



Review

The destructiveness and public health significance of socially prescribed perfectionism: A review, analysis, and conceptual extension

Gordon L. Flett^{a,*}, Paul L. Hewitt^b, Taryn Nepon^a, Simon B. Sherry^c, Martin Smith^d

^a York University, Canada

^b University of British Columbia, Canada

^c Dalhousie University, Canada

^d University of British Columbia, Canada



ARTICLE INFO

Keywords:

Perfectionism
Health
Mental health
Psychopathology

ABSTRACT

Perfectionism is a multidimensional personality construct with various components. Socially prescribed perfectionism (i.e., perceived social pressures and expectations to be perfect) is one key element. This trait dimension represents a chronic source of pressure that elicits feelings of helplessness and hopelessness at extreme levels. Unfortunately, at present, the destructiveness of socially prescribed perfectionism has not been fully recognized or extended conceptually despite the extensive volume of research on this dimension. To address this, we first trace the history and initial conceptualization of socially prescribed perfectionism. Next, we summarize and review findings that underscore the uniqueness and impact of socially prescribed perfectionism, including an emphasis on its link with personal, relationship, and societal outcomes that reflect poor mental well-being, physical health, and interpersonal adjustment. Most notably, we propose that socially prescribed perfectionism is a complex entity in and of itself and introduce new conceptual elements of socially prescribed perfectionism designed to illuminate further the nature of this construct and its role in distress, illness, dysfunction, and impairment. It is concluded that socially prescribed perfectionism is a significant public health concern that urgently requires sustained prevention and intervention efforts.

There have been numerous key developments in the perfectionism field over the past three decades. It is now firmly established that the perfectionism construct is multi-faceted and multidimensional, which has been a catalyst for extensive research and several important findings. Additionally, contemporary meta-analyses indicate levels of trait perfectionism are on the rise (Curran & Hill, 2019; Smith et al., 2019). Moreover, multiple facets of the perfectionism construct are associated with burnout (Hill & Curran, 2016), rumination and related cognitive tendencies (Xie, Kong, Yang, & Chen, 2019), suicidal tendencies (Smith, Hill, & Hall, 2018), and general psychopathology (Limburg, Watson, Hagger, & Egan, 2017). Likewise, trait perfectionism dimensions are associated in meaningful ways with broad personality traits from the five-factor model (Smith et al., 2019) and more narrow traits (e.g., Sirois, Molnar, & Hirsch, 2017). An essential distinction has also been made between striving for perfection versus striving for excellence (see Gaudreau, 2019).

The recent meta-analysis by Curran and Hill (2019) generated substantial interest among academic scholars and members of the general

public. It focused on three trait perfectionism dimensions – self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionism is an orientation that involves being driven to achieve personal standards of perfectionism and requiring perfection of the self, while other-oriented perfectionism involves demanding that other people are perfect. Socially prescribed perfectionism is the focus of this article. It is the trait dimension that reflects the generalized perception that others demand perfection of the self. That is, perfectionistic demands have been imposed on the person. The Curran and Hill (2019) investigation yielded evidence that mean levels of all of these trait perfectionism dimensions have increased linearly over time in ways that insinuate the mounting pressures to be perfect on the current generation of late adolescents and emerging adults. Notably, the largest temporal increase was in socially prescribed perfectionism, with statistical analyses suggesting a 32% increase in this dimension between 1989 and 2017. Similarly, Smith et al. (2019) conducted a separate meta-analysis that yielded general support for this pattern. The results of a cohort comparison in Russia also attested to the rising levels of socially

* Corresponding author.

E-mail addresses: gflett@yorku.ca (G.L. Flett), tarynn@yorku.ca (T. Nepon).

prescribed perfectionism (see [Kholmogorova, Garanyan, & Tsatsulin, 2019](#)).

[Curran and Hill \(2019\)](#) signalled the need for a greater focus on socially prescribed perfectionism in particular. They underscored that when the trait perfectionism dimensions were compared, socially prescribed perfectionism increased to a much greater degree, with at least twice the magnitude of the increase found with other trait perfectionism dimensions. Moreover, they observed that this increase in socially prescribed perfectionism among young people seems to parallel the documented increase in distress, thus suggesting that adolescents and emerging adults are under considerable pressure to live up to unrealistic standards and expectations. Possible reasons for increases in socially prescribed perfectionism are now being considered by researchers in the field from a developmental perspective (see [Curran & Hill, 2022](#)).

In light of these findings, the current review and analysis focuses on socially prescribed perfectionism and is designed to increase understanding of this dimension and advance its conceptualization and the scope of inquiry. A strong case can be made that when it comes to perfectionism, socially prescribed perfectionism stands out as the dimension that is by far the most destructive and the most pernicious. Moreover, just as there is a strong case that neuroticism poses a public health issue (see [Lahey, 2009](#)), the same can be said about socially prescribed perfectionism; indeed, this contention is a central theme in this article. [Lahey \(2009\)](#) based his argument about the public health concerns about neuroticism, in part, on its link with diagnosed disorders and personality dysfunction and the toll that this disorder and dysfunction and associated health conditions can have on the many people who experience these conditions. We maintain that this same argument applies to socially prescribed perfectionism. Indeed, evidence linking this perfectionism dimension with clinical conditions and physical illness is summarized below.

But first, what exactly is socially prescribed perfectionism? This dimension applies to those individuals who characteristically are under intense pressure to meet the extreme expectations of demanding people or society as a whole. Socially prescribed perfectionism is the perception, which may or may not be veridical, that others expect and demand perfection from oneself. Socially prescribed perfectionism is viewed as a relatively enduring, stable personality dimension that reflects a generalized view rather than specific pressure to be perfect from a particular person. Thus, the socially prescribed perfectionist can "... perceive the presence of powerful external demands for perfection from family members, friends, acquaintances, or society at large" ([Hewitt, 2020](#), p. 103). This pressure generalizes across contexts, so it is reasonable to focus on pressures imposed on someone to be perfect in achievement settings, but also to consider chronic pressure to be socially correct in social situations. Additionally, though it is debatable whether certain facets of perfectionism have an adaptive element, there is widespread agreement that socially prescribed perfectionism is decidedly maladaptive.

We take the position in the current article that socially prescribed perfectionism is much more deleterious and destructive than is currently recognized and is a global concern with such impact that is at the root of myriad physical health and mental health difficulties and associated life challenges. Indeed, it was suggested in a recent article that for many people, perfectionism constitutes "a problem in living" (see [Flett & Hewitt, 2020](#)) and that this should especially be the case for someone with a chronic sense of being expected to live up to impossible expectations. Moreover, sufficient evidence has accrued to suggest socially prescribed perfectionism is a problem not only for the individual but also for society, and there is an urgent need for a coordinated, committed effort to address the growing epidemic of socially prescribed perfectionism. The need for a societal perspective and societal change is signalled by evidence linking socially prescribed perfectionism with reports of racial discrimination and associated feelings of depression among African American adolescents (see [Lambert, Robinson, & Alongo, 2014](#)).

Accordingly, in the current article, we review and summarize findings in line with the contention that socially prescribed perfectionism has important public health implications. To our knowledge, there is no review explicitly focused on socially prescribed perfectionism and its implications for the individual and for society as a whole. We do this as a prelude to our presentation in the current article of a substantially expanded conceptualization of socially prescribed perfectionism that introduces significant new elements of the construct. In this article, we also seek to understand better why socially prescribed perfectionism is associated broadly with so many negative tendencies and outcomes. To this end, we outline multiple elements related to socially prescribed perfectionism that play a role in amplifying or reducing its impact. Finally, we highlight key themes and directions to guide the next decade of research on this crucial personality dimension.

Socially prescribed perfectionism in extreme forms reflects a compulsive sense of being obliged to be perfect in ways that are publicly recognizable and publicly demanded. People who struggle with socially prescribed perfectionism are confronted daily with their inability to live up to extreme standards. These people react powerfully to constant reminders of their failure to live up to prescribed expectations. This sense of failing to live up to highly salient expectations is all the more distressing if the person who falls short of a prescribed standard feels not only exposed but also defeated, trapped, and unable to escape expectations. Indeed, feelings of being defeated and trapped are associated with socially prescribed perfectionism (see [Cleare et al., 2021](#); [Cramer, Rasmussen, & Tucker, 2019](#); [Wetherall, Robb, & O'Connor, 2019](#); [Wyatt & Gilbert, 1998](#)).

Several themes are outlined in the current article to elucidate and illuminate the nature of socially prescribed perfectionism and perhaps set the stage for more research and theory in the decades ahead. Specific themes include: (a) The destructiveness of socially prescribed perfectionism is underestimated because other key components or elements of socially prescribed perfectionism have not been identified and assessed; (b) Socially prescribed perfectionism has unique properties that distinguish it from other trait perfectionism dimensions and broader trait dimensions such as neuroticism. As such, as a distinct dimension, socially prescribed perfectionism merits its own singular focus in empirical research and interventions; (c) Certain people with high levels of socially prescribed perfectionism are at risk following not only failure experiences but also after success experiences. People held up to excessively high expectations, or standards face unique challenges following success, especially when this person is a known public figure with a life that is on display; and (d) It is essential to go beyond the focus on socially prescribed perfectionism in individuals and begin to consider physical and social contexts, environments, and life roles that place an unwanted burden on people to be perfect. That is, the time has come to scrutinize settings, circumstances, and situations in which social pressures to be perfect are extreme and promote analysis of environmentally prescribed perfection and role-related perfectionism.

We now begin our analysis by revisiting the original introduction of socially prescribed perfectionism into the literature and tracing subsequent developments. This segment combines for the first time the various conceptual statements in earlier articles and chapters. We then consider what is known about socially prescribed perfectionism as a personality dimension based on extant research.

1. Socially prescribed perfectionism from a historical perspective

[Hewitt and Flett \(1991a\)](#) introduced the concept of socially prescribed perfectionism, which was defined as "... people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to be perfect" (p. 457). We developed a measure known as the Multidimensional Perfectionism Scale (MPS) to assess this dimension, plus self-oriented and other-oriented perfectionism dimensions. As noted earlier, self-oriented

perfectionism is defined as requiring perfection from the self, while other-oriented perfectionism is defined as demanding perfection from other people (Hewitt & Flett, 1991b). Socially prescribed perfectionism is a generalized perception that others expect and require perfection, so it goes beyond the initial tendency in the perfectionism field to focus on demands for perfection placed on children by parents (e.g., Garner, Olmsted, & Polivy, 1983). These pressures can also emanate from peers, specific settings, or society as a whole in ways that have implications and relevance for various areas of psychology that go beyond personality and clinical psychology to also include applied psychology, developmental psychology, social psychology, family psychology, and health psychology. While there is a general sense that socially prescribed perfectionism often stems from parental pressures imposed on the self, this dimension actually reflects more pervasive sources of social influence. Indeed, recent perfectionism research from a social identity perspective suggests the need to acknowledge broader social influences reflecting group membership and associated expectations (see Bouguettaya, Klas, Moulding, King, & Knight, 2019; Bouguettaya, Moulding, King, & Harrold, 2019). These influences may include culturally prescribed pressures to be perfect. Indeed, contemporary developmental views of socially prescribed perfectionism and perfectionism in general emphasize the role of self and social factors, including cultural influences. Readers who wish to consider the developmental factors in more detail may wish to consider various accounts (see Flett & Hewitt, 2022; Hewitt et al., 2017).

When conceptualizing perfectionism in the late 1980s and beginning to treat people with perfectionistic behavior in the early 1990s, it became clear that some people required perfection of themselves not because of their own introjected needs for perfection but because they felt an obligation to live up to perfectionistic standards imposed on them by other people (Hewitt & Flett, 1991b). The concept of socially prescribed perfectionism arose, in part, from a person-oriented focus inspired by sessions with clinically distressed perfectionists and coming to the realization that although there were people characterized by either self-oriented or other-oriented perfectionism that gets directed at other people, there were others whose perfectionistic behavior had a different and distinctive interpersonal flavor. These people felt a need to perfect themselves based on the perception of others' (specific others or generalized others) perfectionistic needs, desires, or expectations imposed on the self. Thus, socially prescribed perfectionism was seen as a unique cognitive-relational trait dimension. Hewitt and Flett (1991b) envisioned socially prescribed perfectionism as being related to different forms of maladjustment but in unique ways due to its defensive relational nature. This observation accords with evidence from circumplex analyses indicating that socially prescribed perfectionism, relative to self-oriented and other-oriented perfectionism, is linked with a more diverse array of interpersonal problems (see Hill, Zrull, & Turlington, 1997; Stoeber, Smith, Saklofske, & Sherry, 2021). Likewise, it was thought that socially prescribed perfectionism is implicated in various forms of clinical disorders and dysfunction and is transdiagnostic, and subsequently, this has been confirmed in various clinical studies that have documented its link with various clinical conditions, including affective disorders, eating disorders and personality disorders (e.g., Antony, Purdon, Huta, & Swinson, 1998; Corry et al., 2017). Hewitt, Flett, and Turnbull (1994), for instance, documented greater levels of socially prescribed perfectionism in adults with a diagnosis of borderline personality disorder relative to psychiatric and non-psychiatric controls.

