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Personality and Individual Differences

Short Communication

Is socially prescribed perfectionism veridical? A new take on the stressfulness of perfectionism

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ABSTRACT

Socially prescribed perfectionists play an active role in creating stress through a process known as stress generation. Extensive evidence also suggests that stress among socially prescribed perfectionists stems from perceived external pressures to be perfect. However, the degree to which these sensed outside pressures reflect real or imagined demands is unclear. In particular, does having other-oriented perfectionists in one's social network lead to greater socially prescribed perfectionism and stress? To address this, we recruited 312 undergraduates (targets) and 1,014 members of their social networks (influencers). Targets completed measures of self-oriented perfectionism, socially prescribed perfectionism, stress, and neuroticism. Influencers completed a measure of other-oriented perfectionism. As expected, the relationship between other-oriented perfectionism in influencers and self-oriented perfectionism in targets was not significant. However, as anticipated, path analysis revealed that influencers' other-oriented perfectionism contributed to targets' socially prescribed perfectionism, which in turn contributed to targets' stress, even after controlling for targets' neuroticism. Findings underscore the importance of considering the veridical aspects of socially prescribed perfectionism, as well as continuing to investigate the potentially deleterious consequences of having other-oriented perfectionists in one's social network.

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1. Introduction

Hewitt and Flett (1991) assert perfectionism is best understood as a multidimensional personality trait composed of three dimensions: self-oriented perfectionism (demanding perfection from oneself), other-oriented perfectionism (demanding perfection from others), and socially prescribed perfectionism (perceiving others are demanding perfection of oneself). Self-oriented perfectionism is double-edged. On the one hand, self-oriented perfectionism is associated with positive characteristics such as conscientiousness (Stoeber, Corr, Smith, & Saklofske, in press). On the other hand, self-oriented perfectionism places people at risk for increased depressive symptoms over time (Smith, Sherry, Rnic, et al., 2016).

Other-oriented perfectionism is similarly double-edged and displays positive associations with grandiose narcissism, Machiavellianism, psychopathy, and aggressive humor and negative associations with pro-social orientations (Smith, Sherry, Chen, Flett, & Hewitt, 2016; Stoeber, 2014; Stoeber, 2015). Nonetheless, other-oriented perfectionism

is also tied to lower burnout (Childs & Stoeber, 2010), superior problem solving (Flett, Hewitt, Blankstein, Solnik, & Van Brunschot, 1996), and positive self-regard (Stoeber, 2015).

Finally, socially prescribed perfectionism shows strong and consistent associations with indicators of psychological maladjustment (Hewitt & Flett, 2002). Compared to other-oriented perfectionists, socially prescribed perfectionists have lower self-esteem and higher vulnerable narcissism (Smith, Sherry, Chen, et al., 2016; Stoeber, 2015). And, unlike other-oriented perfectionists, socially prescribed perfectionists think, feel, and behave in ways that generate stress, which in turn increases vulnerability to clinical conditions such as depression and eating disorders (Hewitt & Flett, 1993, 2002). For instance, socially prescribed perfectionists generate stress due to both internal factors such as negative social cognitions, and external factors such as negative life events (Besser, Flett, Hewitt, & Guez, 2008; Dunkley, Zuroff, & Blankstein, 2003; Hewitt & Flett, 2002; Sherry, Law, Hewitt, Flett, & Besser, 2008).

Yet, whether socially prescribed perfectionists generate stress due to real or imagined demands to be perfect remains unclear. In particular, might other-oriented perfectionists lead others to legitimately perceive outside pressures to be perfect, which in turn generates stress? And might the relationship between socially prescribed perfectionism and

stress merely be an artifact stemming from overlap with the dispositional tendency to experience negative emotional states (i.e., neuroticism)?

