

Perfectionism and Its Role in Depressive Disorders

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Perfectionism is a personality style that has been described for decades as highly relevant to depression. Over the past 30 years, our work, as well as the work of other Canadian and international researchers, has attempted to understand the cause and maintenance of perfectionism and the role that this pernicious personality style plays in predisposing individuals to various problems, such as depression. In the present article, we outline our multidimensional and multilevel descriptive model of perfectionism and summarize several models of perfectionism and depression that we have focused on over the years, both from a diathesis–stress perspective and from a more complex developmental and relational perspective. We, then, outline the extant research that we and others have conducted based on these models and conclude by providing a description of and evidence for a dynamic–relational treatment of perfectionism that functions to reduce depressive symptoms and vulnerability to depression. Our article underscores the importance of perfectionism by discussing how it is involved both directly in creating a predisposition to depression and indirectly in precluding accessing, initiating, and benefitting from depression treatment.

Public Significance Statement

This paper provides a review of the perfectionism and depression research, models, and treatment approaches developed by Paul L. Hewitt, Gordon L. Flett, and Sam Mikail and colleagues. It argues for conceptualizing perfectionism as a core vulnerability factor in depression and outlines the extant treatment and an empirically supported treatment for perfectionism and depression.

Keywords: perfectionism, depression, perfectionism social disconnection model





Depression and related dysfunctions are debilitating, widespread, and recurrent. In Canada, approximately 8% of adults will experience depressive disorders in their lifetime (Findlay, 2017; Mental Health Commission of Canada, 2013). Indeed, depression is associated with myriad personal and familial costs, including lower educational attainment, marital dissatisfaction, negative parenting behaviors, chronic physical illness (Kessler, 2012), and increased risk of all-cause mortality (Cuijpers et al., 2013). In addition, depression has broad societal and economic costs. As it is one of the most common reasons for work-related disruptions, recent estimates suggest that the experience of depression in Canadians can cost up to \$32.3 billion per year in work productivity losses (Stonebridge & Sutherland, 2016). Moreover, given depression is a recurrent disorder, we maintain that this figure is likely an

underestimate of the actual economic cost of depression in Canada. Accordingly, given the increasing prevalence of depression (Hidaka, 2012), researchers must continue elucidating the factors that contribute to and predispose individuals to depression and establish treatments to mitigate these factors.

Perfectionism is a personality style that has been described for decades as highly relevant to depression. Our work, from the University of British Columbia and York University, has been on understanding the cause and maintenance of perfectionism and the role this pernicious personality style plays in predisposing individuals to various problems, including depression. More recently, we have focused on developing a treatment approach for both individual and group psychotherapy that can not only reduce symptoms of depression that arise from perfectionism but also, importantly, reduce individuals' vulnerability to depressive disorders and related dysfunctions by reducing levels of perfectionism.¹

Perfectionism has long been identified as a personality style that imparts a predisposition to various psychological, physical, relational, and achievement problems (e.g., Bibring, 1953; Hamachek, 1978; Horney, 1939). In particular, research has underscored the

¹ We focused this review of our work on perfectionism and mainly clinical levels of depression and, as this is a special issue on Canadians' theories and research on risk factors in depression, we included Canadian as well as international researchers' contribution to the perfectionism and depression literature. Although the models described herein seem to have been embraced internationally, there are many Canadian researchers who have contributed both directly and indirectly to the empirical knowledge regarding perfectionism and depression. A list of these researchers can be found in Hewitt (2019).

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importance of perfectionism as a vulnerability factor in depressive disorders (see Hewitt & Flett, 1990, 1993; Hewitt et al., 1996). Likewise, a recent meta-analysis found that perfectionism prospectively predicts depression symptom severity (Smith, Hewitt, et al., 2021). Moreover, perfectionism may be an increasingly important vulnerability factor in depression, given that it appears to be on the rise among university-aged adults (Curran & Hill, 2019). As this increase in perfectionism is contiguous with increases in depression (Hidaka, 2012), it highlights perfectionism as a compelling construct to examine in the context of depressive dysfunction. Accordingly, the present article reviews some of our theoretical, research, and clinical work over the past 35 years on perfectionism and its role in depression. We first describe what perfectionism is, followed by a summary of our theories on how perfectionism functions as a causal and a maintaining factor in depression. We then outline extant research based on these models and, finally, provide a description of and evidence for a dynamic-relational treatment of perfectionism that functions to reduce depressive symptoms and vulnerability to depression.

What Is Perfectionism?

Before discussing the role of perfectionism in the development and maintenance of depression, it is important first to establish that perfectionism is a multidimensional personality style that broadly impacts multiple aspects of individuals' lives (Hewitt, 2020). Over the past several decades, researchers have proposed several different models of perfectionism (e.g., Dunkley et al., 2000; Frost et al., 1990; Gaudreau & Thompson, 2010; Shafran et al., 2002). Of these models, one of the most widely used and researched is the Comprehensive Model of Perfectionistic Behaviour (CMPB), a descriptive model of perfectionism developed to try and capture a multilayered and multidimensional conceptualization of the perfectionistic personality style (see Flett et al., 2021; Hewitt et al., 2003; Hewitt & Flett, 1990). We believed this description would aid in understanding the complexity of the construct and its role in psychopathology.

The CMPB conceptualizes perfectionism as having trait, interpersonal, and self-relational levels. Trait perfectionism encompasses three stable, dispositional dimensions that motivate and drive thoughts and behavior: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. *Self-oriented perfectionism* characterizes the tendency to require perfection of the self. *Other-oriented perfectionism* involves requiring perfection from others. And *socially prescribed perfectionism* describes the perception that other people require perfection of the self.² Similarly, the CMPB includes three interpersonal facets that capture how perfectionistic individuals behave in interpersonal situations: perfectionistic self-promotion, nondisclosure of imperfection, and nondisplay of imperfection. *Perfectionistic self-promotion* refers to behaviors whereby individuals overtly promote their so-called "perfection" and actively strive to appear perfect at all times. *Nondisplay of imperfection* reflects the drive to avoid overt displays of one's imperfections, whereas *nondisclosure of imperfection* reflects the drive to avoid voicing one's imperfections. Factor analytic studies suggest each of the trait dimensions and each of the interpersonal facets of perfectionism are unique and separate (Hewitt et al., 2003; Hewitt & Flett, 1990) and differentially related to different various outcomes (Hewitt et al., 1996, 1998; Hewitt & Flett, 1991a). Finally, the

CMPB contains a self-relational level that describes the tendency for perfectionistic individuals to engage in a harsh inner dialogue characterized by disparaging and perfectionistic self-statements.

A large body of evidence suggests the CMPB is a valid and useful model for understanding perfectionism's multilevel and multidimensional nature (see Hewitt, 2020 for review). Compared to alternative conceptualizations of perfectionism (e.g., Frost et al., 1990; Slaney et al., 2001; Shafran et al., 2002), the CMPB also has some crucial distinctions. From a practical perspective, the measures developed to assess elements of the CMPB are unique in that they were developed using construct validation approaches and normed using community and clinical populations. Likewise, unlike other models, the trait and relational elements of CMPB have scales explicitly intended for the assessment of perfectionism in child-adolescent samples. This makes the CMPB a broad and encompassing model that places importance on various levels of functioning (trait, interpersonal, self-relational) that are particularly useful for research on the etiology of perfectionism and related outcomes. However, perhaps more importantly, the theoretical and clinical underpinnings of the CMPB provide a detailed framework for researchers and clinicians to understand and treat perfectionism and to generate and test theory-driven hypotheses. Furthermore, the CMPB's emphasis on the relational and interpersonal aspects of perfectionism accord with suggestions that when conceptualizing a personality construct, it is important not only to consider what the construct is and its magnitude, but also how the construct is expressed intrapersonally and interpersonally (Paulhus & Martin, 1987). Given evidence that interpersonal contexts are critically important to understanding depression (Joiner et al., 1999), the CMPB is well-poised for advancing understanding of why perfectionism leaves people vulnerable to depression, as well as other forms of dysfunction.