Hewitt and Flett (1991b) postulated that because it involves excessive and uncontrollable standards, socially prescribed perfectionism can set the stage for frequent exposure to failure and a host of negative emotional states (i.e., anger, anxiety, and depression) due to a perceived inability to please others and the perception that other people are being unrealistic. There is also an anticipatory component to socially prescribed perfectionism best reflected by an abiding fear of negative evaluation. Clearly, socially prescribed perfectionism is a strong determinant of beliefs, perceptions, and expectations of the future; we explore

this theme in more detail below.

Hewitt and Flett (1991b) signalled that socially prescribed perfectionism involved complex motives and desires when they observed people with high socially prescribed perfectionism "... place greater importance on obtaining the attention but avoiding the disapproval of others" (p. 457). Covington (2000) posited the achievement overstriving of perfectionists reflects an approach-avoidance conflict (i.e., striving for success to avoid failure and its consequences). This conflict should also underscore socially prescribed perfectionism.

Parenthetically, it should be noted that this perfectionism dimension is most commonly assessed with the 15-item socially prescribed perfectionism subscale of the Multidimensional Perfectionism Scale (MPS; see Hewitt & Flett, 1991b, 2004) or a five-item short-form version (see Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008). Other research with children and youth uses a 10-item version of the Child-Adolescent Perfectionism Scale (CAPS; Flett et al., 2016). The Big Three Perfectionism Scale (Smith, Saklofske, Stoeber, & Sherry, 2016) also has a brief subscale assessing this dimension. These measures focus on assessing trait perfectionism in general, but recent research by Koerten and Dubow (2021) with a modified CAPS shows that socially prescribed perfectionism can also be assessed in specific domains (i.e., academic, social, and physical appearance).

Other researchers utilize a three-item perfectionism subscale of the Eating Disorder Inventory (EDI; Garner et al., 1983) after it was found that the six-item EDI perfectionism subscale actually has two three-item factors representing self-oriented and socially prescribed perfectionism (Joiner & Schmidt, 1995; Sherry, Hewitt, Besser, McGee, & Flett, 2004). Subsequent analyses confirmed this finding (e.g., Lampard, Byrne, McLean, & Fursland, 2012). However, the EDI is limited as a measure of socially prescribed perfectionism due to its focus on parental demands and dictates (i.e., parent prescribed perfectionism) and not considering socially prescribed perfectionism as a broader dimension. This parental focus led to the parental expectations and criticism subscales of the Frost Multidimensional Perfectionism Scale (see Frost, Marten, Lahart, & Rosenblate, 1990).

It is often overlooked that early statements about socially prescribed perfectionism included a unique emphasis on diminished self-control, thus linking this perfectionism dimension with maladaptive behavior connoting a lack of control and is a potential treatment theme. Hewitt and Flett (1993) maintained that the imposition of unrealistic standards and expectations on the self should contribute to deficits in impulse control and a tendency to engage in impulsive behavior that is at variance with the notion of perfectionistic overcontrol and restraint. Specifically, they proposed that:

... the lack of control inherent in socially prescribed perfectionism tends to undermine goal-directed activity and that impulsive acts are likely to be expressed as a form of reactance to the perceived imposition of unrealistic expectations on the self or to the realization of one's inability to meet others' expectations. (Hewitt & Flett, 1991b, p. 249)

These descriptions suggest people who cannot escape externally imposed pressures to be perfect could be quite resentful but may act hastily without thinking due to the pressure they are under. Research has confirmed the proposed links with deficits in self-control, impulse control, and goal-directedness (see Bardone-Cone, Brownstone, Higgins, Harney, & Fitzsimmons, 2012; Cunningham, Griffiths, Baillie, & Murray, 2018; Powers, Koestner, & Topciu, 2005; Sherry, Sherry et al., 2014; Tangney, Baumeister, & Boone, 2004). For instance, Casale, Fioravanti, Flett, and Hewitt (2014) found socially prescribed perfectionism was associated with problematic Internet use and this was mediated by fear of negative evaluation.

Subsequent conceptual accounts emphasized cognitive and motivational aspects. Flett, Hewitt, and Martin (1995) stated that, "Socially prescribed perfectionism is an amotivational state. It is associated with a

sense of helplessness about the inability to establish personal control over evaluative standards and a sense of hopelessness about the inevitability of failure in the future” (p. 119). They also posited that high levels of socially prescribed perfectionism would facilitate a tendency to avoid rather than approach personal problems. This proposed link with hopelessness described by Flett et al. (1995) has been confirmed in 29 published studies (see Flett, Hewitt, & Heisel, 2014, and Smith, Vidovic, Sherry, & Saklofske, 2017 for reviews).

Extensive research from a motivational perspective suggests, going forward, there is a clear need for a more nuanced conceptualization to capture the complexities of this dimension. Collectively, research suggests that socially prescribed perfectionism can involve profound motivational deficits; it is characterized by not only deficits in achievement motivation and avoidance (see Fletcher & Neumeister, 2012), behavioral inhibition (Randles, Flett, Nash, McGregor, & Hewitt, 2010), negative urgency (Bouguettaya, Moulding, et al., 2019), and excessive validation seeking, but likewise low growth-seeking (Flett, Besser, & Hewitt, 2014; Hill, Hall, Appleton, & Murray, 2010). However, people dealing with socially prescribed perfectionism also tend to be characterized by a high degree of obsessive passion, so they are driven individuals, albeit for defensive reasons and in ways that can become too intense and compulsively urgent. Unfortunately, socially prescribed perfectionism either has no association or a negative association with the more desirable harmonious passion (see Curran, Hill, Jowett, & Mallinson, 2014; Verner-Filion & Vallerand, 2016).

Another motivational key to understanding socially prescribed perfectionism is to fully map its association with unsatisfied core psychological needs. Research on psychological well-being has emphasized the importance of meeting three primary needs – the needs for autonomy, competence, and connection with other people (see Deci & Ryan, 2000; Sheldon & Gunz, 2009). Socially prescribed perfectionism is associated with substantial deficits in meeting all three core needs (see Jowett, Hill, Hall, & Curran, 2016; Mallinson & Hill, 2011). The person dominated by socially prescribed perfectionism lacks a sense of autonomy and self-determination and feels controlled and incompetent due to the discrepancy between their actual standing and not living up to external pressures to be perfect. The social disconnection inherent in socially prescribed perfectionism also attests to the failure to satisfy the need to connect and relate well to other people. This can become reflected in related unmet needs such as the need to belong (see Chen, Hewitt, & Flett, 2015) and to matter (Flett, Galfi-Pechenkov, Molnar, Hewitt, & Goldstein, 2012).

Not surprisingly, this destructive motivational orientation impairs goal-related activities and outcomes. Research has established that socially prescribed perfectionism is linked with profound difficulties in goal implementation (Powers et al., 2005) and limited goal progress (see Franche & Gaudreau, 2016). The helplessness and hopelessness inherent in extreme socially prescribed perfectionism can also be reflected in beliefs about eventual goal attainment. Eddington (2014) reported evidence showing that socially prescribed perfectionism was linked with less optimism about goal success. Moreover, socially prescribed perfectionism interacted with goal disengagement to predict maladaptive coping and stress-related depression.

Socially prescribed perfectionism is also associated with the pursuit of deleterious self-image goals (Nepon, Flett, & Hewitt, 2016), in keeping with evidence that people high in socially prescribed perfectionism will defensively self-handicap in public performance situations (Hobden & Pliner, 1995). However, despite these deficient goal orientations, various trait perfectionism dimensions tend to be associated generally with workaholism and work addiction (see Burke & Fiksenbaum, 2009; Clark, Lelchook, & Taylor, 2010), and people high in socially prescribed perfectionism often continue to strive excessively and they display an extremely deleterious form of compulsive workaholism and work addiction (see Burke, Davis, & Flett, 2008; Flett & Hewitt, 2006; Gillet, Morin, Cougot, & Gagne, 2017; Kun et al., 2020). This type of compulsive striving is likely motivated to a substantial degree by

intense fears related to the anticipated social consequences of not being work-obsessed or at least projecting this image. This striving is complex, in part, because, unlike self-oriented perfectionism, socially prescribed perfectionism has relatively little association with adaptive forms of trait conscientiousness (see Costantini & Perugini, 2016). Instead, it is linked consistently with controlling motivational orientations that are non-self-determined and reflect a lack of autonomy (e.g., Mikzsa, Evans, & McPherson, 2021; Miquelon, Vallerand, Grouzet, & Cardinal, 2005). Taken together, these findings combine to suggest that people under pressure to meet impossible standards imposed externally on them continue to strive, perhaps compulsively, and this type of striving is not rewarding and a clear pathway to becoming physically, emotionally, and cognitively exhausted.

A key cognitive feature that merits more emphasis is the tendency for people with elevated socially prescribed perfectionism to have a negative view of their future. The analysis of perfectionism and stress by Hewitt and Flett (2002) included the contention that people with elevated socially prescribed perfectionism actually have a cognitive structure that generates negative expectancies for future events. We proposed that socially prescribed perfectionism:

...can be conceptualized as a social-cognitive variable that includes negative expectations about the likelihood of being the target of criticism and mistreatment due to the certainty of experiencing unfair expectancies in the future. In essence, then, we are suggesting that socially prescribed perfectionism includes a “negative future events” schema that is chronically accessed among depressed people. (p. 265)

This anticipated mistreatment could fuel an expectation of not only being negatively evaluated, but also criticized and perhaps even excoriated and punished. An important extension of this line of reasoning is to suggest that this pessimistic cognitive orientation extends to perceptions of positive events being less likely to occur, especially in the interpersonal domain. Indeed, people with extreme socially prescribed perfectionism often have a depressive form of predictive certainty as they come to believe negative events are certain to occur, and this becomes reflected in an interpersonal form of hopelessness. This general negativity extends to anticipated social interactions and future interpersonal events. Recent research has established links between socially prescribed perfectionism and both negative social expectancies and social hopelessness (see Harper, Eddington, & Silvia, 2020).

It also is important to consider a temporal perspective because it highlights just how difficult life can become for someone with high socially prescribed perfectionism – this applies to the past, present, and future. Evidence suggests they have difficulty accepting the past (Sherry, Sherry, Hewitt, Mushquash, & Flett, 2015), and a wealth of data suggests that current experiences are marked by distress and other difficulties (see Hewitt, Flett, & Mikail, 2017 for a review). As for views of the future, findings indicate socially prescribed perfectionism is associated negatively with trait optimism (Blankstein, Lumley, & Crawford, 2007; Martin, Flett, Hewitt, Krames, & Szanto, 1996) as well as a greater number of negative expectancies about the future and fewer positive expectancies when participants predicted the future probability of events (Stoeber & Corr, 2017). Previously, Hunter and O’Connor (2003) found among clinical patients who had engaged in parasuicide that socially prescribed perfectionism was associated with fewer positive thoughts about the future after controlling for self-oriented and other-oriented perfectionism. Another study by O’Connor, O’Connor, O’Connor, Smallwood, and Miles (2004) reported that low levels of positive thinking about the future exacerbated the link between socially prescribed perfectionism and hopelessness. This tendency to anticipate negative events and expect few positive events is frequently exacerbated by a general cognitive bias impacted by chronic, uncontrollable worry (see Blankstein & Lumley, 2008; Flett, Coulter, Hewitt & Nepon, 2011).

It could be tempting to regard socially prescribed perfectionism as

mostly outside the self in a way that leaves little room for personality features and a role for the self; however, this would be a mistake. A key conceptual statement was advanced in [Hewitt and Flett \(2002\)](#), where it was noted that socially prescribed perfectionism is "... a self-related dimension in that it involves concern with one's own lack of perfection" (p. 257) and it involves "... strong concern over obtaining and maintaining the approval and care of other people and a sense of belonging that could be attained if it were possible to be perfect in the eyes of others" (p. 257).

2. Associated models

We have outlined above that socially prescribed perfectionism is profoundly negative in terms of its associated motivational and cognitive orientations, and it includes deficits in self-control. Accordingly, people with high levels of socially prescribed perfectionism should be prone to many problems and various mental health difficulties and as such, socially prescribed perfectionism merits inclusion in models of distress and psychopathology. Socially prescribed perfectionism has been included as one element of much broader models (e.g., [O'Connor, 2011](#)), but is also at the core of models that focus primarily on the role of perfectionism in mental health conditions. For instance, socially prescribed perfectionism has been included in a stress-focused model that links perfectionism, stress, and distress (see [Hewitt & Flett, 2002](#); [Hewitt, Flett, & Ediger, 1996](#)). This model views people high in socially prescribed perfectionism as particularly vulnerable to interpersonal stressors. Moreover, socially prescribed perfectionism is linked with various stress-related processes that include maladaptive emotional reactions to stress and a tendency to behave in ways that generate interpersonal stress. Thus, it is not surprising that socially prescribed perfectionism is linked with a higher reported frequency of negative social interactions ([Flett, Hewitt, Garshowitz, & Martin, 1997](#)).