1.1. The present study

We sought to clarify the relationships between other-oriented perfectionism in influencers and socially prescribed perfectionism and perceived stress in targets. We anticipated other-oriented perfectionism in members of targets' social network would predict targets' socially prescribed perfectionism, but not targets' self-oriented perfectionism. We also anticipated that targets' socially prescribed perfectionism would correlate positively with targets' perceived stress. Furthermore, we expected that influencers' other-oriented perfectionism would indirectly affect targets' perceived stress through targets' socially prescribed perfectionism. Finally, we anticipated that the socially prescribed perfectionism-stress relationship is not simply secondary to overlap with neuroticism. Controlling for neuroticism, when examining the socially prescribed perfectionism-stress relationship is important, given that neuroticism overlaps substantially with both socially prescribed perfectionism and stress (Enns, Cox, & Clara, 2005; Smith, Sherry, Rnic, et al., 2016).

2. Method

2.1. Participants

A sample of undergraduates was recruited from a large university in Eastern Canada ($N = 312$; 247 women). Participants averaged 20.2 years of age ($SD = 3.6$) and were primarily of European descent (69.6%). We call these participants targets. Additionally, 1680 members of the targets' social networks were contacted to participate; we call these participants influencers. Of the 1680 influencers contacted, 1014 (647 women) participated (60.4%). On average, there were 3.0 ($SD = 1.5$) influencers per target. Influencers were composed of friends (43.8%), mothers (16.9%), fathers (10.1%), romantic partners (7.9%), sisters (7.2%), brothers (3.8%), and other relatives (10.3%). Influencers averaged 31.0 years of age ($SD = 15.4$). The average length of the influencers relationship with the target was 11.3 years ($SD = 8.8$). Influencers had face to face contact with the target on average 3.6 ($SD = 1.7$) times per week.

2.2. Measures

2.2.1. Perfectionism

Perfectionism was measured using the 15-item short-form of Hewitt and Flett's (1991) *Multidimensional Perfectionism Scale* (HFMPS-SF; Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008). Targets completed measures of self-oriented perfectionism (e.g., "It is very important that I am perfect in everything I attempt") and socially prescribed perfectionism (e.g., "People expect nothing less than perfection from me"). Influencers completed a measure of other-oriented perfectionism (e.g., "Everything that others do must be of top-notch quality"). Reliability and validity evidence for the HFMPS-SF is supported (Stoeber, in press). Participants responded to HFMPS-SF items using a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*).

2.2.2. Neuroticism

Neuroticism was measured using the 8-item neuroticism subscale of the *Big Five Inventory* (BFI-N; e.g., "I see myself as someone who gets nervous easily;" John, Donahue, & Kentle, 1991). Reliability and validity evidence for the BFI-N is strong (Soto & John, 2009). Targets responded to BFI-N items using a 5-point rating scale from 1 (*disagree strongly*) to 5 (*strongly agree*).

2.2.3. Perceived stress

Perceived stress was measured using the 14-item *Perceived Stress Scale* (PSS; e.g., "In the past 7 days, how often have you felt nervous or stressed;" Cohen, Kamarck, & Mermelstein, 1983). We modified the PSS such that ratings reflected perceived stress over the past 7 days, as opposed to the past month. Lee (2012) reported evidence indicating good psychometric properties for the PSS. Targets responded to PSS items using a 4-point scale from 0 (*never*) to 4 (*very often*).

2.2.4. Procedure

Targets were recruited from the Department of Psychology and Neuroscience's subject pool and completed measures of neuroticism, self-oriented perfectionism, socially prescribed perfectionism, and perceived stress. Targets also provided email contact information for five people in their social network (i.e., influencers). Influencers were required to have known the targets for at least three months and to interact with them at least two times per week (in person, phone, skype, or email). Eligible influencers were contacted via email and directed to an online measure of other-oriented perfectionism. In compensation, targets were awarded one credit to use towards a psychology course and influencers were entered into 1 of 20 cash draws for $50.

3. Results

3.1. Descriptive statistics

Means, standard deviations, Cronbach's alpha, and bivariate correlations are in Table 1. Following Cohen's (1992) guidelines for small, medium, and large effect sizes ($r = .10, .30, .50$, respectively), influencers' other-oriented perfectionism displayed a small positive association with targets' socially prescribed perfectionism. And targets' socially prescribed perfectionism displayed a moderate positive relationship with targets' perceived stress. Likewise, targets' neuroticism displayed a small positive relationship with targets' socially prescribed perfectionism and a large positive relationship with targets' perceived stress. However, the relationship between influencers' other-oriented perfectionism and targets' neuroticism, as well as the relationship between influencers' other-oriented perfectionism and targets' perceived stress, was non-significant ($p < .05$).