Models of Perfectionism and Depression

Although the theoretical connection between perfectionism and depression has existed for some time (e.g., Bibring, 1953), early research on perfectionism and depression primarily involved non-clinical samples and unidimensional attitudinal measures. Initially, Hewitt, Chen, et al. (2021) showed in a sample of undergraduates that the association between stressful life events and depression was only evident among students with elevated scores on a measure of perfectionistic attitudes culled from the Dysfunctional Attitudes Scale (Weissman & Beck, 1978). A subsequent experimental study with female undergraduates by Hewitt et al. (1989) reported that scores on this unidimensional perfectionism measure interacted with failure on an important task to produce dysphoric mood but not following failure on a less important task. A follow-up correlational investigation by Hewitt et al. (1990) found higher perfectionistic

² Some researchers combine self-oriented perfectionism with Frost et al.'s (1990) personal standards subscale and/or Slaney et al. (2002) high standards subscale to form a factor or composite sometimes referred to as personal standards perfectionism or perfectionistic strivings. Similarly, some researchers create factors and/or composite scores composed of combinations of socially prescribed perfectionism, Frost et al.'s (1990) concern over mistakes and/or doubts about action subscales, Slaney et al.'s (2001) discrepancy subscale, and/or Weissman and Beck (1978) attitudes related to perfectionism subscale, and/or Blatt et al. (1976) self-criticism subscale. This composite or factor is most commonly called self-criticism perfectionism, evaluative concerns perfectionism, or perfectionistic concerns.

attitudes interacted with higher self-rated performance across several tasks to produce elevated depressive symptoms. Though this initial work provided the impetus for the development of a diathesis–stress model of perfectionism and depression (see [Hewitt & Flett, 1991b, 2002](#)), it also signified that individuals with perfectionism are especially prone to depression under conditions of high ego involvement in which the adequacy and worth of the self are “on the line.” Lastly, this work signalled the need for a more refined conceptualization of perfectionism, one that was multidimensional.

[Hewitt and Dyck \(1986\)](#) studied facets of perfectionism in terms of their links with depression and was the forerunner of the subsequent development of the Multidimensional Perfectionism Scale (MPS; [Hewitt & Flett, 1990](#)). In this study, we evaluated the extent to which four perfectionism measures (i.e., self-oriented perfectionism, perfectionism motivation, other-oriented perfectionism, and world-oriented perfectionism) were associated with indices of depression. [Hewitt and Dyck \(1986\)](#) created two new measures in this study (i.e., other-oriented perfectionism and perfectionistic motivation). The results supported further inquiry on multidimensional perfectionism by showing that except for world-oriented perfectionism, all perfectionism dimensions were associated with depression, and the two dimensions explained unique variance in the depression when pitted against each other in regression analyses.

Hence, our early work highlighted the importance of perfectionism in depression and underscored that a multidimensional conceptualization was appropriate, especially with respect to depression. The careful development of clinically validated multidimensional measures that assessed various trait dimensions of perfectionism ([Hewitt & Flett, 1990](#)) as well as the other elements of the CMPB ([Flett et al., 2021; Hewitt et al., 2003](#)), allowed us to address the role of perfectionism in depression in earnest. Indeed, we subsequently developed stress mechanisms models, positing that individuals with perfectionism are predisposed to developing depression through heightened exposure and reactivity to stressors. In particular, we postulated mechanisms through which individuals with perfectionism experience a greater frequency of and reactivity to stressful events and perceived failures. These mechanisms include stress generation, stress perpetuation, and stress enhancement.

Stress Generation

First, perfectionistic individuals often play a role in creating stressful failure events for themselves. Namely, individuals higher in perfectionism are constantly and stringently evaluating themselves (or others) as not perfect ([Hewitt & Flett, 1993](#)). In doing so, they create a discrepancy between who they are and who they ideally should be, thus creating failures based on their self-evaluations ([Hewitt & Flett, 1993](#)). For instance, different trait perfectionism dimensions can lead to different stressful outcomes. Self-oriented perfectionists place immense pressure on themselves to be perfect and thus experience a profound sense of failure when they inevitably fall short ([Besser et al., 2004](#)). Other-oriented perfectionists often generate various interpersonal problems by evaluating others critically and holding others to perfectionistic expectations ([Sherry et al., 2008](#)). Similarly, due to their heightened sensitivity to criticism and excessive need for reassurance, socially prescribed perfectionists also actively generate interpersonal stress ([Hewitt et al., 2017; La Rocque et al., 2016; Mandel, Dunkley, & Starrs, 2018](#)). Accordingly, the tendency to require perfection from themselves and others,

coupled with the tendency to focus on their own and others’ imperfections, leaves perfectionistic individuals prone to regularly encountering interpersonal and self-relational stressors that exacerbate vulnerability toward developing depression (see [Hewitt et al., 2017](#) for review).

Stress Enhancement

Secondly, based on research from McGill University, individuals with perfectionism are characterized by heightened reactivity to stress ([Mandel et al., 2015; Mandel, Dunkley, Lewkowski et al., 2018](#)). This stems primarily from their tendency to equate the attainment of perfection with their sense of self-worth and belonging (see [Hewitt et al., 2017](#)). Consequently, when failures occur in a domain that is particularly relevant to a perfectionist’s self-concept, they will respond more aversively. For self-oriented perfectionists, self-related achievement goals are of particular importance. Thus, perceived failures in this area can be particularly devastating. In contrast, socially prescribed perfectionists may overtly ascribe more importance to others’ approval and therefore may respond more intensely to perceived failures to meet others’ expectations. The greater sensitivity and responsiveness to stressful failure events in these perfectionists can thus contribute to the likelihood of the development of depression. This is particularly important in the context of the specific vulnerability hypothesis, which posits that self-oriented perfectionism is a vulnerability factor that, when combined with ego-involving stressful events, can lead to depression ([Hewitt et al., 1996; Hewitt & Flett, 1991b; Joiner & Schmidt, 1995](#)).

Stress Perpetuation

The third mechanism by which perfectionistic individuals create stressful events are behaviors that maintain and perpetuate stressful experiences. This is done in various ways. Indeed, individuals with perfectionism tend to persevere on their failures and engage in self-blame, thereby prolonging their reaction toward stressful events. One way in which individuals with perfectionism persevere on their failures is through a negative and punitive internal dialogue involving self-related statements and admonishments regarding the need to be or need to appear perfect and derogatory and harshly critical statements about the self. For example, [Hewitt and Flett \(2002\)](#) proposed individuals with perfectionism continually process information about their performance through an ideal self-schema. Their consistent comparison with the ideal self, in turn, perpetuates this internal dialogue, thereby sustaining stressful feelings of failure. At a different level, stress can be perpetuated by indications that perfectionists are less likely to seek treatment and social support (see [Dang et al., 2020; Dunkley et al., 2006](#)), potentially due to their unwillingness to disclose and display any form of imperfection. Consequently, while such interpersonal interactions are effective for coping with stress, individuals with perfectionism are less likely to engage in these adaptive strategies, thus perpetuating a problem that may otherwise have been reduced or resolved.

Perfectionism Social Disconnection Model

A more recent development that stems directly from the stress generation model described above ([Hewitt & Flett, 1993](#)) is our Perfectionism Social Disconnection Model (PSDM;

Hewitt et al., 2006, 2017). The PSDM involves the generation of a fundamental and deeply human failure, namely social disconnection. In particular, the PSDM posits that it is the subjective and objective social disconnection that individuals with perfectionism experience that fosters feelings of rejection, lack of self-worth, and hopelessness and that culminate in various deleterious outcomes, including depression. Subjective disconnection reflects a perception of rejection and alienation in interpersonal situations, whereas objective social disconnection reflects veridical experiences of rejection, nonacceptance, and lack of fit.

Perfectionists generate subjective social disconnection through their heightened sensitivity to rejection that can cause them to perceive others as more judgmental and distant than they are in reality. Similarly, perfectionists generate objective social disconnection through their propensity for rebarbative behaviors that legitimately cause other people to move away from them. For example, people with elevated other-oriented perfectionism are judgmental and often overtly critical of other people's imperfections, which can understandably cause other people to distance themselves. Moreover, individuals with excessive perfectionistic self-presentation often attempt to garner acceptance and avoid rejection by concealing flaws and/or actively promoting their purported "perfection." Yet, paradoxically, by doing so, they can create distance and disconnection as other people often view this behavior as inauthentic, guarded, distant, and unavailable. However, regardless of whether a perfectionist experiences subjective social disconnection, objective social disconnection, or both, the PSDM maintains that all forms of disconnection give rise to a critical and perfectionistic self-dialogue of censure and disparagement and to painful feelings of rejection, alienation, and shame—an internal dialogue and feelings that are depressogenic.