Another model garnering extensive attention is the perfectionism social disconnection model (PSDM) (see [Hewitt et al., 2017](#); [Hewitt, Flett, Sherry, & Caelian, 2006](#); [Sherry, Mackinnon, & Gautreau, 2016](#)). The PSDM includes socially prescribed perfectionism as a key element. The essence of this model is individuals with high levels of interpersonal perfectionism become socially isolated and prone to a sense of aloneness and loneliness due to their sensitivity to negative feedback from other people. The isolation can be in the form of objective social disconnection or subjective social disconnection in terms of perceived distance between the self and other people. The tendency to be isolated, either in terms of psychological or physical distance, is a key mechanism that sets the stage for much of the distress and dysfunction documented in various segments of this article. Importantly, contemporary evidence derived from samples of adults has yielded strong support for the tenets of the PSDM and its emphasis on socially prescribed perfectionism in terms of its usefulness in predicting depression ([Rnic et al., 2021](#)) and suicide ideation ([Robinson, Moscardini, Tucker, & Calamia, 2021](#)).

This conceptual emphasis on socially prescribed perfectionism is warranted given accumulating empirical evidence of its significance. Below, we review evidence supporting our contention that socially prescribed perfectionism is highly destructive by summarizing and reviewing evidence that links this dimension with consequential outcomes. Some of this research is derived from the models described above. First, however, we cite evidence suggesting that socially prescribed perfectionism does not overlap with other personality constructs and is a unique predictor in various research contexts.

3. The uniqueness of socially prescribed perfectionism

Factor analytic findings suggest socially prescribed perfectionism often loads together with other perfectionism dimensions (e.g., concern over mistakes, doubts about actions, discrepancy, self-criticism). This factor is called by various names including "evaluative concerns perfectionism", "self-critical perfectionism", and "perfectionistic

concerns" (see [Dunkley & Blankstein, 2000](#); [Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000](#); [Smith, Sherry, Ray, Hewitt, & Flett, 2021](#)). Numerous researchers have used the evaluative concerns factor and have contrasted it with a personal standards composite based on multiple measures of various indices of self-oriented perfectionism (e.g., [Calissano, Haenschel, Flaxman, & Zernerova, 2021](#)). Important findings have emerged and continue to emerge from research based on these composites (e.g., [Richard et al., 2021](#)). For instance, [Dunkley, Berg, and Zuroff \(2012\)](#) reported that a composite that included socially prescribed perfectionism was associated with self-esteem instability and low daily self-esteem based on an aggregated measure.

To be sure, the various dimensions comprising evaluative concerns perfectionism are typically intercorrelated to a substantial degree, and this likely reflects a shared negative view of the self and substantial vulnerability due to a pervasive sense of insecurity or inferiority. And yet, we maintain that socially prescribed perfectionism is unique and distinguishable, and it has a distinct role with considerable clinical significance.

So, in what ways does socially prescribed perfectionism differ from these other perfectionism dimensions? This can be examined from both a conceptual and an empirical perspective. At the conceptual level, one obvious difference is socially prescribed perfectionism is unique in its explicit emphasis on perfectionism from an interpersonal perspective. It is possible that someone who has various elements of evaluative concerns perfectionism is defined mostly at a core level by socially prescribed perfectionism due to a veridical history of having been held up to socially imposed expectations at home or at school or pressure to attain societal standards as is the case for young people who have internalized body image ideals. Thus, for some people, socially prescribed perfectionism will be more central to their sense of self-definition and identity, and this will be reflected in cognitive structures.

It should also be the case that socially prescribed perfectionism is distinguished from other perfectionism dimensions by a unique form of pressure that could overwhelm someone's defenses and mar this person's performance even if they tend not to be overly self-critical and they do not see themselves as highly discrepant from personal and prescribed standards. This pressure has the added element of being seemingly external to the self and beyond control.

Its relevance to role expectations is one element of socially prescribed perfectionism that has not received enough attention, and this is one aspect that substantially distinguishes it from other components of evaluative concerns perfectionism. Socially prescribed perfectionism can become highly salient and involve unique pressures for people in certain roles that typically require that persons in such a role live up to exceptionally high expectations. These roles can be occupational roles (e.g., doctors, nurses, police officers, clergy, coaches, teachers, principals and other organizational leaders), but also familial roles as is the case for the mother or father who feel that she or he must live up to the expectation of being the perfect parent. People with these prescribed pressures can become infused with a sense of duty and obligation that always seems present. Expectations that emanate from outside the self can result in feelings of being trapped. The person who feels they must live up to extreme role expectations will feel a constant pressure to never make mistakes and to perform at an exceptional level that is visible and recognized by other people. A person in one of these roles can increasingly feel the need to escape the pressure and abiding sense of duty or obligation, as well as the feeling of always being scrutinized and judged by other people.

This element has clear clinical implications due to the need to be sensitive and attuned to the pressures being endured by people in these roles. Unfortunately, the public nature of certain roles along with fears about being stigmatized and associated forms of self-stigma may make it exceptionally unlikely that certain people with role-related socially prescribed perfectionism will be willing to seek help. This element of socially prescribed perfectionism is just one of many reasons why calls have been issued for proactive prevention programs to be implemented

to help people learn to cope with the pressures of having to be perfect and being required to live their lives according to prescribed expectations (for discussions, see Flett & Hewitt, 2014; Flett, Hewitt, & Heisel, 2014; Wade, 2018). We revisit this theme in the final segment of this article.

It should also be evident that socially prescribed perfectionism, relative to other evaluative concerns dimensions, has unique implications when it comes to treatment contexts and clinical assessments of factors that are contributing to distress and dysfunction. We feel that socially prescribed perfectionism should be routinely measured in clients who are in roles or settings that can heighten daily pressures and associated expectations to be perfect. This suggestion accords with evidence suggesting that socially prescribed perfectionism impedes treatment progress (see Hewitt, Smith, et al., 2020).

The client characterized by extreme socially prescribed perfectionism will, in all likelihood, have an intense interpersonally-based threat sensitivity comparable to the sensitivity proposed by Fitzpatrick, Liebman, and Monson (2021). This can be expressed and experienced in various ways. It could, for instance, result in the anticipation or expectation that therapists and counselors will require them to work towards a perfect recovery or be the perfect client. It could also be a factor that considerably complicates couples therapy with a partner who is perceived as requiring perfection. These complications are not relevant to other elements of the broad evaluative perfectionism construct.

The ultimate test for socially prescribed perfectionism involves research showing that it yields unique findings that distinguish it from other perfectionism dimensions and other constructs with a psychosocial element. In this regard, we have compiled a select summary of relevant investigations that attest to the uniqueness of socially prescribed perfectionism.

Table 1 lists a representative set of 17 research investigations with findings that attest to the uniqueness of socially prescribed perfectionism. Countless other studies could have been added to Table 1. With but a few exceptions, we went beyond studies that compared socially prescribed perfectionism with the other Hewitt-Flett MPS dimensions, and instead we deemed uniqueness to exist when socially prescribed perfectionism provided the basis for findings not found with other predictor variables. We did not limit ourselves to longitudinal research but instead took a broad perspective that included the results of individual cross-sectional studies and meta-analytic research.

Collectively, this research shows how socially prescribed perfectionism contributes distinctly when considered alongside other perfectionism dimensions, and how it goes beyond the broad factors comprising the five-factor model in predicting emotional distress, physical health tendencies, and actual test performance. Some additional studies that further attest to this dimension's uniqueness are outlined below.

There is ample evidence that socially prescribed perfectionism is not subsumed by other perfectionism facets. For instance, Prud'homme et al. (2017) pitted the perfectionism factors from various models against each other, and they showed in longitudinal research conducted over three years that socially prescribed perfectionism was a unique predictor of avoidant coping. This important link emerged even though socially prescribed perfectionism was considered along with other facets of evaluative concerns perfectionism (e.g., self-criticism and concern over mistakes) that are robustly correlated with it. More recent meta-analytic evidence based on data from 67 longitudinal studies indicates that socially prescribed perfectionism is distinct from other evaluative concerns dimensions (e.g., discrepancy, self-criticism) because it is less likely to have a reciprocal association with depression (see Smith et al., 2021).

Strong evidence of the uniqueness of socially prescribed perfectionism comes from research on personality disorders and dysfunction. The argument has been advanced that socially prescribed perfectionism represents a distinct form of personality dysfunction (see Ayearst, Flett, & Hewitt, 2012). Sherry, Hewitt, Flett, Lee-Bagley, and Hall (2007)

Table 1

The uniqueness and predictive utility (incremental validity) of socially prescribed perfectionism

Author(s)	Sample	Results
Besser, Flett, Guez, and Hewitt (2008)	314 university students	Experiment shows that students high in socially prescribed perfectionism induced into a negative mood state have better recognition memory for negative and perfectionistic information. This is not found with self-oriented or other-oriented perfectionism.
Chang, Ivezaj, Downey, Kashima, and Morady (2008)	248 women college students	Socially prescribed perfectionism is only dimension to predict fewer positive health behaviors and more physical health symptoms. Study included EDI, Frost MPS, and Hewitt-Flett MPS dimensions
Chang and Rand (2000)	215 college students	Stress and perfectionism predicted unique variance in distress symptoms and hopelessness measured one month later, but only socially prescribed perfectionism interacted with stress to predict distress and hopelessness
Diaz (2018)	258 collegiate level musicians	Socially prescribed perfectionism uniquely predicts performance anxiety along with mindfulness and self-oriented perfectionism
Flett, Blankstein, and Hewitt (2009)	92 women university students	Socially prescribed perfectionism but not other-oriented or self-oriented perfectionism predicts poorer performance on an actual classroom test
Hewitt et al. (2020)	61 close other informants of patients undergoing group treatment for perfectionism	Treatment yields decreases, based on informant ratings, on two trait perfectionism dimensions and three perfectionistic self-presentation facets, but no improvement in socially prescribed perfectionism
Limburg et al. (2017)	57,200 participants from 284 studies in a meta-analysis of perfectionism and psychopathology	Moderator analysis of meta-analytic data from clinical participants shows that socially prescribed perfectionism but not other evaluative concerns perfectionism dimensions is associated with significantly stronger effects
Martin et al. (1996)	179 university students	Self-efficacy and socially prescribed perfectionism interacted to predict unique variance in depression and physical symptom report
Molnar et al. (2012)	489 women with fibromyalgia	Socially prescribed perfectionism and self-oriented perfectionism predicted poorer health functioning after controlling for conscientiousness, extraversion, and neuroticism
O'Connor and O'Connor (2003)	213 undergraduate students	Socially prescribed perfectionism was an independent predictor of hopelessness measured five weeks later, and its predictive power was magnified by

(continued on next page)

Table 1 (continued)

Author(s)	Sample	Results
Richardson and Gradsar (2020)	281 adolescents from Australia	elevated levels of avoidance coping Among female adolescents, socially prescribed perfectionism predicted insomnia beyond vulnerability to stress, age, depression diagnosis, and anxiety diagnosis
Sherry, Stoeber, and Ramasubbu (2016)	524 undergraduate students	Socially prescribed perfectionism and concern over mistakes predicted unique variance in interpersonal conflict when considered simultaneously along with doubts about action and self-criticism
Smith et al. (2019)	77 studies; meta-analysis	Socially prescribed perfectionism displayed a significantly weaker association with neuroticism than concern over mistakes, doubts about action, and discrepancy
Smith et al. (2018)	45 studies; meta-analysis of results	Among Frost MPS and Hewitt-Flett MPS dimensions, socially prescribed perfectionism is one dimension to predict longitudinal increases in suicide ideation
Smith, Vidovic, et al. (2017)	2,089 participants from 20 samples and 15 studies with 11,747 participants	Meta-analysis results showing that socially prescribed perfectionism predicts suicide ideation beyond hopelessness
Sorkkila and Aunola (2020)	1,725 parents from Finland	Socially prescribed perfectionism outperformed other significant predictors (unemployment, poor financial situation, and having a child with special needs) as a predictor of parental burnout
Sorkkila and Aunola (2021)	1,105 parents from Finland	Pandemic follow-up study identified three profiles (resilient, perfectionistic, and burned out) and confirmed that socially prescribed perfectionism uniquely predicted parental burnout
Stoeber, Haskew, and Scott (2015)	100 university students	Socially prescribed perfectionism uniquely predicted poorer mock exam performance when considered along with self-oriented perfectionism, and indices of task approach, avoidance, and performance goals

found in one sample that socially prescribed perfectionism predicted significant unique variance in all personality disorder clusters when considered along with self-oriented perfectionism, other-oriented perfectionism, and perfectionistic self-presentation. More recent research established in two samples of community adults that socially prescribed perfectionism is associated with personality disorder symptoms; however, the associations found in this research were stronger for other perfectionism dimensions (i.e., concern over mistakes and doubts about actions) (see Stricker, Flett, Hewitt, & Pietrowsky, 2022). Earlier research found that socially prescribed perfectionism is associated with borderline personality organization both concurrently and longitudinally, and the longitudinal association remained after controlling for depressive symptoms and suicidal ideation. Moreover, it seems that this association with borderline personality organization is underscored by a lack of self-concept clarity and interpersonal problems (Chen, Hewitt,

Flett, & Roxborough, 2019).