3.2. Path analysis

To test whether targets' socially prescribed perfectionism mediated the relationship between influencers' other-oriented perfectionism and targets' perceived stress, path analysis with maximum likelihood estimation was conducted using Mplus 7.2 (Muthén & Muthén, 1998-2012). The significance of indirect effects was computed using bias-corrected bootstrapping with 20,000 resamples. If the 95% confidence interval for an indirect effect does not contain 0 within its upper and

Table 1
Means, standard deviations, Cronbach's alpha, and bivariate correlations.

Variable	1	2	3	4	5
Influencers					
1. Other-oriented perfectionism	—	.02	.18[**]	.08	.06
Targets					
2. Neuroticism		—	.23[***]	.08	.65[***]
3. Socially prescribed perfectionism			—	.49[***]	.30[***]
4. Self-oriented perfectionism				—	.13[*]
5. Perceived stress					—
M	4.13	2.81	3.90	4.44	1.94
SD	0.68	0.81	1.23	1.50	0.57
Cronbach's alpha (α)	.77	.83	.79	.89	.81

Note. Targets ($N = 312$); influencers ($N = 1014$).
  [*] $p \leq 0.05$.
 [**] $p \leq 0.01$.
[***] $p \leq 0.001$.
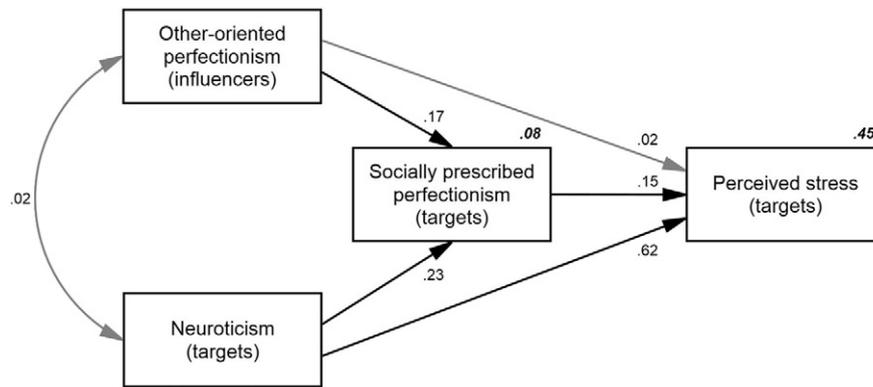
Fig. 1. Path diagram depicting associations among variables. Rectangles represent observed variables. The double-headed grey arrow represents a nonsignificant correlation ($p > .05$). The single-headed grey arrow represents a nonsignificant direct effect ($p > .05$). Single-headed black arrows represent significant direct effects ($p < .05$). Bolded italicized numbers in the top right hand corner of rectangles represents the amount of variance explained by exogenous variables. All estimates are standardized.

lower bounds, it suggests mediation. Standardized effect sizes for indirect effects were computed using the Sobel test (i.e., P_M; Sobel, 1982; see Preacher & Leonardelli, 2003). P_M is a measure of the magnitude of an indirect effect compared to its estimated standard error.

As anticipated, the indirect effect of influencers' other-oriented perfectionism on targets' perceived stress via targets' socially prescribed perfectionism was significant: $B = 0.45$, $\beta = .06$ (95% CI, .02, .10), $P_M = 2.69$ ($p = .007$), and $SE = .02$. This indirect effect remained significant even after controlling for neuroticism: $B = 0.21$, $\beta = .03$ (95% CI, .01, .05), $P_M = 2.29$ ($p = .023$), and $SE = .01$ (see Fig. 1). We also tested a model with socially prescribed perfectionism removed from Fig. 1. Influencers' other-oriented perfectionism was not significantly associated with target's perceived stress ($B = 0.40$, $\beta = .05$ [95% CI, −.04, .14], $SE = .05$), whereas target's neuroticism was significantly related to the target's perceived stress ($B = 0.81$, $\beta = .65$ [95% CI, .59, .71], $SE = .03$).