The models described in this section were developed from research and writings in the field, as well as the clinical work of the first author, and represent our understanding of mechanisms that explain the various ways perfectionism may be involved in depression and other forms of psychopathology, physical health, and both relationship and achievement-related problems (see Hewitt, 2020). What follows is a brief review of the research on perfectionism and depression that derive from these models that focuses on adult depression and, for the most part, emphasizes clinical depression.

Evidence of the Relevance of Perfectionism to Depression

Perfectionism, Stress, and Depression

A significant body of evidence demonstrates the importance of perfectionism in the development, maintenance, and chronicity of depressive symptoms and disorders (see Smith et al., 2016, for reviews). In the first study utilizing a multidimensional conceptualization, Hewitt and Flett (1991a) compared levels of trait perfectionism dimensions across three groups: patients with depression, patients with anxiety, and nonclinical controls. They found that self-oriented perfectionism was significantly higher in patients with depression compared to the anxiety and control groups, while socially prescribed perfectionism was higher in both clinical groups relative to nonclinical controls. In contrast, no differences in other-oriented perfectionism were observed between groups. In 1998, Hewitt et al. (1998) investigated differences in the relationship between trait perfectionism and distinct forms of depression

(i.e., chronic depression, chronic bipolar, and state depression symptoms). They found a relationship between self-oriented perfectionism and chronic depression symptoms, whereas socially prescribed perfectionism was associated with chronic bipolar and state depression symptoms. Finally, other-oriented perfectionism was related only to chronic bipolar symptoms. These findings, which have been replicated (see Corry et al., 2017) demonstrated how each trait perfectionism dimension relates differently and uniquely to various forms of depression, thus providing the impetus to address more complex models of multidimensional perfectionism and various outcomes. Furthermore, the results of these studies suggest that perfectionism is implicated not only in state symptoms of depression but also, importantly, the chronicity of depression and hypomanic symptoms.

Early research on trait perfectionism provided some evidence for this hypothesis across several psychiatric samples. In particular, self-oriented perfectionism was shown to predict depression in the presence of achievement stress in both cross-sectional and longitudinal studies. For example, in a sample of 51 patients with depression, Hewitt and Flett (1991b) found that self-oriented perfectionism interacted only with achievement stress to predict concurrent depression symptoms, whereas socially prescribed perfectionism interacted only with interpersonal stress to predict depression. These findings were partially replicated in a second diagnostically heterogeneous psychiatric sample except that socially prescribed perfectionism also interacted with achievement stress to predict depression. Moreover, in a longitudinal study with a sample of 121 patients with a variety of affective disorders, Hewitt et al. (1996) reported that self-oriented perfectionism interacted only with achievement stress to predict future depression symptoms over time, but that socially prescribed perfectionism predicted depression symptoms only as a main effect. This suggests self-oriented perfectionism may be the perfectionism dimension that is most important as a stress *vulnerability* factor in depression (Hewitt & Flett, 1991b). Other researchers also found evidence of the importance of this diathesis–stress model. Enns and Cox (2005) found that, for outpatients with depression and self-oriented perfectionism, depressive symptoms persisted 1 year after the initial baseline assessment and that this persistence interacted with achievement-related stressors to predict the persistence of depression symptoms. Additionally, Békés et al. (2015) reported that evaluative concerns (a composite that includes socially prescribed perfectionism) and personal standards (a composite that includes self-oriented perfectionism) interacted with chronic achievement stress in predicting longitudinal increases in self-rated and interview-rated depressive symptoms 1 year later. Likewise, Mandel, Dunkley, Lewkowski, et al. (2018) found that evaluative concerns perfectionism interacted with daily stress–sadness reactivity such that patients with higher evaluative concerns perfectionism and higher daily–stress reactivity experienced more significant increases in depressive symptoms.

Intriguingly, other studies using nonclinical samples have not consistently found these effects. For instance, using university students, Joiner and Schmidt (1995) found evidence supporting the general diathesis–stress model but not the specific vulnerability hypothesis. Specifically, males higher in socially prescribed perfectionism experienced increased depressive symptoms under high interpersonal and achievement-related stress. In contrast, males higher in self-oriented perfectionism experienced increased depression when faced with high interpersonal, but not achievement-related

stress. A negative events composite interacted with both socially prescribed and self-oriented perfectionism to predict depression. Similarly, [Besser et al. \(2008\)](#) studied a nonclinical sample of undergraduates and reported that after an experimentally induced failure, students with higher self-oriented perfectionism tended to experience increased anxiety but no changes in depression.

Accordingly, the most consistent findings concerning self-oriented perfectionism as a vulnerability factor is it appears to interact with ego-involving stressors in clinical samples (e.g., [Enns & Cox, 2005](#); [Hewitt & Flett, 1991b](#); [Hewitt et al., 1996](#)), whereas in university samples self-oriented perfectionism appears to interact with interpersonal stress or stress more generally (e.g., [Joiner & Schmidt, 1995](#)). One possible explanation for this pattern is qualitative differences between more extreme levels of perfectionism or depression seen in clinical samples relative to nonclinical samples. An alternative nonmutually exclusive explanation is this pattern reflects the tendency for clinical samples to comprise individuals older in age. In support, neuroticism, the dispositional tendency to experience negative emotions, is a robust predictor for depression ([Paulus et al., 2016](#)). And [Smith, Sherry, Vidovic, et al. \(2019\)](#) presented meta-analytic evidence derived from clinical and nonclinical samples that the self-oriented perfectionism–neuroticism link is moderated by age, such that self-oriented perfectionists seem to experience more frequent and more intense symptoms of depression and distress over time.

Regarding socially prescribed perfectionism, there is a great deal of evidence that this construct is associated with dysfunction in many forms. For instance, [Mandel et al. \(2015\)](#) reported that daily stress–sadness reactivity explained why community adults with higher self-critical perfectionism, a composite that includes socially prescribed perfectionism, tended to experience increased depressive symptoms 1 year later. Even so, socially prescribed perfectionism is associated consistently with depression symptoms in clinical and nonclinical samples alike (for reviews, see [Flett et al., 1998](#); [Limburg et al., 2017](#)). This suggests socially prescribed perfectionism might function as a concomitant of depression, although, as indicated above, it does interact with stressors in predicting depressive symptoms. Moreover, we recently reported meta-analytic evidence derived from clinical and nonclinical studies that the relationship between socially prescribed perfectionism and depressive symptoms is unidirectional, with socially prescribed perfectionism predicting increased depression but not the reverse ([Smith, Hewitt, et al., 2021](#)). However, there is need to examine this issue further longitudinally as [Vaillancourt and Haltigan \(2018\)](#) suggested in the McMaster Teen Study that depression might predict socially prescribed perfectionism rather than vice versa.

Lastly, in the above-cited research, other-oriented perfectionism was not significantly associated with depression symptoms among adults. Nonetheless, several studies have since found that other-oriented perfectionists can contribute to the depression symptoms of those around them. Namely, as mentioned, there is evidence that other-oriented perfectionism in mothers and siblings can contribute to depression symptoms in university-aged adults (e.g., [Smith, Sherry, Glowacka, et al., 2019](#)). Moreover, there are also recent suggestions that other-oriented perfectionism may be relevant to depression symptoms in specific cultural groups ([Chen et al., 2017](#)) and older samples of adults ([Rnic et al., 2021](#)). These findings considered together suggests that perfectionism functions in complex ways in its association with depression.

Perfectionism, Social Disconnection, and Depression

Evidence obtained using various designs by several independent investigators has been largely supportive of the PSDM, and most of this work has used nonclinical samples. One of the first tests of the PSDM was conducted by [Sherry et al. \(2016\)](#). These authors reported that *perceived* social support but not *received* social support mediated the relationship between socially prescribed perfectionism and depressive symptoms. Similarly, [Dunkley et al. \(2009\)](#) found that perceived social support moderated and mediated the relationship between evaluative concerns perfectionism (which encompasses socially prescribed perfectionism and concern over mistakes and doubts about actions) and depression in undergraduates. Next, [Mackinnon, Battista, et al. \(2014\)](#) found, using a daily diary design, that after controlling for overlap among CMBP components, perfectionistic cognitions and perfectionistic self-presentation were robust predictors of daily social anxiety and depression symptoms. Likewise, using a longitudinal mixed-method design, [Mackinnon, Sherry, et al. \(2014\)](#) found that socially prescribed perfectionism interacted with low autobiographical friendship intimacy to predict rank-order increases in depressive symptoms. Also, in [Flett et al. \(2014\)](#), we found that validation seeking mediated perfectionistic self-presentation's and socially prescribed perfectionism's relationships with depressive symptoms.