The 17 studies listed in Table 1 represent just a subset of the many studies that highlight the unique predictive utility and significance of socially prescribed perfectionism. Several other studies merited inclusion. For instance, one line of investigation indicates that socially prescribed perfectionism uniquely predicts chronic bipolar symptoms of depression once other trait perfectionism dimensions and depression indices are taken into account (see Corry et al., 2017; Hewitt, Flett, Ediger, Norton, & Flynn, 1998). These data point to the need to include socially prescribed perfectionism in personality-based models of persistent depressions.

Analyses of how socially prescribed perfectionism relates to the broad traits of the five-factor model tend to focus on its link with neuroticism. The recent meta-analysis by Smith et al. (2019) examined data from 47 studies with over 13,000 participants. They found a mean correlation of .32 between neuroticism and socially prescribed perfectionism. Socially prescribed perfectionism also had a mean correlation of -.25 with agreeableness. Correlations with the other broad trait dimensions were relatively negligible. Smith et al. (2019) also documented how socially prescribed perfectionism is distinguishable from other maladaptive perfectionism dimensions. They reported that, relative to facets of evaluative concerns perfectionism (i.e., concern over mistakes and discrepancy), socially prescribed perfectionism had a lower association with neuroticism. That is, socially prescribed perfectionism has less overlap with negative mood and “If distinguishing between perfectionism and neuroticism is important, then researchers may profit from using socially prescribed perfectionism” (p. 386). This observation has profound implications for our current contention that socially prescribed perfectionism has public health significance because it is important to demonstrate that socially prescribed perfectionism is not redundant with neuroticism, given the public health significance ascribed to neuroticism (see Lahey, 2009).

Another study quantified the degree of overlap between the five-factor model and trait MPS dimensions. Using regression analysis, De Cuyper, Claes, Hermans, Pieters, and Smits (2014) found that, when considered collectively, extraversion, conscientiousness, openness, agreeableness, and neuroticism accounted for 23% of self-oriented perfectionism, 11% of other-oriented perfectionism, and only 4% of socially prescribed perfectionism. This suggests socially prescribed perfectionism, in particular, is substantially unique and can be a key supplement to broad five-factor personality frameworks.

These findings are in keeping with a growing wealth of additional evidence indicating that socially prescribed perfectionism predicts significant and substantial unique variance in key outcomes beyond the variance attributed to related personality trait dimensions including neuroticism (see Molnar, Flett, Sadava, & Colautti, 2012; Newby et al., 2017; Sherry et al., 2007). For instance, Sherry and Hall (2009) documented in daily diary research how socially prescribed perfectionism predicted binge-eating and factors triggering binge-eating (e.g., dietary restraint) after controlling for neuroticism. As for achievement-related tendencies, Closson and Boutilier (2017) found in a sample of almost 500 university students that socially prescribed perfectionism was associated negatively with academic engagement; moreover, it predicted unique variance in levels of academic engagement beyond the variance attributable to levels of neuroticism and conscientiousness. Thus, it should be clear that socially prescribed perfectionism cannot be dismissed as just another form of neuroticism.

Similarly, when considered along with other perfectionism trait dimensions in individual studies in a meta-analysis, socially prescribed perfectionism continues to play a distinct role. For instance, Smith, Sherry, Chen et al. (2018) established that while various perfectionism dimensions were associated with suicide ideation, socially prescribed perfectionism was unique and was clearly distinguished in that it predicted longitudinal increases in suicide ideation. That is, socially prescribed perfectionism was differentiated from other elements of evaluative concerns perfectionism (i.e., concern over mistakes and

doubts about actions).

Finally, [Molnar, Flett, & Hewitt, 2021](#) found that socially prescribed perfectionism, but not self-oriented or other-oriented perfectionism, predicted trauma symptoms in a community sample of adults with a history of having experienced at least one traumatic event. Higher symptom levels were reported by participants who were characterized jointly by socially prescribed perfectionism and low perceived personal control. This study points to diminished personal control as a key moderator of the link between perfectionism and trauma.

4. Costs and consequences of socially prescribed perfectionism

We now more extensively consider additional evidence indicating that socially prescribed perfectionism is also highly consequential. Given that socially prescribed perfectionism is associated consistently with identity issues, a negative self-view and a failure to satisfy core psychological needs, it would be quite shocking if this personality trait dimension were not associated with numerous consequences. Indeed, several costs and consequences have already been mentioned above. Additional evidence is briefly summarized below in support of our overarching conclusion that socially prescribed perfectionism poses a significant public health problem with impacts that extend to physical health and mental health and social functioning.

[Ozer and Benet-Martinez \(2006\)](#) provided a useful framework for examining the link between individual difference factors and consequential outcomes in their analysis of how “personality matters.” They described a framework of consequential outcomes at three different levels: (a) the individual; (b) interpersonal relationships; and (c) societal/institutional. Personality outcomes of significance at the individual level include physical and psychological health. The relationships level reflects outcomes that include family and peers, and dating and marital relationships. Finally, at the societal/institutional level, the emphasis is on outcomes that reflect proactive and prosocial community involvement versus an antisocial orientation with broad destructive impacts. This level can also include outcomes relevant to institutions, such as job and organizational settings.

When it comes to socially prescribed perfectionism, most key outcomes identified thus far have focused on the individual level and the relationship level. There have been fewer tests of societal consequences, but destructiveness is evident here as well.

4.1. Individual outcomes

The impact of socially prescribed perfectionism at the individual level is beyond question. As noted earlier, meta-analyses have confirmed links between socially prescribed perfectionism and outcomes such as suicide ideation, burnout, and health problems. Individual studies have linked elevated socially prescribed perfectionism with various clinically diagnosed conditions including various affective disorders (e.g., [Antony et al., 1998](#); [Fuhr, Hautzinger, & Meyer, 2014](#); [Hewitt & Flett, 1991a](#)), eating disorders (e.g., [Cockell et al., 2002](#)), and personality disorders such as narcissistic personality disorder ([Fjermestad-Noll, Ronningstam, Bach, Rosenbaum, & Simonsen, 2020](#); [McCown and Carlson, 2004](#)) and borderline personality disorder ([Hewitt et al., 1994](#)). Socially prescribed perfectionism has also been linked positively with comorbidity: the number of co-morbid clinical diagnoses (see [Bieling, Summerfeldt, Israeli, & Antony, 2004](#); [Van Yperen, Verbraak, & Spoor, 2011](#)) and the joint presence of alcoholism and serious suicide attempts ([Hewitt, Norton, Flett, Callander, & Cowan, 1998](#)). Some individual studies relevant to clinical dysfunction and physical health conditions are particularly illustrative. Examples are now provided below.

For instance, [Boergers, Spirito, and Donaldson \(1998\)](#) reported a detailed study of the motives of 120 adolescents who had attempted suicide; 56% said their attempt was motivated by a wish to die. Comparisons showed that socially prescribed perfectionism was substantially elevated among those with a stated wish to die. Moreover, when several

factors were compared, the two factors that predicted this wish to die were socially prescribed perfectionism and depression. Hopelessness is typically a robust predictor but it did not predict uniquely beyond depression and socially prescribed perfectionism.

[O'Connor, Rasmussen, and Hawton \(2010\)](#) followed 500 adolescents for six months and recorded the acute life stressors (e.g., bullying, sexual abuse) experienced over this period. They were also evaluated on socially prescribed perfectionism. Participants with higher stress reported more self-harm during the six months, but there was an interaction between stress and socially prescribed perfectionism. Further inspection led the investigators to sagely suggest that socially prescribed perfectionism acted in a way that resulted in a “stress-threshold lowering effect” such that among those high on socially prescribed perfectionism, a lower level of stress was associated with self-harm. At one level, this is a very troubling finding because it is likely that people with elevated socially prescribed perfectionism will almost certainly be under chronic stress that comes in many forms.

A revealing study by [Mushquash and Sherry \(2012\)](#) showed the merits of examining socially prescribed perfectionism from a daily perspective. This seven-day daily diary study yielded a pattern of findings through multi-level structural equation modeling suggesting that socially prescribed perfectionists are eager to gain approval and meet prescribed expectations yet engage in self-defeating behavior. Specifically, they concluded that socially prescribed perfectionists “... think, feel, and behave in ways that undermine their well-being” (p. 707).

More recent research by [Daryl O'Connor and associates \(2021\)](#) examined the daily cortisol awakening response across a seven-day period in a sample of people vulnerable to suicide. This study replicated earlier results by establishing that higher levels of socially prescribed perfectionism were evident in the group of people vulnerable to suicide relative to the control group participants. Analyses of cortisol samples uniquely established that a reduced cortisol awakening response was associated with socially prescribed perfectionism, worry, impulsivity, and reduced levels of resilience. [O'Connor et al. \(2021\)](#) concluded that these factors are associated not only with greater psychological risk for suicide, but also with biological risk due to dysregulated hypothalamic-pituitary-adrenal (HPA) axis activity.

A longitudinal study by [Bardone-Cone et al. \(2012\)](#) evaluated whether trait perfectionism interacts with various types of stress to influence eating and drinking behavior in a large sample of women university students. Participants completed the [Hewitt and Flett \(1991b\)](#) MPS at Time 1 and then provided weekly reports of stress for 11 weeks. They also completed a Time 2 measure of overeating and overdrinking when experiencing negative affect. The pattern of results indicated that self-oriented perfectionism was not predictive; however, socially prescribed perfectionism interacted with stress to predict both overeating and overdrinking in response to negative affect. All three types of stress (academic, interpersonal, and weight/body shape-related) interacted with socially prescribed perfectionism to predict drinking; specifically, women who reported higher levels of stress had more difficulty controlling drinking while experiencing negative affect if they were also characterized by elevated socially prescribed perfectionism. These data suggest socially prescribed perfectionism is linked with drinking motivated by the need to cope.

Programmatic research is now beginning to more fully document the health consequences of socially prescribed perfectionism. Research suggests socially prescribed perfectionism is associated not only with reports of poorer health ([Molnar, Sirois, Flett, Janssen, & Hewitt, 2018](#)), but also elevated systolic blood pressure following failure experiences ([Besser, Flett, Hewitt, & Guez, 2008](#)) and with poorer health-related quality of life and reduced health-promoting behaviors ([Harrison & Craddock, 2016](#)). The association with deficits in health-promoting behaviors was also found recently among adolescents high in both socially prescribed perfectionism and self-oriented perfectionism when assessed during the initial phase of the COVID-19 pandemic (see [Blackburn et al., 2022](#)). [Harrison and Craddock \(2016\)](#) also demonstrated that health-

promoting behaviors mediated the link between socially prescribed perfectionism and poor physical health-related quality of life in a sample of 263 university students.

Randall et al. (2018) found in dyads composed of adolescents with chronic pain and their parents that socially prescribed perfectionism in the adolescent and in her or his parent was associated with pain-related distress and dysfunction, including reports of longer pain duration. Analyses of trait perfectionism dimensions among parents showed that these associations were evident for their socially prescribed perfectionism but not self-oriented or other-oriented perfectionism. Research on various types of chronic illness has shown that socially prescribed perfectionism is associated with emotion-focused coping and greater sickness impact in ways that set the stage for additional stress, distress, and poor functioning (see Flett, Baricza, Gupta, Hewitt, & Endler, 2011; Molnar et al., 2012; Shanmugasegaram et al., 2014).

Person-centered analyses of people with a chronic illness have identified one group of people who are high in all trait perfectionism dimensions (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) and another group of people high in only socially prescribed perfectionism (see Molnar, Sirois, Flett, & Sadava, 2020). Both groups are characterized by elevated stress, distress, and health symptoms when compared to other groups of participants, including a group of people with high self-oriented perfectionism but low socially prescribed perfectionism.

