, *37*(8), 783–794.

Ey, S., Henning, K. R., & Shaw, D. L. (2000). Attitudes and factors related to seeking mental health treatment among medical and dental students. *Journal of College Student Psychotherapy*, *14*, 23–39. https://doi.org/10.1300/J035v14n03_05

Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, *35*, 79–90. https://doi.org/10.1037/h0029636

Fisher, J. D., Nadler, A., & DePaulo, B. M. (1983). *New directions in helping: Vol. 1. Recipient reactions to aid*. New York, NY: Academic Press.

Fisher, J. D., Nadler, A., & Whitcher-Alagna, S. (1982). Recipient reactions to aid: A conceptual review. *Psychological Bulletin*, *91*, 27–54. https://doi.org/10.1037/0033-2909.91.1.27

Flett, G. L., & Hewitt, P. L. (2014). A proposed framework for preventing perfectionism and promoting resilience and mental health among vulnerable children and adolescents. *Psychology in the Schools*, *51*(9), 899–912. https://doi.org/10.1002/pits.21792

Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Dynin, C. B. (1994). Dimensions of perfectionism and Type A behaviour. *Personality and Individual Differences*, *16*, 477–485. https://doi.org/10.1016/0191-8869(94)90073-6

Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Gray, L. (1998). Psychological distress and the frequency of perfectionistic thinking. *Journal of Personality and Social Psychology*, *75*(5), 1363–1381. https://doi.org/10.1037//0022-3514.75.5.1363

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, *14*(5), 449–468.

Fry, P. S., & Debats, D. L. (2009). Perfectionism and the five-factor personality traits as predictors of mortality in older adults. *Journal of Health Psychology*, *14*(4), 513–524. https://doi.org/10.1177/1359105309103571

Halgin, R. P., Weaver, D. D., Edell, W. S., & Spencer, P. G. (1987). Relation of depression and help-seeking history to attitudes toward seeking professional psychological help. *Journal of Counseling Psychology*, *34*, 177–185. https://doi.org/10.1037/0022-0167.34.2.177

Herrera, R. R., & Church, A. (2007). *Acculturation and Chicana/o college students' willingness to seek counseling*. Washington, DC: American Psychological Association.

Hewitt, P., Flett, G., Sherry, S., & Caelian, C. (2006). Trait perfectionism dimensions and suicidal behavior. In T. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 215–235). Washington, DC: American Psychological Association.

Hewitt, P. L. (1993). Perfectionistic self-presentation and maladjustment. In P. Hewitt (Chair). In *Perfectionism and maladjustment: Refining concepts and establishing relations*. Toronto: Symposium presented at the Annual Convention of the American Psychological Association.

Hewitt, P. L., & Flett, G. L. (1991a). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, *60*, 456–470. https://doi.org/10.1037/0022-3514.60.3.456

Hewitt, P. L., & Flett, G. L. (1991b). Dimensions of perfectionism in unipolar depression. *Journal of Abnormal Psychology*, *100*, 98–101. https://doi.org/10.1037/0021-843X.100.1.98

Hewitt, P. L., & Flett, G. L. (2002). Perfectionism and stress processes in psychopathology. In G. L. Flett, & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 255–284). Washington, DC: American Psychological Association. https://doi.org/10.1037/10458-011

Hewitt, P. L., Flett, G. L., & Ediger, E. (1995). Perfectionism traits and perfectionistic self-presentation in eating disorder attitudes, characteristics, and symptoms. *International Journal of Eating Disorders*, *18*, 317–326. https://doi.org/10.1002/1098-108x(199512)18:4<317::aid-eat2260180404>3.0.co;2-2

Hewitt, P. L., Flett, G. L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology*, *105*, 276–280. https://doi.org/10.1037//0021-843x.105.2.276

Hewitt, P. L., Flett, G. L., & Endler, N. S. (1995). Perfectionism, coping, and severity of depression. *Clinical Psychology and Psychotherapy*, *2*, 47–58.

Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: Conceptualization, assessment, and treatment*. New York, NY: Guilford Press.

Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., … Murray, B. (2003). The interpersonal expression of perfectionism: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology*, *84*, 1303–1325. https://doi.org/10.1037/0022-3514.84.6.1303

Hewitt, P. L., Flett, G. L., & Turnbull, W. (1994). Borderline personality disorder: An investigation with the Multidimensional Perfectionism Scale. *European Journal of Psychological Assessment*, *10*, 28–33.

Hewitt, P. L., Flett, G. L., Turnbull-Donovan, W., & Mikail, S. (1991). The Multidimensional Perfectionism Scale: Reliability, validity, and psychometric properties in psychiatric samples. *Psychological Assessment: A*

Journal of Consulting and Clinical Psychology, *3*, 464–468. https://doi.org/10.1037/1040-3590.3.3.464

Hewitt, P. L., Habke, A. M., Lee-Baggely, D. L., Sherry, S. B., & Flett, G. L. (2008). The impact of perfectionistic self- presentation on the cognitive, affective, and physiological experience of a clinical interview. *Psychiatry: Interpersonal & Biological Processes*, *71*, 93–122. https://doi.org/10.1521/psyc.2008.71.2.93

Hsiaowen, C. (2008). Help-seeking for stressful events among Chinese college students in Taiwan: Roles of gender, prior history of counseling, and help-seeking attitudes. *Journal of College Student Development*, *49*, 41–51. https://doi.org/10.1353/csd.2008.0003