Following up on this work, [Goya Arce and Polo \(2017\)](#) tested the PSDM among low-income Latino and African American youth. They reported that social anxiety mediated the relationship between perfectionistic self-presentation and depression. Additionally, [Smith et al. \(2018\)](#) studied a nonclinical sample of university-aged adults using a 5-month, two-wave longitudinal design. These authors found that socially prescribed perfectionism indirectly predicted depression symptoms 5 months later through interpersonal discrepancies (i.e., viewing oneself as falling short of others' expectations) and social hopelessness (i.e., negative expectations concerning future interpersonal relationships). Subsequently, [Magson et al. \(2019\)](#) demonstrated using correlational and experimental methods that self-oriented and socially prescribed perfectionism predicted increased interpersonal difficulty, rejection sensitivity, feelings of social disconnection, and depressive symptoms in preteen adolescents. Finally, [Rnic et al. \(2021\)](#) studied a diverse sample of community adults at two time points, 6 months apart. Consistent with the PSDM, they found that perfectionism's trait and self-presentational elements resulted in greater depression severity via one or more social disconnection facets, with social hopelessness and loneliness demonstrating the most widespread effects. Furthermore, perfectionistic self-presentation and social disconnection had sequential indirect effects on the relationship between self-oriented and socially prescribed perfectionism and depressive symptoms at follow-up. The findings delineate the interpersonal mechanisms involved in the perfectionism–depression link and demonstrate the depressogenic effects of all trait and self-presentational perfectionism elements. Overall, congruent with the PSDM, extant evidence suggests subjective social disconnection is vital for understanding why perfectionism's various forms and expressions commonly occur alongside depression.

In comparison, research on the role of objective social disconnection in the perfectionism–depression relationship is relatively scarcer. Even so, there is some evidence that the social disconnection experienced by individuals with perfectionism is not entirely

“between the ears.” To illustrate, [Smith et al. \(2017\)](#) studied mother–daughter dyads using a daily diary design and reported that other-oriented perfectionism in mothers predicted longitudinal decreases in daughter’s social self-esteem (feeling liked by and accepted) and that decreases in social self-esteem subsequently predicted increases in depression symptoms. [Mandell, Dunkley, and Starrs \(2018\)](#) found that self-critical perfectionism, a composite that includes socially prescribed perfectionism, indirectly predicted interview-rated objective interpersonal stress generation 4 years later via interpersonal sensitivity in community adults even after controlling for depression. And [Smith, Sherry, Vidovic, et al. \(2019\)](#) studied undergraduates and their social network members and found that other-oriented perfectionism in mothers and siblings, but not fathers, peers, or romantic partners, indirectly predicted depressive symptoms in undergraduates through a positive relationship with socially prescribed perfectionism.

Likewise, [Hoffmann et al. \(2015\)](#) had a large sample of community adults rate vignettes describing individuals with and without perfectionism in terms of their desire to go on a date with them. Unfortunately for the hypothetical self-oriented, other-oriented, and socially prescribed perfectionists described in the vignettes, participants tended to rate them as significantly less desirable dating partners relative to nonperfectionists. This finding was replicated conceptually by [Kleszewski and Otto \(2020\)](#), who asked adult employees who worked in teams to rate the extent to which they would like to work with hypothetical colleagues with and without perfectionism. Results showed that participants tended to rate vignettes describing self-oriented, other-oriented, and socially prescribed perfectionists significantly lower on social skills and desirability as a coworker than nonperfectionists. Next, in a more direct test of the PSDM, [Mandel, Dunkley, and Starrs \(2018\)](#) studied community adults and found that self-critical perfectionism, a composite that includes socially prescribed perfectionism, indirectly predicted objective interview-rated interpersonal stress generation 4 years later via interpersonal sensitivity, even after controlling for depression. Accordingly, though more research is needed, it appears many perfectionists exist in a bleak psychosocial milieu in which they are both more likely to perceive and to experience social disconnection.

Lastly, [Smith et al. \(2020\)](#) assessed both generated stressful events and social disconnection specifically using meta-analytic structural equation modeling. Their findings revealed that evaluative concerns perfectionism, a higher-order factor that includes socially prescribed perfectionism, predicted longitudinal increases in depressive symptoms through both stress and subjective social disconnection. In contrast, personal standards perfectionism, a higher-order factor that includes self-oriented perfectionism, predicted increased depressive symptoms through subjective social disconnection but not through stress. This suggests that relative to self-related ego-involving stressors, relational elements such as the need for acceptance may be more germane for understanding why self-oriented perfectionism confers vulnerability to depression. That said, an essential question for research is the extent to which the mediating role of social disconnection in the relationship between self-oriented perfectionism and depressive symptoms is moderated by ego-involving stressors ([Sherry et al., 2008](#)). People with elevated self-oriented perfectionism base their self-worth on attaining perfection ([Sturman et al., 2009](#)), making it likely that in the face of

perceived and experienced disconnection, ego-involving failures leave them especially vulnerable to depression.

Impact of Perfectionism on Psychotherapy and Therapeutic Alliance: the Indirect Effect on Depression

Although we described perfectionism as directly affecting depression, we also asserted that it can indirectly influence depression. For example, in the stress perpetuation model, we noted how individuals with perfectionism have difficulties seeking social support and accessing clinical resources, such as psychotherapy, which, in turn, perpetuates and exacerbates distress ([Hewitt & Flett, 1993](#)). Moreover, for those who do access clinical resources, their perfectionism can lead to a poor treatment outcome. Indeed, [Hewitt et al. \(2018\)](#) extended the PSDM to the clinical context and posited the social disconnection generated by perfectionism interferes with the establishment and maintenance of the therapeutic alliance and hinders treatment. For instance, patients with elevated socially prescribed perfectionism are hypervigilant for any indications of rejection, not caring, or criticism in the clinician ([Hewitt et al., 2018](#)). As such, they are often hesitant to engage in therapeutic processes, such as self-disclosure, that are crucial to positive outcomes. Alternatively, other-oriented perfectionists engage in cold, hostile, and calculating behaviors (e.g., [Hill et al., 1997](#)), which can cause therapists to withdraw from or act out toward them (e.g., [Hayes et al., 2011](#)).

[Hewitt and Genest \(1990\)](#) suggested that perfectionism can impact the entire clinical process, including seeking, initiating, and benefiting from psychological treatment. In support, research indicates that perfectionism can negatively impact accessing professional help by influencing negative attitudes toward and fear of psychotherapy. For instance, [Ey et al. \(2000\)](#) reported that roughly one-third of medical and dental students with clinically significant levels of distress were receiving psychological treatments. However, [Ey et al. \(2000\)](#) also reported that distressed students who were not seeking help had higher socially prescribed perfectionism. Similarly, [Dang et al. \(2020\)](#) found across independent samples of young adults and older adults that participants with elevated CMPB components tended to hold more negative attitudes toward seeking professional help and greater fears of psychotherapy (also see [Shannon et al., 2018](#)).

There are, of course, individuals with perfectionism who enter treatment, and we have proposed that the nature of their perfectionism can lead to a poor outcome (see [Hewitt et al., 2018, 2020](#)). As stated, [Hewitt et al. \(2018\)](#) posited that perfectionism interferes with the establishment and maintenance of the therapeutic alliance due to the tendency for perfectionistic patients to perceive therapists as judgemental or rejecting. This, in turn, leaves perfectionistic patients reticent to participate in the process and prone to behaviors that instill a sense of inefficacy, lack of confidence, and annoyance in clinicians, which, in extreme cases, can cause clinicians to act out toward them. Unless dealt with appropriately within the therapy, any of these can erode processes vital to psychotherapy’s success.