The most convincing evidence that links perfectionism and health problems is from a seven-year longitudinal study conducted in Canada which showed that trait perfectionism predicted all-cause early mortality in a sample of older adults, even after controlling for well-known predictors of health problems such as pessimism, neuroticism, and low conscientiousness (Fry & Debats, 2009). Tracking showed that 138 participants died and 312 survived over the course of this research investigation. Socially prescribed, other-oriented, and self-oriented perfectionism were all unique significant predictors. This association between socially prescribed perfectionism and early mortality is in keeping with compelling findings from the famous Nun Study, which showed longitudinally that a lack of autonomy and a sense of being pressured to meet expectations are linked with earlier death (see Weinstein, Legate, Ryan, & Hemmy, 2019).

These health-damaging tendencies and associations are evident when examined in the work context. For instance, Gillet et al. (2017) examined workaholism profiles in two samples of workers from France. Their multivariate person-centered analyses identified a group of participants with very high levels of workaholism that entailed working in compulsive and excessive ways. An increased likelihood of being a member of the very high workaholism group was associated with high levels of socially prescribed perfectionism, but not with self-oriented perfectionism. This workaholism profile was also associated with greater thwarting of core psychological needs and a host of outcomes that paint an exceptionally bleak picture for people with this profile (i.e., work-family conflict, stress, emotional exhaustion, reduced job satisfaction, life satisfaction, and perceived health).

4.2. Relationship outcomes

There are several reasons why socially prescribed perfectionism should have a fundamental role in interpersonal relationships. It is now well-established that interpersonal perfectionism, especially socially prescribed perfectionism, is associated with subjective and objective assessments of social disconnection (e.g., Roxborough et al., 2012). In addition, socially prescribed perfectionism should be linked with poor emotional regulation and emotional intelligence within the context of relationship challenges. Finally, it is worth underscoring that socially prescribed perfectionism can exert its destructive influence when it is elevated in one or both of the partners.

Several studies have linked socially prescribed perfectionism with poor relationship functioning (e.g., Haring, Hewitt, & Flett, 2003).

Clearly, the ultimate study still remains to be done – that is, we need research that links socially prescribed perfectionism with relationship dissolution. However, links have been established with relationship dissatisfaction and difficulties. For instance, in a study of 83 patients with chronic pain and their spouses, Hewitt, Flett, and Mikail (1995) showed that socially prescribed perfectionism among pain patients was associated with their reports of lower levels of dyadic adjustment and family adjustment. Another investigation linked socially prescribed perfectionism with poorer sexual functioning that was due, in part, to poorer dyadic communication (Kluck, Zhuzha, & Hughes, 2016). A more recent study examining trait perfectionism and multiple domains of flourishing found that socially prescribed perfectionism was associated with low flourishing across all domains, but the strongest negative association was with relationships (see Birch, Riby, & McGann, 2019).

These difficulties extend to problematic interactions. Habke and Flynn (2002) described an investigation of the actual behavior of partners while discussing problems in their relationship. Analyses of videotaped interactions showed it was husbands' perfectionism scores that predicted their actions and their partners; perceptions of socially prescribed expectations from wives predicted the proportion of negative behaviors expressed by husbands and wives.

Mackinnon, Kehayes, Leonard, Fraser, and Stewart (2017) examined socially prescribed perfectionism with a brief partner-specific measure as part of a broad investigation of partner-specific evaluative concerns perfectionism, social negativity, and well-being in 203 romantic dyads. The study was a four-wave four-week longitudinal investigation. Correlational results were reported separately for socially prescribed perfectionism, but most results included socially prescribed perfectionism as part of the broader evaluative concerns construct. Partner-specific socially prescribed perfectionism was associated with reports of social conflict and rejecting behaviors, as well as negative affect, both in terms of between-persons correlations and within-person correlations. More recent work also suggests a link between partner-prescribed perfectionism and increased likelihood of not having a partner (Vacca, Terrasi, Esposito, & Lombardo, 2020).

Most recently, Lafontaine et al. (2021) studied 564 university students in romantic relationships. The use of relationship-specific measures linked socially prescribed perfectionism with attachment insecurity and intimate partner violence victimization. That is, the association between avoidant and anxious attachment and violence victimization was mediated by socially prescribed romantic perfectionism. This pattern applied to both physical and psychological violence victimization.

The relevance of socially prescribed perfectionism to life roles involving other people was illustrated in an investigation that focused on perfectionism in parents (see Trub, Powell, Biscardi, & Rosenthal, 2018). This research with 382 married or co-habiting adults contrasted adults with or without children. A partner-specific version of the Hewitt-Flett MPS was administered along with a relationship satisfaction measure. The main finding that emerged was that raising children was associated negatively with relationship satisfaction, and it moderated the link between partner-prescribed perfectionism and relationship satisfaction. That is, Trub et al. (2018) found the negative link between partner-prescribed perfectionism and relationship satisfaction was much stronger among those adults who were parents and raising a child.

While our focus here is primarily on romantic relationships, socially prescribed perfectionism should operate more generally and have a pervasive negative influence on a wide range of relationships. This should include peer relationships and even the relationship that the clinician has with her or his patient. Some data attest to socially prescribed perfectionism, but not self-oriented perfectionism, being linked with low friendship intimacy based on life narratives (see Mackinnon, Sherry, Pratt, & Smith, 2014). Mounting evidence attests to the negative impact of socially prescribed perfectionism on the therapeutic relationship, the therapist-client alliance, and associated clinical outcomes (see Cheek et al., 2018; Hewitt et al., 2017; Hewitt et al., 2020).

Importantly, perfectionism also seems to interfere with the process of seeking, initiating, maintaining, and benefitting from treatment. For example, socially prescribed perfectionism is associated with negative attitudes toward seeking help with professionals, fears of psychotherapy and therapists, increased anxiety in initial clinical interviews and with reduced benefit in both individual and group therapy (Hewitt et al., 2008; Hewitt et al., 2020; Hewitt et al., 2020). Moreover, in a new paper (Hewitt, Chen, et al., 2020), it was shown that clinicians tend to have more negative judgements and impressions of perfectionistic patients suggesting that the therapeutic alliance (a vital predictor of good therapy outcome; see Lambert & Barley, 2001 for review) might be compromised by the perfectionistic behavior of patients, thus influencing less than optimum outcomes. In addition, elevated socially prescribed perfectionism appears to negatively influence psychotherapy effectiveness by muting the reduction of symptoms (Hewitt, Smith, et al., 2020). Accordingly, perfectionism not only has direct effects in its associations with psychological, physical, relationship and achievement problems, it also has a powerful indirect effect by influencing whether the perfectionistic person seeks out or actually benefits from treatment.

4.3. Societal/institutional outcomes

At the societal level, there is considerably less research on the impact of perfectionism in general, let alone socially prescribed perfectionism. However, in keeping with the central theme of our review, we maintain that much suffering in the world can be traced back to people who have developed an obsession with living up to prescribed lofty expectations that verge on becoming generalized in a broader *societally prescribed perfectionism*.

Socially prescribed perfectionism clearly plays a role at the societal level in terms of cultural pressures and demands that promote the pursuit of lofty and unattainable perfectionistic ideals that project the message that people who fall short will suffer the consequences, such as rejection and social disapproval. These pressures are most evident in the domain of physical appearance; young children learn at an early age that thinness is desired, and explicit and implicit images convey their lives would be better if only they can develop the perfect body and have a perfect appearance. The potential destructiveness of prescribed pressures to look perfect was shown in a recent experiment. Pink et al. (2021) described findings indicating that emerging adults exposed to negative comments about their body shape and size after social comparison had been made salient tend to report higher levels of feeling fat if they had elevated levels of socially prescribed perfectionism.

There are strong reasons to suspect that the destructiveness of excessive exposure to social media is amplified among people who are already suffering because they must live up to expectations to be perfect. It has become far too easy to negatively compare oneself with people who seemingly live perfect lives. Excessive social media use by people high in socially prescribed perfectionism can only serve to heighten their defensiveness, self-consciousness, and feelings of inferiority and inadequacy.

Ozer and Benet-Martinez (2006) couched consequential outcomes at the societal level in terms of antisocial acts and tendencies that go against what is socially acceptable or desirable. How can this apply to perfectionism? Flett, Hewitt, and Sherry (2016) proposed a deep, dark side to interpersonal perfectionism. They observed that malevolence directed toward other people and society in general can be fuelled by the anger and resentment that builds in someone who believes that impossible expectations and demands are arbitrary and unfair. Research on “dark perfectionism” has established links between socially prescribed perfectionism and both Machiavellianism (see Nathanson, Paulhus, & Williams, 2006; Sherry, Hewitt, Besser, Flett, & Klein, 2006) and having substantial dispositional contempt for other people (Schriber, Chung, Sorensen, & Robins, 2017). Stoeber, Noland, Mawenu, Henderson, and Kent (2017) found that socially prescribed perfectionism was associated with spitefulness, anger, hostility, and aggressive feelings when

frustrated or provoked. It is easy to envision the havoc wreaked by those impulsive socially prescribed perfectionists who are easily provoked and who have opportunities to be punitive.

Research on adolescents has identified a group of young people with high socially prescribed perfectionism who report a proclivity toward anger and physical aggression (Vicent, Ingles, Sanmartin, Gonzalez, & Garcia-Fernandez, 2017). Vaillancourt and Haltigan (2018) examined developmental trajectories and identified a group of adolescents characterized by substantially elevated levels of depression and socially prescribed perfectionism, and these adolescents reported a tendency to engage in relational aggression. A follow-up investigation by Farrell and Vaillancourt (2019) established links between socially prescribed perfectionism in adolescents with narcissism, peer victimization, and perpetration of bullying behavior.

Other recent evidence comes from a different source – research on perfectionism and sports. Members of sports teams completed measures of perfectionism, angry reactions to teammates, and antisocial sports behavior (see Grugan, Jowett, Mallinson-Howard, & Hall, 2020). Socially prescribed perfectionism was linked with both indices, leading the authors to conclude there may indeed be a dark side to perfectionism in sports. This dark side may extend to athletes trying to live up to extreme expectations by resorting to the use of banned substances. Indeed, some data indicate more positive attitudes towards doping among junior athletes under parental pressure to be perfect (see Madigan, Stoeber, & Passfield, 2016).

In summary, evidence continues to accumulate to support the view that socially prescribed perfectionism is associated with consequential outcomes that impact individuals, relationships, and society. That is, socially prescribed perfectionism matters and in ways that relate to mortality and central elements of life.

Given that socially prescribed perfectionism is unique and predicts a wide range of key outcomes that impact people and society in general, it seems imperative to more fully understand this construct. Accordingly, we provide below a new extended conceptualization of socially prescribed perfectionism that expands the nomological network of this construct and suggests mechanisms that help account for when the impact of socially prescribed perfectionism is exacerbated. These additional components also point to some themes that can be addressed by clinicians and counselors seeking to lessen the destructiveness of socially prescribed perfectionism.

5. Extending the scope and expanding the conceptualization of socially prescribed perfectionism as a personality construct

This segment of our article focuses on key conceptual elements of this perfectionism dimension introduced here that represent new perspectives on socially prescribed perfectionism. These new components can provide a framework for future inquiry in empirical research, but also represent potential themes to target in treatment interventions. It is also important to flesh out the socially prescribed perfectionism construct to further underscore that it is distinctive and not interchangeable with other dimensions (e.g., concern over mistakes, doubts about actions) that broadly reflect a form of evaluative concerns perfectionism.

Our extended conceptualization is informed by existing perfectionism research and more general research on self-evaluation, self-regulation, and standards. It is also informed by published case accounts and autobiographical life narratives of well-known perfectionists under extreme external pressures to be perfect.