Jung, E. S., & Ha, J. H. (2016). Mediating effects of help-seeking and concealment on the relations between perfectionism and depression, anxiety in university students. *Journal of the Korea Academia-Industrial Cooperation Society*, *17*(4), 671–681. https://doi.org/10.5762/KAIS.2016.17.4.671

Kakhnovets, R. (2011). Relationships among personality, expectations about counseling, and help-seeking attitudes. *Journal of Counseling and Development*, *89*(1), 11–19. https://doi.org/10.1002/j.1556-6678.2011.tb00056.x

Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology*, *42*, 40–46. https://doi.org/10.1037/0022-0167.42.1.40

Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help-seeking: Evidence from four large-scale surveys. *Journal of Health and Social Behavior*, *22*, 49–64. https://doi.org/10.2307/2136367

Kim, B. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology*, *54*, 474–480. https://doi.org/10.1037/0022-0167.54.4.474

Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice*, *20*, 251–257. https://doi.org/10.1037/0735-7028.20.4.251

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, *10*, 574–582. https://doi.org/10.1080/13607860600641200

McGee, B. J., Hewitt, P. L., Sherry, S. B., Parkin, M., & Flett, G. L. (2005). Perfectionistic self-presentation, body image, and eating disorder symptoms. *Body Image*, *2*(1), 29–40. https://doi.org/10.1016/j.bodyim.2005.01.002

O'Connor, R. C. (2007). The relations between perfectionism and suicidality: A systematic review. *Suicide and Life-Threatening Behavior*, *37*(6), 698–714. https://doi.org/10.1521/suli.2007.37.6.698

Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, *54*, 373–384. https://doi.org/10.1037/0022-0167.54.4.373

Rasmussen, K. R., Yamawaki, N., Moses, J., Powell, L., & Bastian, B. (2013). The relationship between perfectionism, religious motivation, and mental health utilisation among Latter-Day Saint students. *Mental Health, Religion & Culture*, *16*, 612–616. https://doi.org/10.1080/13674676.2012.706273

Roxborough, H. M., Hewitt, P. L., Flett, G. L., & Abizadeh, J. (2009). Borderline personality organization and the interpersonal components of perfectionism: A review of two overlapping personality pathologies. *International Journal of Social, Behavioral, Educational, Economic, Business and Industrial Engineering*, *3*(6), 1180–1188.

Shaffer, P. A., Vogel, D. L., & Wei, M. (2006). The mediating roles of anticipated risks, anticipated benefits, and attitudes on the decision to seek professional help: An attachment perspective. *Journal of Counseling Psychology*, *53*, 442–452. https://doi.org/10.1037/0022-0167.53.4.442

Shafran, R., & Mansell, W. (2001). Perfectionism and psychopathology: A review of research and treatment. *Clinical Psychology Review*, *21*(6), 879–906. https://doi.org/10.1016/S0272-7358(00)00072-6

Shahar, G., Blatt, S. J., Zuroff, D. C., Krupnick, J. L., & Sotsky, S. M. (2004). Perfectionism impedes social relations and response to brief treatment for depression. *Journal of Social and Clinical Psychology*, *23*(2), 140–154. https://doi.org/10.1521/jscp.23.2.140.31017

Shannon, A., Goldberg, J. O., Flett, G. L., & Hewitt, P. L. (2018). The relationship between perfectionism and mental illness stigma. *Personality and Individual Differences*, *126*, 66–70. https://doi.org/10.1016/j.paid.2018.01.022

Shattell, M. M., Starr, S. S., & Thomas, S. P. (2007). 'Take my hand, help me out': Mental health service recipients' experience of the therapeutic relationship. *International Journal of Mental Health Nursing*, *16*(4), 274–284. https://doi.org/10.1111/j.1447-0349.2007.00477.x

Shim, S. S., Rubenstein, L. D., & Drapeau, C. W. (2016). When perfectionism is coupled with low achievement: The effects on academic engagement and help seeking in middle school. *Learning and Individual Differences*, *45*, 237–244. https://doi.org/10.1016/j.lindif.2015.12.016

Sirois, F. M., & Molnar, D. S. (2016). Conceptualizations of perfectionism, health, and well-being: An introductory overview. In *Perfectionism, health, and well-being* (pp. 1–21). Cham: Springer.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, *54*, 40–50. https://doi.org/10.1037/0022-0167.54.1.40

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling and Development*, *85*, 410–422. https://doi.org/10.1002/j.1556-6678.2007.tb00609.x

Zeifman, R. J., Atkey, S. K., Young, R. E., Flett, G. L., Hewitt, P. L., & Goldberg, J. O. (2015). When ideals get in the way of self-care: Perfectionism and self-stigma for seeking psychological help among high school students. *Canadian Journal of School Psychology*, *30*(4), 273–287. https://doi.org/10.1177/0829573515594372

Zuroff, D. C., Blatt, S. J., Sotsky, S. M., Krupnick, J. L., Martin, D. J., Sanislow, C. A. III, & Simmens, S. (2000). Relation of therapeutic alliance and perfectionism to outcome in brief outpatient treatment of depression. *Journal of Consulting and Clinical Psychology*, *68*, 114–124. https://doi.org/10.1037/0022-006X.68.1.114

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

How to cite this article: Dang SS, Quesnel DA, Hewitt PL, Flett GL, Deng X. Perfectionistic traits and self-presentation are associated with negative attitudes and concerns about seeking professional psychological help. *Clin Psychol Psychother*. 2020;1–9. https://doi.org/10.1002/cpp.2450