There is evidence supporting this extension of the PSDM. [Hewitt and Genest \(1990\)](#) investigated the impact of perfectionism on the clinical interview process in psychiatric outpatients. Most patients reported their primary concerns to be depression, followed by anxiety, stress, relationship problems, and eating disorders. The researchers found that those with elevated perfectionistic

self-presentational facets were not only more anxious and distressed during the clinical interview but also that they perceived the clinicians as more judgemental and disappointed in them than those lower on perfectionism. Moreover, when individuals with elevated perfectionistic self-presentational facets discussed past distressing events, physiological measures revealed an increase in heart rate. Further analyses (Hewitt, 2020) showed that all three trait perfectionism dimensions negatively impacted the extent to which therapists liked the patient and their desire to provide treatment for them in the future. In addition, other-oriented perfectionism and nondisplay of imperfection both had positive relationships with clinician-rated patient hostility. Furthermore, self-oriented perfectionism, socially prescribed perfectionism, and nondisclosure of imperfection were correlated with clinician's negative impressions of the patients. Lastly, path analysis revealed other-oriented perfectionism and nondisplay of imperfection indirectly predicted less-favorable clinician impressions through clinician-rated patient hostility. As such, in the initial stages of the clinical process, research suggests perfectionism can negatively impact both the patient and the clinician and thus potentially interfere with the therapeutic alliance (also see Miller et al., 2017). This provides support for the PSDM as it pertains to the clinical process, as it shows that perfectionism can influence the severity and maintenance of distress and disorders by interfering with the early stages of the clinical process.

Finally, research has demonstrated the negative impact of perfectionism on the treatment outcome. For example, Enns et al. (2003) reported that self-oriented perfectionism predicted a worse outcome for depression. Moreover, various researchers have reported that attitudes related to perfectionism impede treatment for depression (e.g., Blatt et al., 1995). Although these studies focused on self-related perfectionism attitudes, additional work has focused on components of the CMPB to provide a more comprehensive assessment of perfectionism in treatment. Hewitt et al. (2020) assessed pretreatment perfectionism traits in a sample of patients with depression. Their results revealed that other-oriented and socially prescribed perfectionism were both associated with lower posttreatment reductions in depression. Additionally, path analyses revealed self-oriented, other-oriented, and socially prescribed perfectionism indirectly predicted lower posttreatment reductions in depression through a perceived lack of quality extratherapeutic relationships. Results lend support for the PSDM in a clinical context and underscore the importance of perfectionism's influence on social disconnection that should be taken into account when treating patients with perfectionism (also see Shahar et al., 2004). Importantly, in subsequent analyses, Smith, Hewitt, et al., 2021 found that, unlike perfectionism, Big Five personality traits did not predict greater or lower symptom change. This lends support to the specificity of Hewitt et al.'s (2020) finding and underscores that perfectionism is not only relevant to the experience of depression but also can impede treatment benefit.

Overall, the findings presented suggest that pretreatment perfectionism is an important personality variable to consider in the clinical context and that perfectionism itself should be an important focus for treatment. This is because not only does perfectionism act as a vulnerability factor for depression but also because it can influence the benefit derived from treatment if not properly addressed (Hewitt et al., 2018).

Dynamic-Relational Treatment of Perfectionism

As our conceptualization of perfectionism is driven by evidence-based psychodynamic and interpersonal perspectives, so too is our recently developed dynamic-relational treatment of perfectionism. Briefly, our treatment emphasizes the relational basis of human behavior, such as thwarted needs for belonging and self-esteem, and focuses on how perfectionistic behavior offers a false promise of securing these needs. The treatment aims first to help patients develop awareness or emotional insight regarding the relational dynamics and unique interpersonal patterns underlying their need for perfection. The clinician can then help the patient move toward more adaptive and flexible ways of securing these needs of belonging and self-esteem.

According to this model, treatment is formulation-driven (see Hewitt et al., 2018) and attempts to make changes in the relational elements that underlie perfectionism and the experience of depression. Rather than directly focussing on the depression symptoms, we focus on the relational underpinnings of perfectionism to effect changes in this personality style. The reduction in perfectionism will, in turn, reduce the presenting symptoms and, importantly, should reduce the recurrence of depression if, indeed, the vulnerability to depression is reduced (see Blatt et al., 1995; Cheek et al., 2018; Hewitt & Genest, 1990).

We have demonstrated the effectiveness of this treatment with two studies assessing the changes in perfectionism components and psychological symptoms, including depression, in a group psychotherapy format (Hewitt et al., 2015; Hewitt, Kealy, et al., 2021). For both studies, patients who scored half a standard deviation or more than the mean on at least one type of trait or self-presentational perfectionism component were invited to participate. The first study is based on patients' self-reports which showed that following 10 sessions of dynamic-relational treatment for perfectionism (see Hewitt et al., 2017 for a detailed description of the treatment), not only were all components of perfectionism significantly improved posttreatment (with 92% showing clinically significant improvements on at least one perfectionism measure and 90% reporting clinically significant improvements on two or more perfectionism measures) but improvements were also seen in the severity of depression, anxiety, social anxiety, and interpersonal problems as well (Hewitt et al., 2015). Likewise, at the 4-month follow-up, it was found that perfectionism levels and symptoms, including depression, continued to improve further, a result often found with psychodynamic treatments (see Shedler, 2010). Moreover, the changes in perfectionism and other outcomes in the treatment group were significantly greater than a waitlist control group. As well, in this study, we assessed whether changes in particular perfectionism components were associated with changes in depression. Indeed, reductions in self-oriented perfectionism and nondisplay of imperfections were related to later reductions in depression severity. In a subsequent analysis, using close informant reports, we showed the effectiveness of the treatment with similar results (Hewitt et al., 2019). Hence, the first study's findings suggest that not only does a treatment that focuses on the putative underlying cause of depression reduce the vulnerability factor that is perfectionism, but it also reduces depression symptoms themselves.

In a second recently completed study, we conducted a randomized controlled trial (RCT) involving 70 perfectionistic patients who received 12 group therapy sessions of either our dynamic-relational

treatment or a bona fide psychodynamic supportive treatment. Findings revealed that clinically significant posttreatment and 6-month follow-up reductions in all perfectionism components and depressive symptoms were obtained for patients in both the dynamic-relational and supportive psychodynamic treatments with the dynamic-relational treatment showing stronger effects on self-oriented perfectionism and nondisplay of imperfections (Hewitt, Kealy, et al., 2021). Moreover, findings from this RCT also suggest that patients who received our dynamic-relational treatment experienced significantly greater reductions in depression symptoms than patients who received supportive therapy (see Hewitt, Kealy, et al., 2021 for details). Thus, there appears to be accumulating evidence for tenets of the PSDM as it pertains to depression over the entire process of seeking, initiating, and benefitting from treatment. Indeed, it appears that treatments that focus on relational underpinnings (Hewitt et al., 2015, 2019; Hewitt, Kealy, et al., 2021) can reduce not only depression symptoms but also the putative vulnerability that contributes to the experience of depression. Future research needs to directly assess the long-term effects beyond the 6 month follow-ups used in the current work and whether these reductions, in turn, reduce the probability of depression recurrence.

Limitations of the CMPB and Future Directions

The CMPB is by no means without limitations. As our review illustrates, the CMPB has undergone considerable changes over the past 35 years, and we expect this will continue. One important future direction is that it will be essential to extend research on the CMPB and refine the model to understand perfectionism from this perspective better. For example, more research on children and adolescents and the mechanisms involved in the substantial difficulties children with various elements of perfectionism face is crucial. Moreover, research addressing how elements of the CMPB interact with one another is vital. The findings of Rnic et al. (2021) described earlier provide a powerful demonstration that CMPB elements can influence the expression of one's purported perfectionism resulting in adverse outcomes. Lastly, an important avenue for future research involves the evaluation of combining different measures and conceptualizations of perfectionism into two factors. Although this practice is widespread in the perfectionism literature, it can obscure the consequence of specific perfectionism components. For example, we have discussed earlier how self-oriented perfectionism functions as a strong *vulnerability* factor in depression and how it is uniquely associated with chronic depression symptoms and other forms of pathology. This means that the self-oriented perfectionism–depressive symptom link may hinge on the extent to which ego-involving stressors are present and that a main effect should not necessarily be expected. Additionally, we suspect that relegating self-oriented perfectionism with other measures that are not vulnerability factors for depression, such as high standards or organization, mask self-oriented perfectionism's pernicious effects and erode accuracy (). Thus, a closer examination of how the CMPB is different from or adds to other conceptualizations of perfectionism may prove a particularly fruitful path to advance understanding of this important personality vulnerability.