In Table 2, we formally introduce unique elements associated with socially prescribed perfectionism; we maintain that these are central aspects of the nomological network surrounding this dimension that help account for the heterogeneity among people who all have high socially prescribed perfectionism in common but who vary in terms of its destructiveness. These elements are intended to be measurable and represent key ways of further extending the volume of research on socially prescribed perfectionism. Moreover, these elements are designed

Table 2
Proposed elements that influence the impact and destructiveness of socially prescribed perfectionism

Elements of Socially Prescribed Perfectionism	Description
1. Importance of living up to prescribed expectations	<ul style="list-style-type: none"> • Extent to which perceived expectations of others are valued and important to the individual • Reflects the salience and centrality of the prescribed expectations to the self and identity • Higher when perceived stakes of not living up to extreme expectations are greater
2. An externalized view of the self	<ul style="list-style-type: none"> • Degree of judging the self as a function of how he or she is viewed by others • Based on the externalized self-perception subscale of Jack's (1992) Silencing The Self Scale • Linked with public self-consciousness, validation seeking, and reactivity and sensitivity to negative social feedback that fuels self-esteem lability
3. Perceived discrepancy between perceived social demands to be perfect and the current self	<ul style="list-style-type: none"> • Degree of the gulf between perceived expectations from others and current self; also public visibility and cognitive preoccupation with discrepancy • Discrepancy mediates the link between prescribed perfectionism and depression but also physical health and other mental health indices
4. Capability (perceived and actual) of living up to prescribed demands to be perfect	<ul style="list-style-type: none"> • Type of self-efficacy reflecting the extent to which an individual feels capable of living up to perceived expectations from others • Perceived capability may be undermined by those who are particularly critical or harsh toward the individual, possibly leading to helplessness
5. Cognitive appraisals of success versus failure in meeting prescribed expectations and standards	<ul style="list-style-type: none"> • Perceived current and future success vs. failure in meeting perfectionistic expectations from others • Includes attributions for success versus failure in living up to expectations. Imposter feelings fuelled when success is attributed to external factors • Includes personal appraisals and reflected appraisals of success versus failure
6. Perceived fairness of prescribed expectations and standards	<ul style="list-style-type: none"> • Extent to which prescribed expectations are perceived as fair, a burden, escapable, etc. • Difficulties with interpersonal relationship when expectations are seen as unfair and unavoidable • Cognitive appraisals of perceived unfairness mediate the link between prescribed perfectionism and emotional experiences and forms of distress
7. Fear of not living up to prescribed standards	<ul style="list-style-type: none"> • Anxious arousal, tension, and ruminative worry about future shortfalls • Can become a unique anxiety sensitivity

to go beyond description to instead help predict and explain when socially prescribed perfectionism is more or less deleterious. Our approach reflects our contention that socially prescribed perfectionism becomes particularly maladaptive because the elements outlined below increase the felt sense of pressure to be perfect and decrease the sense that this pressure can be escaped and avoided. If, for instance, socially prescribed perfectionism has a “stress-threshold lowering effect” (see [O'Connor et al., 2010](#)), the stress threshold should be even lower as a function of these elements.

The components listed in [Table 2](#) are seen as contributors to distress and dysfunction, but a key caveat is that an elevated socially prescribed perfectionism is still deleterious, in and of itself. The person with an extreme level of socially prescribed perfectionism will likely be characterized by the helplessness, hopelessness, and demoralization inherent in feeling that it is impossible to live up to extreme expectations and standards imposed externally on the self. Extreme socially prescribed perfectionism should also come accompanied by a sense of being burdened by pressure.

The components identified here should prove useful in examining how socially prescribed perfectionism is both similar to, and distinguishable from, other perfectionism dimensions. For instance, several components can be evaluated in terms of the contribution to whether someone exposed to social demands to be perfect will eventually internalize these pressures into self-oriented perfectionism and their self-system.

The proposed components in [Table 2](#) are specific to socially prescribed perfectionism, and, as such, they will help to further distinguish socially prescribed perfectionism from not only self-oriented and other-oriented perfectionism, but also other maladaptive perfectionism dimensions. These elements help determine the extent that socially prescribed perfectionism is destructive and contribute to the individual differences among people who share a high level of socially prescribed perfectionism. Two components (i.e., externalized view of self and discrepancy) have received considerable research support thus far.

Most of these factors involve aspects of the self and personal identity. The elements in [Table 2](#) should influence an individual's experience and expression of perfectionism.

5.1. Perceived importance of meeting prescribed standards

The first element is the importance of living up to prescribed expectations. This factor harkens back to initial evidence presented in [Hewitt and Flett \(1991b\)](#) indicating people with higher socially prescribed perfectionism gave comparatively higher importance ratings when they estimated how important it was to them to meet the ideal standards prescribed by others. Clear and meaningful individual differences in importance ratings were obtained; thus, people can be assessed in terms of their level of socially prescribed perfectionism but also in terms of the importance attached to living up to prescribed standards. These differences take on added significance given the emphasis [Albert Ellis \(2002\)](#) placed on the irrational importance of being perfect as the key element in destructive perfectionism.

This component is very much in keeping with [Rosenberg's \(1979\)](#) emphasis on interpersonal valuation (i.e., the perceived significance of other people's evaluations of us) as a determinant of self-esteem. Clearly, people differ in how much they are impacted by social feedback and external views of themselves. The pressure of socially prescribed perfectionism should be greater among those individuals who attach importance to meeting demands and goals imposed on them by others or by society as a whole. [Harter and Whitesell \(2001\)](#) have shown similarly that self-esteem domains imbued with more personal importance more strongly impact well-being.

What factors contribute to the perceived importance of meeting external demands to be perfect? Importance ratings likely reflect the lack of a positive identity and being excessively dependent on others for identity definition. Importance will also reflect the centrality of prescribed standards in someone's life and their salience, and whether socially prescribed perfectionism has become ego-involved and a core meta-trait for certain individuals (for a discussion of meta-traits, see [Baumeister & Tice, 1988](#)). Perceived importance should also be higher when the perceived stakes are also higher in terms of the anticipated or actual consequences for not living up to extreme ideals imposed on the self. This would be the case, for instance, for students from families in which their parents not only expect but also demand them to be perfect and require them to have a successful professional career in order to

enhance the perceived societal status of the family. Importance should also be higher among people who engage in public forms of work and their performances that can be scrutinized for errors and both judged and criticized by other people.

As the personal level of importance to meet expectations increases, there should be a greater intensity to the behavior and emotions that emerge when these expectations are either met or are not met. Some indirect support for this contention comes from Hewitt, Mittelstaedt, and Flett (1990). This study showed that people who had elevated scores on the Burns Perfectionism Scale (Burns, 1983) and who also gave higher ratings of the importance of their performance across 14 performance areas (e.g., academic activities, physical activities, relationships) also had substantially elevated depression.

Research is needed to identify what factors make it so urgently essential for some people to live up to the prescribed standards of other people. Unfortunately, this has yet to become a central research focus. Much can be learned here by considering at length those people who resist such imposed pressures; these people develop an unwillingness to be influenced or unduly impacted by unrealistic demands placed on them. These people can be differentiated from others who persist in striving to meet the external goals imposed on them by others (see Pliner & Haddock, 1996), even when it is causing them great distress.

5.2. Externalized self-view and self-definition

The second element in Table 2 is the degree to which people have an externalized view of the self. That is, do people actually see and judge themselves based on how they are viewed or treated by other people? Unfortunately, some people allow themselves to be defined almost entirely by other people's expectations. This should be more common among people with identity diffusion. In addition to low self-esteem, this externalized self-view should result in substantial lability of levels of self-esteem and fluctuations in emotions in response to external cues and feedback. This responsiveness or sensitivity to external cues in all likelihood extends to having a heightened social comparison orientation fuelled by feelings of self-uncertainty.

This tendency to have an externalized self-view is a measurable individual difference factor that is central to Jack's (1992) "silencing the self" construct. An externalized view of the self as a facet of silencing the self is assessed with items such as "I tend to judge myself by how I think other people see me" and "When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions." This orientation likely reflects high levels of public self-consciousness and attentiveness to any cues signalling social judgment, heightened interpersonal sensitivity, and difficulties in adaptively disengaging from social judgments that are not favorable to the self. This externalized view of self could conceivably have different connotations for people high in socially prescribed perfectionism as a function of whether they have an individualistic versus collectivistic context.

This element is timely in light of the presumed impact that exposure to social media has on people's lives at present. Someone with an externalized view of the self will be highly susceptible to external messages that emanate online. It is quite conceivable that this element may be playing a central role in fuelling temporal increases in socially prescribed perfectionism (for a related analysis, see Curran & Hill, 2019).

How do externally-oriented perfectionists develop an externalized self-view? A clear account of this process was outlined in Hewitt et al. (2017). We considered the internal and external dynamics of socially prescribed perfectionism by building on research linking attachment insecurity with various components of perfectionism and positing that inconsistent parental responses to a child's needs create an asynchrony and insecurity. That is:

The child comes to understand that to experience safety and security in the world, he or she must look externally for "how to be" in the

world and must be explicitly aware of others' expectations, judgments, concerns, affective tones, and personal admonishments. (p. 124)

This orientation fosters "... a hypersensitivity to the external interpersonal world" (p. 124) and a tendency to turn to others for validation. Research has confirmed this sensitivity to social feedback (Nepon, Flett, Hewitt, & Molnar, 2011) and has suggested that people high in socially prescribed perfectionism tend to respond negatively to feedback from others even when it is intended as constructive feedback (Tortoriello & Hart, 2019). One implication is that the sense of having a defective self that is linked with socially prescribed perfectionism (see Ko, Hewitt, Cox, Flett, & Chen, 2019) may include the feeling that the defective self is visible, on display, and quite public.

This emphasis on an externalized view of the self has several possible implications. One key implication is that an externalized self-view will increase the impact and the perceived relevance of perceptions of how other people view the self (i.e., reflected appraisals). The issue of how other people see the self is revisited in the discussion below of cognitive appraisals of success versus failure.

Initial research has shown there is a significant positive association between socially prescribed perfectionism and an externalized self-view, as well as overall levels of self-silencing (see Besser, Flett, & Hewitt, 2010; Flett, Besser, Hewitt, & Davis, 2007; Nepon et al., 2016; Thompson & Bendell, 2014). Moreover, Besser et al. (2010) described a significant interaction effect showing that elevated depression scores were reported by participants characterized jointly by high socially prescribed perfectionism and an externalized self-perception. This self-silencing facet is clearly relevant in terms of helping to distinguish those people impacted at a self-concept level by social feedback and social expectations versus those individuals who withstand social judgements.

5.3. Socially prescribed discrepancy

The third element is the degree of discrepancy that an individual perceives between perceived social demands to be perfect and their current self and the degree of cognitive focus on this discrepancy. The concept of discrepancy is central to individual differences in perfectionism (see Slaney, Rice, & Ashby, 2002). We have found that it is both possible and meaningful to assess the specific discrepancies associated with specific perfectionism dimensions in a manner that is keeping with self-discrepancy theory (see Higgins, 1987) and this includes the perceived discrepancy from achieving perfection that is socially prescribed or socially imposed. Discrepancy here is assessed by a questionnaire item such as, "To what extent do you fall short of other people's expectancies?" Research has linked this type of interpersonal discrepancy with a host of negative outcomes that are associated with socially prescribed perfectionism (e.g., Mushquash & Sherry, 2012; Sherry et al., 2013; Sherry & Hall, 2009; Sherry, Sabourin, et al., 2014). Individual differences in this discrepancy are clearly meaningful. For instance, a recent longitudinal investigation showed that discrepancy from socially prescribed standards was a key mediator of the link between socially prescribed perfectionism and depression (see Smith, Sherry, McLarnon et al., 2018). Earlier research by Mushquash and Sherry (2012) showed through analyses of daily diary data that perceived discrepancy is what links socially prescribed perfectionism and a tendency to engage in perfectionistic self-presentation.

5.4. Capability to live up to prescribed expectations

The fourth element is the degree to which an individual is capable of or perceives that he or she is capable of living up to prescribed demands to be perfect. The personality field as a whole has seldom considered the concept of personality capabilities despite calls for this focus on capabilities as a supplement to research on traits (Wallace, 1966) and some

clear evidence showing that interpersonal capabilities can be meaningfully assessed (Paulhus & Martin, 1987). Here we are positing a specific form of capability or self-efficacy that reflects individual differences in their sense of being able to live up to prescribed expectations and demands for perfection. People with elevated socially prescribed perfectionism will vary considerably in their self-perceived ability to meet prescribed standards in ways that ought to mirror the distinction between narcissistic perfectionists who feel that they can achieve perfection versus neurotic perfectionists who are acutely aware of their shortcomings and their perceived inability to meet social standards. Some will see the expectation as attainable while others will see it as simply hopeless. Significant others who direct criticism at the individual or who fail to express warmth and affection will undermine this sense of being able to live up to expectations and perhaps add to a sense of helplessness. In contrast, those people who put enormous pressure on children by over-idealizing the child could give them an inflated sense of their capability to live up to these lofty expectations.

This emphasis on the perceived capability to meet social demands for perfection follows from general research highlighting the role of self-efficacy beliefs among perfectionists and the role that self-evaluative beliefs involving self-appraisals of skills, capabilities, and capacities have in linking perfectionism with distress and dysfunction (see Martin et al., 1996). One specific example of a perfectionism model that has the self-efficacy construct at its core is the two-component model of social anxiety by Alden, Ryder, and Mellings (2002). This model envisions social anxiety as a joint function of perfectionistic performance expectations as well as maladaptive self-appraisals of the ability to live up to these expectations.

5.5. Cognitive appraisals of outcomes

A related element involves cognitive appraisals of success versus failure in meeting prescribed expectations and standards. A central focus here is on how socially prescribed perfectionism impacts the cognitive appraisals of outcomes in terms of whether they are deemed to reflect success versus failure. The perception that others demand perfectionism can result in ambiguous social cues being interpreted as indications of having fallen short of expectations.