Specificity was tested by substituting self-oriented perfectionism for socially prescribed perfectionism in Fig. 1. The indirect effect of influencers' other-oriented perfectionism on targets' perceived stress, via targets' self-oriented perfectionism was not significant: $B = 0.09$, $\beta = .01$ (95% CI, −.01, .03), $P_M = 1.01$ ($p = .311$), and $SE = .01$. In fact, targets' self-oriented perfectionism was not significantly associated with influencers' other-oriented perfectionism ($B = 0.62$, $\beta = .08$ [95% CI, −.04, 0.20], $SE = .06$), or with targets' perceived stress ($B = 0.07$, $\beta = .07$ [95% CI, −.02, .16], $SE = .05$), or with targets' neuroticism ($B = 0.09$, $\beta = .08$ [95% CI, −.03, .19], $SE = .06$). Thus, socially prescribed perfectionism appears to be more relevant to the relationship between influencers' other-oriented perfectionism and targets' perceived stress than self-oriented perfectionism.

4. Discussion

Our study is the first to consider the role of other-oriented perfectionism in one's social network in contributing to the link between socially prescribed perfectionism and perceived stress. Preliminarily, findings suggest socially prescribed perfectionism is, to a small extent, veridical. In particular, results suggest that having other-oriented perfectionism in one's social network is tied to feelings of pressure to be perfect which, in turn, is associated with increased stress. Consequently, although socially prescribed perfectionism is often conceptualized as primarily a social-cognitive personality trait, our findings suggest perceived external pressures to be perfect may not simply be a "between the ears" phenomenon. Rather, perceiving others as critical and demanding may be reflective of actual criticism and demands in one's social network. Likewise, findings also suggest people who harshly demand perfection from others, while experiencing perpetual dissatisfaction with others' perceived flaws (i.e., other-oriented perfectionists), may have stress-inducing effects on others.

Moreover, findings revealed other-oriented perfectionism in one's social network did not contribute to targets' self-oriented perfectionism. This finding increases confidence in the specificity of our results, and suggests self-oriented perfectionists may be intrinsically motivated to strive for perfection. In summary, our study underscores the importance of considering socially prescribed perfectionism as more than a social-cognitive personality trait. Socially prescribed perfectionists may experience stress, in part, because they find themselves influenced by other-oriented perfectionists in their social environment.

4.1. Limitations and future directions

Our study was cross-sectional, precluding us from addressing questions of directionality. Future research might address this by examining the extent to which other-oriented perfectionism in one's social network predicts longitudinal changes in targets' socially prescribed perfectionism and stress. We also operationalized stress in terms of cognitions. Future research might investigate the extent to which findings replicate when stress is operationalized in terms of biomarkers (e.g., cortisol). Additionally, we measured other-oriented perfectionism in the targets' social network, despite theory suggests parenting behaviors are particularly relevant for the development of perfectionism. Thus, future research might investigate the extent to which other-oriented perfectionism in parents influences their child's socially prescribed perfectionism (Flett, Hewitt, Oliver, & MacDonald, 2002). Likewise, given the association between socially prescribed perfectionism and suicide (Flett, Hewitt, & Heisel, 2014), future research might consider testing whether having other-oriented perfectionism in one's social network contributes to suicide ideation. Finally, influencers who agreed to participate may have been more agreeable than influencers who declined to participate. Future research could address this potential bias by randomly sampling influencers from the targets' social network.

5. Concluding remarks

Our findings suggest self-oriented perfectionism and socially prescribed perfectionism have distinct interpersonal precipitants, with only socially prescribed perfectionism being tied to proximity to other-oriented perfectionists. Moving forward, we encourage researchers to consider that socially prescribed perfectionism is, to a small extent, veridical and to further investigate the potentially deleterious consequences of having other-oriented perfectionists in one's social network.

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