Conclusions

In the present article, we outlined our multidimensional and multilevel descriptive model of perfectionism. We also summarized

several models of perfectionism and depression we have focused on over the past three decades both from a diathesis–stress perspective and from a more complex, developmental and relational perspective that describes how perfectionism functions as a causal and maintaining factor in depression. We then outlined research that we and others have conducted based on these models. Finally, we provided a description of and evidence for a dynamic-relational treatment of perfectionism that functions to reduce depression symptoms and vulnerability to depression. Overall, our article underscores the importance of a multifarious personality vulnerability that is involved both directly in creating a predisposition to depression and indirectly in terms of impeding accessing, initiating, and benefitting from treatment.

Résumé

Le perfectionnisme est un style de personnalité qui a été décrit pendant des décennies en tant que facteur hautement pertinent pour la dépression. Au cours des 30 dernières années, nous avons tenté, ainsi que d'autres chercheurs du Canada et d'ailleurs, de comprendre la cause et le maintien du perfectionnisme ainsi que le rôle que joue ce style de personnalité pernicieux dans la prédisposition, chez les individus, à l'égard de divers problèmes, tels que la dépression. Dans cet article, nous présentons notre modèle descriptif multidimensionnel et multiniveau du perfectionnisme et résumons divers autres modèles du perfectionnisme et de la dépression sur lesquels nous nous sommes penchés au fil des ans, tant d'un point de vue diathèse-stress que d'un point de vue du développement et relationnel, plus complexe. Ensuite, nous présentons sommairement les recherches existantes que nous et d'autres avons menées en nous basant sur ces modèles, pour conclure en fournissant une description et des preuves d'un traitement dynamique et relationnel du perfectionnisme qui permet de réduire les symptômes dépressifs et la vulnérabilité à l'égard de la dépression. Notre article souligne l'importance du perfectionnisme en expliquant en quoi il contribue directement à créer une prédisposition à l'égard de la dépression et indirectement à empêcher l'accès au traitement de la dépression et à ses bienfaits.

Mots-clés : perfectionnisme, dépression, modèle de déconnexion sociale du perfectionnisme

References

- Békés, V., Dunkley, D. M., Taylor, G., Zuroff, D. C., Lewkowski, M., Foley, J. E., Myhr, G., & Westreich, R. (2015). Chronic stress and attenuated improvement in depression over 1 year: The moderating role of perfectionism. *Behavior Therapy, 46*(4), 478–492. <https://doi.org/10.1016/j.beth.2015.02.003>
- Besser, A., Flett, G. L., & Hewitt, P. L. (2004). Perfectionism, cognition, and affect in response to performance failure vs. success. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 22*(4), 297–324. <https://doi.org/10.1023/B:JORE.0000047313.35872.5c>
- Besser, A., Flett, G. L., Hewitt, P. L., & Guez, J. (2008). Perfectionism, and cognitions, affect, self-esteem, and physiological reactions in a performance situation. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 26*(3), 206–228. <https://doi.org/10.1007/s10942-007-0067-0>
- Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Ed.), *Affective disorders* (pp. 13–48). International Universities Press.

- Blatt, S. J., D’Afflitti, J. P., & Quinlan, D. M. (1976). Experiences of depression in normal young adults. *Journal of Abnormal Psychology, 85*(4), 383–389. <https://doi.org/10.1037/0021-843X.85.4.383>
- Blatt, S. J., Quinlan, D. M., Pilkonis, P. A., & Shea, M. T. (1995). Impact of perfectionism and need for approval on the brief treatment of depression: The Treatment of Depression Collaborative Research Program revisited. *Journal of Consulting and Clinical Psychology, 63*(1), 125–132. <https://doi.org/10.1037/0022-006X.63.1.125>
- Cheek, J., Kealy, D., Hewitt, P. L., Mikail, S. F., Flett, G. L., Ko, A., & Jia, M. (2018). Addressing the complexity of perfectionism in clinical practice. *Psychodynamic Psychiatry, 46*(4), 457–489. <https://doi.org/10.1521/pdps.2018.46.4.457>
- Chen, C., Hewitt, P. L., & Flett, G. L. (2017). Ethnic variations in other-oriented perfectionism’s associations with depression and suicide behaviour. *Personality and Individual Differences, 104*, 504–509. <https://doi.org/10.1016/j.paid.2016.09.021>
- Corry, J., Green, M., Roberts, G., Fullerton, J. M., Schofield, P. R., & Mitchell, P. B. (2017). Does perfectionism in bipolar disorder pedigrees mediate associations between anxiety/stress and mood symptoms? *International Journal of Bipolar Disorders, 5*(1), 34. <https://doi.org/10.1186/s40345-017-0102-8>
- Cuijpers, P., Vogelzangs, N., Twisk, J., Kleiboer, A., Li, J., & Penninx, B. W. (2013). Differential mortality rates in major and subthreshold depression: Meta-Analysis of studies that measured both. *The British Journal of Psychiatry, 202*(1), 22–27. <https://doi.org/10.1192/bjp.bp.112.112169>
- Curran, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin, 145*(4), 410–429. <https://doi.org/10.1037/bul0000138>
- Dang, S. S., Quesnel, D. A., Hewitt, P. L., Flett, G. L., & Deng, X. (2020). Perfectionistic traits and self-presentation are associated with negative attitudes and concerns about seeking professional psychological help. *Clinical Psychology & Psychotherapy, 27*(5), 621–629. <https://doi.org/10.1002/cpp.2450>
- Dunkley, D. M., Blankstein, K. R., Halsall, J., Williams, M., & Winkworth, G. (2000). The relation between perfectionism and distress: Hassles, coping, and perceived social support as mediators and moderators. *Journal of Counseling Psychology, 47*(4), 437–453. <https://doi.org/10.1037/0022-0167.47.4.437>
- Dunkley, D. M., Sanislow, C. A., Grilo, C. M., & McGlashan, T. H. (2006). Perfectionism and depressive symptoms 3 years later: Negative social interactions, avoidant coping, and perceived social support as mediators. *Comprehensive Psychiatry, 47*(2), 106–115. <https://doi.org/10.1016/j.comppsy.2005.06.003>
- Dunkley, D. M., Sanislow, C. A., Grilo, C. M., & McGlashan, T. H. (2009). Self-criticism versus neuroticism in predicting depression and psychosocial impairment for 4 years in a clinical sample. *Comprehensive Psychiatry, 50*(4), 335–346. <https://doi.org/10.1016/j.comppsy.2008.09.004>
- Enns, M. W., & Cox, B. J. (2005). Perfectionism, stressful life events, and the 1-year outcome of depression. *Cognitive Therapy and Research, 29*(5), 541–553. <https://doi.org/10.1007/s10608-005-2414-8>
- Enns, M. W., Cox, B. J., & Inayatulla, M. (2003). Personality predictors of outcome for adolescents hospitalized for suicidal ideation. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(6), 720–727. <https://doi.org/10.1097/01.CHL.0000046847.56865.B0>
- Ey, S., Henning, K. R., & Shaw, D. L. (2000). Attitudes and factors related to seeking mental health treatment among medical and dental students. *Journal of College Student Psychotherapy, 14*(3), 23–39. https://doi.org/10.1300/J035v14n03_05
- Findlay, L. (2017). *Depression and suicidal ideation among Canadians*. Stats Canada.
- Flett, G. L., Besser, A., & Hewitt, P. L. (2014). Perfectionism and interpersonal orientations in depression: An analysis of validation seeking and rejection sensitivity in a community sample of young adults. *Psychiatry, 77*(1), 67–85. <https://doi.org/10.1521/psyc.2014.77.1.67>
- Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Gray, L. (1998). Psychological distress and the frequency of perfectionistic thinking. *Journal of Personality and Social Psychology, 75*(5), 1363–1381. <https://doi.org/10.1037/0022-3514.75.5.1363>
- Flett, G. L., Hewitt, P. L., Nepon, T., Sherry, S. B., & Smith, M. (2021). *The destructiveness and public health significance of socially prescribed perfectionism: A review and a conceptual extension*. Paper under review.
- Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research, 14*(5), 449–468. <https://doi.org/10.1007/BF01172967>
- Gaudreau, P., & Thompson, A. (2010). Testing a 2 × 2 model of dispositional perfectionism. *Personality and Individual Differences, 48*(5), 532–537. <https://doi.org/10.1016/j.paid.2009.11.031>
- Goya Arce, A. B., & Polo, A. J. (2017). A test of the perfectionism social disconnection model among ethnic minority youth. *Journal of Abnormal Child Psychology, 45*(6), 1181–1193. <https://doi.org/10.1007/s10802-016-0240-y>
- Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology: A Journal of Human Behaviour, 15*(1), 27–33.
- Hayes, J. A., Gelso, C. J., & Hummel, A. M. (2011). Managing countertransference. *Psychotherapy: Theory, Research, & Practice, 48*(1), 88–97. <https://doi.org/10.1037/a0022182>
- Hewitt, P. L. (2020). Perfecting, belonging, and repairing: A dynamic-relational approach to perfectionism. *Canadian Psychology, 61*(2), 101–110. <https://doi.org/10.1037/cap0000209>
- Hewitt, P. L., Chen, C., Smith, M. M., Zhang, L., Habke, M., Flett, G. L., & Mikail, S. F. (2021). Patient perfectionism and clinician impression formation during an initial interview. *Psychology and Psychotherapy: Theory, Research and Practice, 94*, 45–62. <https://doi.org/10.1111/papt.12266>
- Hewitt, P. L., & Dyck, D. G. (1986). Perfectionism, stress, and vulnerability to depression. *Cognitive Therapy and Research, 10*, 137–142. <https://doi.org/10.1007/BF01173389>
- Hewitt, P. L., & Flett, G. L. (1990). Perfectionism and depression: A multidimensional analysis. *Journal of Social Behavior and Personality, 5*(5), 423–438.
- Hewitt, P. L., & Flett, G. L. (1991a). Dimensions of perfectionism in unipolar depression. *Journal of Abnormal Psychology, 100*(1), 98–101. <https://doi.org/10.1037/0021-843X.100.1.98>
- Hewitt, P. L., & Flett, G. L. (1991b). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology, 60*(3), 456–470. <https://doi.org/10.1037/0022-3514.60.3.456>
- Hewitt, P. L., & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: A test of the specific vulnerability hypothesis. *Journal of Abnormal Psychology, 102*(1), 58–65. <https://doi.org/10.1037/0021-843X.102.1.58>
- Hewitt, P. L., & Flett, G. L. (2002). Perfectionism and stress processes in psychopathology. In G. L. Flett, & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 255–284). American Psychological Association. <https://doi.org/10.1037/10458-011>
- Hewitt, P. L., Flett, G. L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology, 105*(2), 276–280. <https://doi.org/10.1037/0021-843X.105.2.276>
- Hewitt, P. L., Flett, G. L., Flynn, C., Norton, G. R., & Ediger, E. (1998). Perfectionism in chronic and state symptoms of depression. *Canadian Journal of Behavioural Science, 30*(4), 234–242. <https://doi.org/10.1037/h0087066>
- Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: A relational approach to conceptualization, assessment, and treatment*. The Guilford Press.
- Hewitt, P. L., Flett, G. L., Sherry, S. B., & Caelian, C. (2006). Trait perfectionism dimensions and suicidal behavior. In T. E. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 215–235). American Psychological Association. <https://doi.org/10.1037/11377-010>

- Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., McMurtry, B., Ediger, E., Fairlie, P., & Stein, M. B. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology, 84*(6), 1303–1325. <https://doi.org/10.1037/0022-3514.84.6.1303>
- Hewitt, P. L., & Genest, M. (1990). The ideal self: Schematic processing of perfectionistic content in dysphoric university students. *Journal of Personality and Social Psychology, 59*(4), 802–808. <https://doi.org/10.1037/0022-3514.59.4.802>
- Hewitt, P. L., Kealy, D., Mikail, S. F., Sochting, I., Ge, S., Tasca, G. A., Flett, G. L., Dang, S., Gianonne, Z., Smith, M. M., Ferrari, M., & Madia, C. (2021). *Group psychotherapy for perfectionism: A randomized control trial of dynamic relational vs supportive treatment I*.
- Hewitt, P. L., Mikail, S. F., Flett, G. L., & Dang, S. S. (2018). Specific formulation feedback in dynamic-relational group psychotherapy of perfectionism. *Psychotherapy, 55*(2), 179–185. <https://doi.org/10.1037/pst0000137>
- Hewitt, P. L., Mikail, S. F., Flett, G. L., Tasca, G. A., Flynn, C. A., Deng, X., Kaldas, J., & Chen, C. (2015). Psychodynamic/interpersonal group psychotherapy for perfectionism: Evaluating the effectiveness of a short-term treatment. *Psychotherapy: Theory, Research, & Practice, 52*(2), 205–217. <https://doi.org/10.1037/pst0000016>
- Hewitt, P. L., Mittelstaedt, W., & Flett, G. L. (1990). Self-oriented perfectionism and generalized performance importance in depression. *Individual Psychology, 46*(1), 67–73.
- Hewitt, P. L., Mittelstaedt, W., & Wollert, R. (1989). Validation of a measure of perfectionism. *Journal of Personality Assessment, 53*(1), 133–144. https://doi.org/10.1207/s15327752jpa5301_14
- Hewitt, P. L., Qiu, T., Flynn, C. A., Flett, G. L., Wiebe, S. A., Tasca, G. A., & Mikail, S. F. (2019). Dynamic-Relational group treatment for perfectionism: Informant ratings of patient change. *Psychotherapy (Chicago, Ill.), 57*(2), 197–205. <https://doi.org/10.1037/pst0000229>
- Hewitt, P. L., Smith, M. M., Deng, X., Chen, C., Ko, A., Flett, G. L., & Paterson, R. J. (2020). The perniciousness of perfectionism in group therapy for depression: A test of the perfectionism social disconnection model. *Psychotherapy: Theory, Research, & Practice, 57*(2), 206–218. <https://doi.org/10.1037/pst0000281>
- Hidaka, B. H. (2012). Depression as a disease of modernity: Explanations for increasing prevalence. *Journal of Affective Disorders, 140*(3), 205–214. <https://doi.org/10.1016/j.jad.2011.12.036>
- Hill, R. W., Zrull, M. C., & Turlington, S. (1997). Perfectionism and interpersonal problems. *Journal of Personality Assessment, 69*(1), 81–103. https://doi.org/10.1207/s15327752jpa6901_5
- Hoffmann, A., Stoeber, J., & Musch, J. (2015). Multidimensional perfectionism and assortative mating: A perfect date? *Personality and Individual Differences, 86*, 94–100. <https://doi.org/10.1016/j.paid.2015.06.001>
- Horney, K. (1939). *The neurotic personality of our time*. Routledge.
- Joiner, T., Coyne, J. C., & Blalock, J. (1999). On the interpersonal nature of depression: Overview and synthesis. In T. Joiner, & J. C. Coyne (Eds.), *The interactional nature of depression: Advances in interpersonal approaches* (pp. 3–19). American Psychological Association. <https://doi.org/10.1037/10311-013>
- Joiner, T. E., Jr., & Schmidt, N. B. (1995). Dimensions of perfectionism, life stress, and depressed and anxious symptoms: Prospective support for diathesis-stress but not specific vulnerability among male undergraduates. *Journal of Social and Clinical Psychology, 14*(2), 165–183. <https://doi.org/10.1521/jscp.1995.14.2.165>
- Kessler, R. C. (2012). The costs of depression. *The Psychiatric Clinics of North America, 35*(1), 1–14. <https://doi.org/10.1016/j.psc.2011.11.005>
- Kleszewski, E., & Otto, K. (2020). The perfect colleague? multidimensional perfectionism and indicators of social disconnection in the workplace. *Personality and Individual Differences, 162*, Article 110016. <https://doi.org/10.1016/j.paid.2020.110016>
- La Rocque, C. L., Lee, L., & Harkness, K. L. (2016). The role of current depression symptoms in perfectionistic stress enhancement and stress generation. *Journal of Social and Clinical Psychology, 35*(1), 64–86. <https://doi.org/10.1521/jscp.2016.35.1.64>
- Limburg, K., Watson, H. J., Hagger, M. S., & Egan, S. J. (2017). The relationship between perfectionism and psychopathology: A meta-analysis. *Journal of Clinical Psychology, 73*(10), 1301–1326. <https://doi.org/10.1002/jclp.22435>
- Mackinnon, S. P., Battista, S. R., Sherry, S. B., & Stewart, S. H. (2014). Perfectionistic self-presentation predicts social anxiety using daily diary methods. *Personality and Individual Differences, 56*, 143–148. <https://doi.org/10.1016/j.paid.2013.08.038>
- Mackinnon, S. P., Sherry, S. B., Pratt, M. W., & Smith, M. M. (2014). Perfectionism, friendship intimacy, and depressive affect in transitioning university students: A longitudinal study using mixed methods. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 46*(1), 49–59. <https://doi.org/10.1037/a0033764>
- Magson, N. R., Oar, E. L., Fardouly, J., Johnco, C. J., & Rapee, R. M. (2019). The preteen perfectionist: An evaluation of the perfectionism social disconnection model. *Child Psychiatry and Human Development, 50*, 960–974. <https://doi.org/10.1007/s10578-019-00897-2>
- Mandel, T., Dunkley, D. M., & Starrs, C. J. (2018). Self-Critical perfectionism, daily interpersonal sensitivity, and stress generation: A four-year longitudinal study. *Journal of Psychopathology and Behavioral Assessment, 40*(4), 701–713. <https://doi.org/10.1007/s10862-018-9673-7>
- Mandel, T., Dunkley, D. M., & Moroz, M. (2015). Self-Critical perfectionism and depressive and anxious symptoms over 4 years: The mediating role of daily stress reactivity. *Journal of Counseling Psychology, 62*(4), 703–717. <https://doi.org/10.1037/cou0000101>
- Mandel, T., Dunkley, D. M., Lewkowski, M., Zuroff, D. C., Lupien, S. J., Juster, R., Ng Ying Kin, N. M. K., Foley, J. E., Myhr, G., & Westreich, R. (2018). Self-Critical perfectionism and depression maintenance over one year: The moderating roles of daily stress-sadness reactivity and the cortisol awakening response. *Journal of Counseling Psychology, 65*(3), 334–345. <https://doi.org/10.1037/cou0000284>
- Mental Health Commission of Canada. (2013). *Making the case for investing in mental health in Canada*. https://www.mentalhealthcommission.ca/wp-content/uploads/2016/06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf
- Miller, R., Hilsenroth, M. J., & Hewitt, P. L. (2017). Perfectionism and therapeutic alliance: A review of the clinical research. *Research in Psychotherapy, 20*(1), 264. <https://doi.org/10.4081/ripppo.2017.264>
- Paulhus, D. L., & Martin, C. L. (1987). The structure of personality capabilities. *Journal of Personality and Social Psychology, 52*(2), 354–365. <https://doi.org/10.1037/0022-3514.52.2.354>
- Paulus, D. J., Vanwoerden, S., Norton, P. J., & Sharp, C. (2016). Emotion dysregulation, psychological inflexibility, and shame as explanatory factors between neuroticism and depression. *Journal of Affective Disorders, 190*, 376–385. <https://doi.org/10.1016/j.jad.2015.10.014>
- Rnic, K., Hewitt, P. L., Chen, C., Jopling, E., Lemoult, J., & Flett, G. L. (2021). Examining the link between multidimensional perfectionism and depression: A longitudinal study of the intervening effects of social disconnection. *Journal of Social and Clinical Psychology*. Advance online publication. <https://doi.org/10.1521/jscp.2021.40.4.277>
- Shafran, R., Cooper, Z., & Fairburn, C. G. (2002). Clinical perfectionism: A cognitive-behavioural analysis. *Behaviour Research and Therapy, 40*(7), 773–791. [https://doi.org/10.1016/S0005-7967\(01\)00059-6](https://doi.org/10.1016/S0005-7967(01)00059-6)
- Shahar, G., Blatt, S. J., Zuroff, D. C., Krupnick, J. L., & Sotsky, S. M. (2004). Perfectionism impedes social relations and response to brief treatment for depression. *Journal of Social and Clinical Psychology, 23*(2), 140–154. <https://doi.org/10.1521/jscp.23.2.140.31017>
- Shannon, A., Goldberg, J. O., Flett, G. L., & Hewitt, P. L. (2018). The relationship between perfectionism and mental illness stigma. *Personality and Individual Differences, 126*, 66–70. <https://doi.org/10.1016/j.paid.2018.01.022>

- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, *65*(2), 98–109. <https://doi.org/10.1037/a0018378>
- Sherry, S. B., Law, A., Hewitt, P. L., Flett, G. L., & Besser, A. (2008). Social support as a mediator of the relationship between perfectionism and depression: A preliminary test of the social disconnection model. *Personality and Individual Differences*, *45*(5), 339–344. <https://doi.org/10.1016/j.paid.2008.05.001>
- Sherry, S. B., Mackinnon, S. P., & Gautreau, C. (2016). Perfectionists do not play nicely with others: Expanding the social disconnection model. In F. M. Sirois, & D. S. Molnar (Eds.), *Perfectionism, health, and well-being* (pp. 225–243). Springer. https://doi.org/10.1007/978-3-319-18582-8_10
- Slaney, R. B., Rice, K. G., & Ashby, J. S. (2002). A programmatic approach to measuring perfectionism: The almost perfect scales. In P. L. Hewitt, & G. L. Flett (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 63–88). American Psychological Association. <https://doi.org/10.1037/10458-003>
- Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The revised almost perfect scale. *Measurement and Evaluation in Counseling and Development*, *34*(3), 130–145. <https://doi.org/10.1080/07481756.2002.12069030>
- Smith, M. M., Hewitt, J. M. A., Paterson, R., & Hewitt, P. L. (2021). Personality and group psychotherapy outcome: The lack of influence of big five traits. *Group Dynamics*. Advance online publication. <https://doi.org/10.1037/gdn0000158>
- Smith, M. M., Sherry, S. B., Glowacka, M., Speth, T. A., Stewart, S. H., Saklofske, D. H., & Etherson, M. E. (2019). Who is the most demanding of them all? A multisource investigation of other-oriented perfectionism, socially prescribed perfectionism, and depressive symptoms. *Personality and Individual Differences*, *138*, 328–332. <https://doi.org/10.1016/j.paid.2018.09.023>
- Smith, M. M., Sherry, S. B., McLarnon, M. E., Flett, G. L., Hewitt, P. L., Saklofske, D. H., & Etherson, M. E. (2018). Why does socially prescribed perfectionism place people at risk for depression? A five-month, two-wave longitudinal study of the perfectionism social disconnection model. *Personality and Individual Differences*, *134*, 49–54. <https://doi.org/10.1016/j.paid.2018.05.040>
- Smith, M. M., Sherry, S. B., Mushquash, A. R., Saklofske, D. H., Gautreau, C. M., & Nealis, L. J. (2017). Perfectionism erodes social self-esteem and generates depressive symptoms: Studying mother-daughter dyads using a daily diary design with longitudinal follow-up. *Journal of Research in Personality*, *71*, 72–79. <https://doi.org/10.1016/j.jrp.2017.10.001>
- Smith, M. M., Sherry, S. B., Rnic, K., Saklofske, D. H., Enns, M., & Gralnick, T. (2016). Are perfectionism dimensions vulnerability factors for depressive symptoms after controlling for neuroticism? A meta-analysis of 10 longitudinal studies. *European Journal of Personality*, *30*(2), 201–212. <https://doi.org/10.1002/per.2053>
- Smith, M. M., Sherry, S. B., Vidovic, V., Hewitt, P. L., & Flett, G. L. (2020). Why does perfectionism confer risk for depressive symptoms? A meta-analytic test of the mediating role of stress and social disconnection. *Journal of Research in Personality*, *86*, Article 103954. <https://doi.org/10.1016/j.jrp.2020.103954>
- Smith, M. M., Sherry, S. B., Vidovic, V., Saklofske, D. H., Stoeber, J., & Benoit, A. (2019). Perfectionism and the five-factor model of personality: A meta-analytic review. *Personality and Social Psychology Review*, *23*(4), 367–390. <https://doi.org/10.1177/1088868318814973>
- Stonebridge, C., & Sutherland, G. (2016). *Healthy brains at work: Estimating the impact of workplace mental health benefits and programs*. The Conference Board of Canada.
- Sturman, E. D., Flett, G. L., Hewitt, P. L., & Rudolph, S. G. (2009). Dimensions of perfectionism and self-worth contingencies in depression. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *27*(4), 213–230. <https://doi.org/10.1007/s10942-007-0079-9>
- Vaillancourt, T., & Haltigan, J. D. (2018). Joint trajectories of depression and perfectionism across adolescence and childhood risk factors. *Development and Psychopathology*, *30*(2), 461–477. <https://doi.org/10.1017/S0954579417000979>
- Weissman, A. N., & Beck, A. T. (1978, November). *Development and validation of the dysfunctional attitude scale: A preliminary investigation*. Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy, Chicago, IL.

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