Cognitive appraisals linked with socially prescribed perfectionism include personal appraisals of success versus failure, but also reflected appraisals of whether other people see the person as capable of living up to prescribed expectations. Fear of negative social evaluation has been linked consistently with socially prescribed perfectionism (e.g., Casale et al., 2014; Flett, Coulter, & Hewitt, 2012; Flett, Hewitt, & DeRosa, 1996; Hewitt & Flett, 1991b), but just as potentially potent, if not more so, are perceived social evaluations of one's success versus failure in handling socially prescribed perfectionism and living up to external pressures to be perfect.

Attributions are also clearly relevant. Failure appraisals and attributions that emphasize personal responsibility and personal shortcomings should be especially debilitating if this failure is projected into a pervasive sense of hopelessness about ever being able to meet prescribed standards and expectations. The impact of failure will be amplified to the extent that the failure is known publicly and is seen as a widely known form of humiliation.

Another potential amplifying factor is the degree of cognitive perseveration about mistakes and failures to meet prescribed standards. When someone who is high in socially prescribed perfectionism is cognizant of having failed to meet social expectations, this will magnify the impact of the failure and will also make the failure more salient and more easily recalled during tests of autobiographical memory. Failures to meet prescribed expectations should then elicit elevated levels of self-focused attention and result in the experience of self-conscious emotions such as shame, in keeping with evidence of the link between shame and failure (see McGregor & Elliot, 2005). Similar processes should apply after making mistakes (Flett et al., 2020). Recent evidence supports the

proposed link between failures among people high in socially prescribed perfectionism leading to feelings of shame and guilt, especially when failures are repeated (see Curran & Hill, 2018).

Failures to meet expectations can be assessed meaningfully with reference to specific events that involved this type of failure (see Kaplan, Robbins, & Martin, 1983). The anticipation of this type of failure can transform feelings of helpfulness into feelings of hopelessness when the person has a depressive predictive certainty that such failures are inevitable and unavoidable.

5.6. Appraisals of prescribed perfectionism: perceived fairness

The sixth element in Table 2 is the perceived fairness of prescribed expectations and standards. This could be the most critical factor for many people. The relevance of appraisals of perceived fairness was described initially by Hewitt and Flett (1991b) and then elaborated on by Flett, Hewitt, Shapiro, and Rayman (2000-2001) as part of a discussion on how socially prescribed perfectionism can translate into feelings of anger, but the fairness theme has not been a consistent focus in the perfectionism field. Flett et al. (2001) discussed perceived fairness within the context of interpersonal relationships and suggested that, "A chronic perception that others are being unfair and perfectionistic in their demands is an attribute that should have deleterious effects on relationships" (p. 290). It was posited by Flett et al. (2001) that chronic anger fuelled by perceptions of unfairness should result in resentment and a tendency to become embittered in ways that can destroy relationships. The sense of not being able to escape and being forced to live up to impossible demands imposed on the self can escalate into a rage, followed by a demoralized sense of resignation.

The potential importance to perfectionists' vulnerability to distress and health problems is clearly illustrated by broader research and theory on perceptions of fairness and how they impact people. For instance, the perceived unfairness model proposed by Jackson, Kubzansky, and Wright (2006) is built on the notion that social environments "get under the skin" and, more specifically, perceived unfairness is a form of stress that can set the stage for health problems. According to this model, unfairness is especially toxic if it reflects themes with high identity relevance and fosters a sense of helplessness. By extrapolation, cognitive appraisals of perceived unfairness and being unable to escape this unfairness represent a viable pathway for linking socially prescribed perfectionism with health problems.

Perceptions of the unfairness of socially prescribed perfectionism likely extend to the anticipated social consequences of not living up to demands imposed on the self to be perfect. The person who is cognitively preoccupied with the perceived unfairness of socially prescribed perfectionism is someone who also anticipates that failures to meet social expectations will elicit punitive reactions that are equally if not more unfair. This is best exemplified by the child or adolescent who has come to believe that failure to meet unfair parental expectations will have consequences because it will certainly result in some form of punishment.

Individual differences in perceptions of fairness, in general, are important to examine in future research on the antecedents and consequences of socially prescribed perfectionism. What is particularly needed is research that directly examines the perceived fairness versus unfairness of socially prescribed pressure to be perfect and related cognitive appraisals of imposed pressures. People who report that they are under pressure from others to be perfect should vary considerably in their reactions and responses both in the short-term and in the long-term; this will likely be a function of whether they accept these demands as reasonable and perhaps a reflection of someone's belief in their capabilities and future potential or instead, these prescribed standards reflect an imposition and are seen as unfair, arbitrary, and punitive. The central question is, "To what extent are socially prescribed pressures perceived as a burden?" Also, as we alluded to earlier, has the weight of extreme expectations become an inescapable life burden for

someone under this pressure? Do they have any sense of self-determination and personal choice, or are they being forced into meeting expectations? Are expectations accompanied by a sense of being trapped and being in a situation that someone needs to escape? The various observations above point to several cognitive appraisal variables that merit being considered in terms of how socially prescribed perfectionism is perceived and interpreted by people under pressure to live up to extreme expectations.

5.7. Fear of not living up to extreme external expectations

The final element is the degree to which the individual has an anticipation-based fear of not living up to these extreme expectations. This is a dimension-specific form of the fear of failure that has been shown to be highly relevant to perfectionism and the goals and motives underlying perfectionism (see Conroy, Kaye, & Fifer, 2007). Here the specific fear revolves around falling short of expectations and disappointing others.

This fear of not living up to expectations and its link with socially prescribed perfectionism can be extrapolated from fear survey results that have shown associations between socially prescribed perfectionism and the fear of failure and the fear of making mistakes (see Blankstein, Flett, Hewitt, & Eng, 1993). The overarching fear likely contributing to worries about failing and making mistakes is the fear of falling short of socially prescribed perfection.

This fear of not living up to extreme expectations should have an urgency and intensity associated with it at high levels to the point that is capable of transforming the nomological network of socially prescribed perfectionism, especially as it relates to anxiety-based correlates. So, for instance, the fear of failure that is linked consistently with socially prescribed perfectionism (see Conroy et al., 2007; Hewitt, Flett, Besser, Sherry, & McGee, 2003) can escalate such that it approximates a terror fuelled by heightened arousal and the prospects of failing to live up to expectations, especially when this is publicly known. Similarly, the anxiety sensitivity that accompanies socially prescribed perfectionism (e.g., Flett, Greene, & Hewitt, 2004) can escalate and become an extreme hypersensitivity to anxiety and arousal sensations that result in added difficulties in controlling feelings of dread and panic. Of course, it is plausible that several of the other six components can also play a role when socially prescribed perfectionism is linked with more intense and complex forms of anxiety.

This fear of not living up to expectations should be distinguishable from anxiety in general and from other fears, such as a fear of negative social evaluation. This will likely be reflected in a cognitive preoccupation with this specific theme and an associated feeling of low personal efficacy.

5.8. Discussion of the new conceptual elements

Collectively, the elements comprising Table 2 are capable of becoming the basis of much future research. Consider, for instance, the perceived role of idealized social standards and pressures in the physical appearance domain. The individual who feels a pressure to live up to unrealistic body image standards and stereotypes will have added pressure if these standards are perceived as quite important, but she or he acknowledges a failure to achieve these prescribed standards so far, and there is a sense of never being capable of doing so.

Moreover, when viewed in a context such as the physical appearance domain, the elements in Table 2 are clearly relevant in terms of the motivational states and processes that accompany socially prescribed perfectionism. For instance, motivational difficulties and a sense of helplessness and perhaps hopelessness will be more evident and shame will be heightened if the unrealistic standards imposed externally on the self are seen as arbitrary, unfair and entirely unreasonable in ways that should be evident to other people. In this instance, shame will likely give way to anger and resentment or be blended with anger and resentment.

Striving should be maintained to a greater degree by those individuals with high socially prescribed perfectionism who have been frustrated perhaps yet still perceive that they are capable of meeting and possibly exceeding expectations.

Two key questions about these components must be considered: (a) Are these elements best seen as mediators, moderators, or “stand-alone” factors in terms of their ties to socially prescribed perfectionism?; and (b) What role might they play in the internalization of social pressures into self-standards?

Regarding the first question, the nature of each individual element needs to be carefully considered. Some elements seem well-suited to be treated as mediators (e.g., socially prescribed discrepancy), while other elements (e.g., perceived importance, externalized view of the self) could be magnifying factors in moderator analyses that amplify the deleterious impact of elevated socially prescribed perfectionism. But several of these proposed components (e.g., fear of not meeting prescribed expectations, perceived fairness) seem like they can be important variables in their own right and, as such, they could become the primary basis of programmatic research in and of themselves.

Regarding the second question, we noted above that the elements listed in Table 2 are relevant in terms of whether social pressures to be perfect are internalized into self-standards; it follows that internalization is more likely to the extent that socially prescribed perfectionism is seen as manageable and justified. It seems more understandable to strive for perfection and engage in psychological processes that incorporate social pressures into self-standards when perfection is thought to be attainable and not involving unfair circumstances that place an undue burden on the self. Internalization will also be more likely when the discrepancy between the self and the prescribed ideal is modest and not extreme. There also needs to be a sense that striving for perfection is important and valued by the self, perhaps out of a need to identify with respected family members who seem to embrace perfectionistic expectations and cope well with the pressures placed on them.

6. Moving forward: the next decade of research

We have discussed thus far the nature of socially prescribed perfectionism from an expanded conceptual perspective. The destructiveness and uniqueness of this dimension have also been considered, and key aspects of socially prescribed perfectionism have been examined.

What are some other key directions for future research over the next 10 years? There are four overarching themes that seem central to advancing research and theory on this trait perfectionism dimension. Each theme is now briefly considered.

6.1. Illuminating the nature of the construct

First, and foremost, in keeping with our expanded conceptualization, systematic inquiry is needed on the nature of socially prescribed perfectionism itself. Indeed, our extended conceptualization was intended to illuminate this need. The vast majority of investigations examine the correlates and outcomes associated with socially prescribed perfectionism. Research that tells us more about socially prescribed is essential. For instance, we need more studies such as the investigations by Mackinnon and colleagues which show us that trait perfectionism dimensions are dominated by agentic concerns rather than communion (Mackinnon, Sherry, & Pratt, 2013) and it is meaningful in terms of daily assessments to consider between-subject and within-subject variations in socially prescribed perfectionism (Kehayes and Mackinnon, 2019). Just as it is the case that measures need to be updated and revised over time in a way that is guided by theory (see Jackson, 1970) it is vital to continually examine the construct itself; this would be in accordance with the general tenets associated with the process of construct validation and the emphasis that Loevinger (1957) placed on the nomological network of variables and fully defining it with respect to the hypothesized interrelations among variables.

Ideally, exploration of socially prescribed perfectionism will be conducted from a longitudinal perspective. The potential complexities here are signaled by recent research with adolescents suggesting that there is evidence for reciprocal influences and a “scar hypothesis” in that depression accounts for subsequent increases in socially prescribed perfectionism rather than vice versa (see Asseraf & Vaillancourt, 2015; Smith, Hill, & Hall, 2018).

6.2. The life experiences of socially prescribed perfectionists

Second, surprisingly little is known about how people who struggle with socially prescribed perfectionism feel about their lives and how their lives differ from people without this pressure. Investigation is needed of daily life experiences in keeping with experience sampling data that linked socially prescribed perfectionism with a higher frequency of negative social interactions (see Harper et al., 2020). Research is also needed not only on life satisfaction, but also meaning and purpose in life. On a related note, does socially prescribed perfectionism limit growth in life, as some research suggests (see Chang, 2006), and if so, what impact does this have on people?

6.3. Socially prescribed perfectionism and success

Third, a strong case can be made for re-orienting future research and theory away from failure experiences and instead focusing on reactions to success. It is our sense that it is when we shift our focus away from failure experiences to the concept of success and expectations of success that the perniciousness and challenges inherent in socially prescribed perfectionism comes into the light. While failure is problematic and highly challenging, success may also be highly problematic in at least three respects.

First, success may not be believed to the point it is internalized and contributes to a more positive self-view. There is some initial research implicating socially prescribed perfectionism with having a stressful existence and feelings of being an imposter (see Cowie, Nealis, Sherry, Hewitt, & Flett, 2018; Holden, Wright, Herring, & Sims, 2021) and there is evidence that there is a robust association ($r = .50$) between socially prescribed perfectionism and feelings of being an imposter in undergraduate students who are academically talented according to objective criteria (see Lee et al., 2021). Moreover, accounts of the imposter phenomenon highlight the self-doubts of people who feel a pressure to live up to the expectations of significant others who have over-idealized their capabilities and view them as successful (Clance & Imes, 1978; Harvey & Katz, 1985). These observations suggest many people struggling with socially prescribed perfectionism are also struggling with a sense that others might actually have an overinflated opinion of them and they are dreading the day when they are exposed. This suggests that socially prescribed perfectionists have a difficult time seeing themselves as personally responsible for success.

Second, when it is considered at a cognitive level, success may have little impact on the future expectancies of insecure perfectionists. How are socially prescribed perfectionists oriented towards success? How does it impact their identity? In general, it is likely the case that the extreme socially prescribed perfectionist is someone who has come to expect little success and engages in the minimization described by Beck (1967).

Finally, success can primarily amount to added pressure. Is there an escalating price for success? Do the successes of self-oriented perfectionists lead to mounting pressure as others come to expect more of them? Could success be consequential in negative ways for socially prescribed perfectionists? While the majority of socially prescribed perfectionists do not envision that their prospects for success are great, we know from accounts of famous celebrities that some people held up to exceptionally high standards actually do experience great success. Success when it breeds additional pressure can fuel a sense of entrapment and strong desires to escape. It can also result in an escalation

across time of levels of socially prescribed perfectionism as was shown in a recent multi-year longitudinal study of academic achievement and trait perfectionism in adolescents (see Endleman, Brittain, & Vaillancourt, 2021).

6.4. The need for a cross-cultural perspective

Unfortunately, socially prescribed perfectionism has not been studied from a broad cross-cultural perspective that includes comparable samples from multiple countries. This limitation applies not only to socially prescribed perfectionism, but also to other perfectionism dimensions. Some evidence suggests that perfectionism is elevated in certain countries (e.g., China, Russia), as illustrated by normative data on perfectionism in children and adolescents (see Flett, Hewitt, Besser, et al., 2016), but systematic research with a global perspective involving joint contributions from researchers from various countries is clearly needed (for a related discussion, see Flett & Hewitt, 2020). Parenthetically, Curran and Hill (2019) found that levels of socially prescribed perfectionism differed significantly among students from Britain, Canada, and the United States.

When it comes to socially prescribed perfectionism, future cross-cultural work needs to go beyond research that measures levels of perfectionism by also evaluating similarities or differences in the correlates of perfectionism. This work needs to be nuanced and broad in scope and include a comparative quantitative focus that considers psychometric issues, levels of socially prescribed perfectionism (i.e., level-oriented) and associated variables (e.g., the importance of living up to expectations), and correlates of socially prescribed perfectionism (i.e., structure-oriented). As part of their analysis of perfectionism and cross-cultural findings, DiBartolo and Rendon (2012) provided several very useful recommendations for going forward.

Qualitative investigations should also prove useful here. One possibility that merits attention is that there are cultural differences in the cognitive interpretation and value of socially prescribed perfectionism. Most research on the destructiveness of socially prescribed perfectionism has been conducted in individualistic cultures. However, perhaps in certain collectivistic societies, demands to be perfect imposed on the self by others such as one’s parents may be seen as a positive form of parental engagement and their interest and belief in their children’s capabilities, rather than a chronic source of unfair pressure that breeds resentment.

The directions for future research described here and throughout this article represent just a small subset of the essential research that needs to be done. For instance, relatively little is known about socially prescribed perfectionism among older people in term of its costs and consequences and whether there are age-related changes across the lifespan in levels of socially prescribed perfectionism. Similarly, despite some strong evidence of sex differences in the interpersonal correlates of socially prescribed perfectionism (see Hill et al., 1997), there is little systematic research comparing men and women and boys versus girls. As will be evident from the conclusion of this article, research of an applied nature is also needed.

7. Moving forward: targets for prevention and intervention

While additional research and theory are not only welcome but also imperative from our perspective, most pressing is the need for preventive, proactive efforts to reduce levels of socially prescribed perfectionism and its destructive impact in people’s lives. As we noted earlier, arguments have been advanced elsewhere for why the prevention of perfectionism is needed in general (for instance, see Flett & Hewitt, 2014; Flett & Hewitt, 2022; Wade, 2018), but any argument that focuses on socially prescribed perfectionism as the main target of these efforts merits serious and prolonged consideration.

We contend that efforts to reduce the impact of socially prescribed perfectionism will be more effective when they are centered on three

themes. First, it is obviously important to reduce levels of socially prescribed perfectionism in various ways. Interventions should focus not only on the individual's experience of socially prescribed perfectionism and the pressure that results from it, but also aspects of social environments, work environments, and competitive settings in general that increase exposure to unrealistic pressures. Recent data from a sample of lawyers indicating a link between negative reports of psychological safety climate in the workplace and elevated socially prescribed perfectionism (see Gazica, Powers, & Kessler, 2021) point to the need to reduce prescribed pressures in such contexts. More generally, we see it as a moral imperative for people, both academics and non-academics, to call out and reject blatant messages and contexts that put unnecessary added pressure on people, especially young people. A comprehensive approach here can involve parent training to lessen pressures to be perfect being imposed on children and adolescents by one or both parents, but a broader approach is clearly needed in communities where there seem to be pervasive and ubiquitous social pressures to be perfect. The alarming consequences of these pressures to excel and be perfect among youth in affluent communities who attend pressure-packed schools are now being extensively documented (e.g., Luthar, Kumar, & Zillmer, 2020; Mueller & Abrutyn, 2016).

Second, as discussed earlier, socially prescribed perfectionism has more impact and is potentially more destructive to the extent that these pressures have become internalized such that social cues suggesting other people are disappointed or critical are used as guides for judging the self. The first two elements in Table 2 (i.e., importance of living up to expectations and an externalized view of the self) apply primarily to people who have been influenced by prescribed pressure to the extent that it has shaped their sense of self and identity. A case can be made for the contention that prevention efforts are best focused on finding ways to limit the internalization of social pressures to be perfect. Here, some of the approaches used to reduce the internalization of social pressures involving physical appearance may be effective. Several themes outlined in Table 2 can become targets for prevention.

Third, in keeping with some existing data (e.g., Smith, Speth, et al., 2017), and the emphasis on certain parents noted above, it should be taken as a given that for many people, socially prescribed perfectionism is real and veridical. As such, the focus should be on helping these people find ways to manage the demands placed on them and the impact of these very real pressures. One focus should be helping individuals reframe their experiences and find ways to be less likely to adopt an externalized view of the self. Research on diminished resilience and socially prescribed perfectionism also point to the need for building resilience-related skills and personal buoyancy (see Klibert et al., 2014).

Our review and extended theoretical analysis suggest several ways that prevention programs can reduce the destructiveness of socially prescribed perfectionism. For instance, as mentioned above, the focus can be on lessening the importance attached to living up to prescribed social expectations. This can take many forms, including convincing people in occupations that require them to be perfect not to let socially prescribed perfectionism become a factor that rules their entire lives. People can also be taught not to project socially prescribed perfectionism into negative future expectancies. Benefits should also accrue from prevention exercises focused on limiting susceptibility to social influence.

Perhaps the best way to ameliorate the destructiveness of socially prescribed perfectionism is to provide young people with attributes that will increase their resilience and limit the likelihood of overreacting when they inevitably fall short of expectations. A central focus here should be campaigns focused on limiting the tendency to engage in social comparison and use other people's lives as a guide for self-evaluation. Another key emphasis is the importance of being authentic and not being ruled by a desire or need to hide one's true self.

Here it is anticipated that preventive efforts will be most impactful if they are long versus short in duration and are focused extensively on boosting the positive sense of self of people who are vulnerable to social

feedback. However, in the short-term, simple steps such as boosting public awareness of socially prescribed perfectionism and its potential destructiveness should also be effective. Initial data suggest that heightening awareness of perfectionism and telling perfectionists about their perfectionism and its potential consequences can have a protective effect for some people (Aldea, Rice, Gormley, & Rojas, 2010). One simple step that can be implemented in group settings is to normalize the sense of pressure and mitigate a sense of aloneness by discussing socially prescribed perfectionism in terms of its pervasiveness and associated costs so that people with high levels of socially prescribed perfectionism understand that they are not the only ones struggling with imposed pressures to be perfect.

While programmatic efforts may prove costly in a financial sense, the human costs and consequences of not acting are considerably greater. People with lives dominated by a need to live up to social demands to be perfect are bound to be over-represented among people who suffer from comparatively low levels of life satisfaction.

8. Conclusion

In the current article, we have presented a case for socially prescribed perfectionism as a destructive force in contemporary society. We demonstrated that this trait perfectionism dimension is linked uniquely with a wide range of adverse outcomes of consequence, as reflected in indices assessing mental well-being, physical health, and interpersonal relationships.

The current review also included a summary of how socially prescribed perfectionism has been conceptualized thus far. Most notably we introduced a novel conceptual analysis that is based on the identification of newly proposed elements; these elements are believed to have fundamental roles in amplifying the destructiveness of socially prescribed perfectionism and whether externally prescribed perfection underscores perfectionistic personal standards.

Finally, we outlined core issues and future research directions and advanced the case for the prevention of socially prescribed perfectionism. Clearly, environments that put social pressures on people to be perfect are unhealthy places to be avoided as much as possible, but frequent exposure to external pressures to be perfect is almost certain for the young person with high aspirations.

Role of funding sources

Funding for this study was provided by a grant from the Social Sciences and Humanities Research Council Grant (435-2013-1304) awarded to the second author (PI) and the first author. Other support was provided through the Canada Research Chairs Program and the Faculty of Health at York University.

Contributors

Authors A and B summarized previous conceptualizations of perfectionism as a multidimensional construct and took the lead in proposing new conceptual advances. Author C conducted the literature searches and provided summaries of the results, including highlighting the consequential elements of this perfectionism dimension. Authors D and E assisted in summarizing and interpreting key findings and editing of the manuscript. All authors contributed to and have approved the final manuscript.

Declaration of Competing Interest

All authors declare that they have no conflicts of interest.

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Dr. Gordon L. Flett is a professor in the Department of Psychology at York University and holds a Tier 1 Canadian Research Chair in Personality & Health. Former roles include Director of the LaMarsh Centre for Child and Youth Research and Associate Dean of Research and Graduate Education in the Faculty of Health at York University. Dr. Flett is most recognized for his contributions to research and theory on the role of perfectionism in psychopathology. Recent work includes his 2018 *The Psychology of Mattering* published by Elsevier. His collaborative work with Dr. Hewitt has received widespread national and international attention and has been the subject of numerous media stories, including coverage on CTV, CNN, and the BBC and in the *New York Times* and the *Washington Post*. For more information on Dr. Flett's scientific research, see health.yorku.ca.

Dr. Paul L. Hewitt is a professor in the Department of Psychology at The University of British Columbia, the Director of Clinical Training for the University of British Columbia's Clinical Psychology program, and is a registered clinical psychologist. In 2019, Dr. Hewitt was awarded the Canadian Psychological Association's Donald O. Hebb Award for distinguished contributions to psychology as a science. Dr. Hewitt's research focuses primarily on personality vulnerabilities and their implications for psychological difficulties among adults, adolescents, and children. In particular, he has conducted extensive research on the construct of perfectionism as a maladaptive and multidimensional personality style. Additionally, he is conducting research on the treatment of perfectionism and provides assessment and treatment for individuals with perfectionism problems and trains clinicians in the treatment of perfectionistic behavior. For more information on Dr. Hewitt's scientific research, see hewittlab.psych.ubc.ca.

Dr. Taryn Nepon obtained a Ph.D. in social and personality psychology at York University under the supervision of Dr. Gordon Flett. She also received a diploma in health psychology as part of her graduate training. Dr. Nepon is currently a postdoctoral researcher at the LaMarsh Centre for Child and Youth Research at York University. Her main research focuses on perfectionism as it relates to physical and mental health. In addition, she studies the role of mattering to others in health and well-being. Her research has been supported by grants from the Social Sciences and Humanities Research Council of Canada. For more information on Dr. Nepon's scientific research, see tarynnepon.com.

Dr. Simon B. Sherry is a professor in the Department of Psychology and Neuroscience at Dalhousie University, the Director of Clinical Training in Dalhousie University's Clinical Psychology program, and a registered clinical psychologist. His research program investigates the role of personality in depression, anxiety, eating disorders, relationship problems, suicide, and substance misuse. Dr. Sherry also treats and assesses a variety of mental health difficulties. For more information on Dr. Sherry's scientific research, see cruxpsychology.ca.

Dr. Martin M. Smith obtained a PhD. in Personality Psychology from the University of Western Ontario and is an associate editor of *Personality and Individual Differences*. As of submission, Dr. Smith has published 48 peer-reviewed journal articles and has received over 200,000\$ (CAN) in research grants. Dr. Smith was a permanent lecturer in the School of Science, Technology, and Health at York St John University from 2018 to 2020. Currently, Dr. Smith is pursuing a PhD in Clinical Psychology from the University of British Columbia under the supervisor of Dr. Paul Hewitt.