A Study of the Issues Regarding Perfectionism

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Psychologists and researchers have long been interested in studying the construct of perfectionism. Over the past few decades, an outpouring of literature aimed at understanding the construct of perfectionism has evolved. However, there is still no consensus among researchers as to the nature and definition of perfectionism until now. This paper provides a brief review of the history of the studies on perfectionism in the context of the changing conceptions in addition to the development of new multidimensional perfectionism assessments. The findings on the dimensionality and typology of perfectionism have led to the conclusion that perfectionism can be distinguished into positive and negative dimensions, and so there are healthy (adaptive) as well as unhealthy (maladaptive) perfectionists. Accordingly, reviews on perfectionism as a personality trait, identifications of the positive and negative aspects of perfectionism, illustration of its psychopathological forms, discussions on its vulnerabilities to clinical depression, how to identify perfectionists, and coping strategies that can help perfectionists will also be presented. Besides, this paper also examines the recent studies on the prevalence of perfectionism among gifted students in Hong Kong.

Keywords: perfectionism, perfectionists, adaptive perfectionism, maladaptive perfectionism, procrastination

Introduction

The word "perfection" derives from the Latin word known as "pecfectio", which means "to finish" or "bring to an end" (Nganyirwohi, 2016). This is a neutral-meaning word which has no suggestion of whether it is good or bad. The idiom "practice makes perfect" and the common adage that "no one is perfect" or "nothing is perfect" seems to contradict with each other which call into question whether perfection is realistic and attainable or not. Hence, a consensual definition of perfection or perfectionism remains arguable. Some may define perfectionism as the tendency to set excessively high standards of personal performance, and it is characterized by overly critical evaluations of oneself and others ((Flett & Hewitt, 2002; Shafran & Mansell, 2001; Frost, Marten, Lahart, & Rosenblate, 1990), which could be destructive (e.g., Pacht, 1984) and compulsive (e.g., Burns, 1983), and to a fear of failure and procrastination (e.g., Adderholdt-Elliot, 1989). While some may define it as a personality trait that motivates individuals to strive toward important goals and foster excellence (Yoon & Lau, 2008), and is associated with high achievement (Witcher, Alexander, Onwuegbuzie, Collins, & Witcher, 2007), adaptive coping (Blankstein & Dunkley, 2002) and conscientiousness (Enns & Cox, 2002).

Slaney, Rice, Mobley, Trippi, and Ashby (2001) surveyed dictionary definitions of perfectionism and concluded that there are two core features of perfectionism: one is the "extreme or excessive striving for perfection" and the other is "a disposition to regard anything short of perfection as unacceptable" (p. 131). In this sense, the words "extreme and excessive" and "unacceptable" become the critical points among the arguments.

Apart from the two somewhat contrasting positions, a third perspective has also emerged and has been increasingly adopted by theorists and researchers who view that perfectionism could be represented by a continuum of behaviors and thoughts, which has both positive or healthy and negative or unhealthy aspects (e.g., Roedell, 1984; Silverman, 1999, 2007). And yet, this becomes the foundation of the contemporary views of assessing perfectionism in a multidimensional manner.

Perfectionism as a personality trait

Perfectionism is also one of Raymond Cattell's 16 Personality Factors, suggesting that individuals who are organized, compulsive, self-disciplined, socially precise, exacting will power, controlled, and self-sentimental are perfectionists (Cattell, & Mead, 2008). While, in the Big Five personality model, perfectionism is an extreme manifestation of conscientiousness and can provoke overwhelming neuroticism when the perfectionist's expectations are not met. Negative perfectionism is more similar to neuroticism while positive perfectionism is more similar to conscientiousness. The latter positively corresponds with life satisfaction, self-esteem, secure attachment, and cohesive self-development (Rice, Leever, Noggle, & Lapsley, 2007).

A Brief History of Perfectionism Research and Theory

The origins of perfectionism research can be traced back to the psychoanalytic tradition, especially in the writings of Alfred Adler (1870-1937) and Karen Horney (1885-1952). Horney (1950) described perfectionism as "the tyranny of the should" (p.64) and regarded it as a highly neurotic personality trait without any positive aspect. In Horney's view, meticulous orderliness and exacting fastidiousness normally described as perfectionistic, represented only superficial aspects of "the need to attain the highest degree of excellence" (p.196). Horney argued that the most important aspects are at a deeper level of psychic experience and involve not only a means to superiority, but also a method of controlling life.

Adler (1956) was one of the pioneering theorists who viewed perfectionism as healthy when the striving for perfection includes social concern along with the maximizing of one's potential. He saw the striving for perfection as a normal and innate aspect of human development in the claim that "the striving for perfection is innate in the sense that it is a part of life, a striving, an urge, a something that without which life would be unthinkable" (p. 104), but individuals attempt to achieve the goal of perfection

differently, and their individual attempts can be differentiated by their functional and dysfunctional behaviors towards this goal (Akay-Sullvian, Sullivan, & Bratton, 2016). Maslow (1971) also emphasized the positive view and described that self-actualization necessarily involves the struggle for perfection of one's talents and capabilities.

Hamachek (1978) described perfectionism as a psychological phenomenon that "is a clinical mystery" and went on to distinguish between two types of perfectionism—the normal and the neurotic. Normal perfectionism is characterized by conscientious efforts to strive for excellence on tasks whereas neurotic perfectionism is characterized by neurotic and obsessive-compulsive behaviors in the pursuit. His distinction made an important contribution to perfectionism literature. According to Hamachek, normal perfectionists are those who derive pleasure from doing well at something that is difficult. On the other hand, neurotic perfectionists are those unable to feel pleasure as a result of their efforts, because they "never seem good enough, and they are unable to feel satisfaction because in their own eyes they never seem to do things good enough to warrant that feeling" (p. 27). In Hamachek's view, normal perfectionism is not only nonpathological, but even desirable, as it is an aspect of the need for achievement. Motivated by striving for perfection, the normal perfectionist is able to adopt a flexible approach in the manifestation of those strivings. Perfectionism is thus a desirable personality trait, which involves a desire to meet high standards and develop competent, accomplished behaviors. The normal perfectionist derives pleasure and satisfaction from effort and possesses the ability to be less precise according to the situation.

Therefore, it seems that both normal and neurotic perfectionists could be represented by the striving to meet the high standards they set for themselves, but normal perfectionists are associated with the accommodation of limitations or imperfections and the satisfaction with their best performance, whereas neurotic perfectionists are associated with the non-acceptance of imperfections and the dissatisfaction with their best performance. Accordingly, the striving for excellence is inherent in perfectionism, and both normal or positive and neurotic or negative, cannot be viewed as the antithesis or opposite of perfectionism.

Typology of Perfectionism

During the past few decades, numerous studies and a large amount of evidence have accumulated confirming that two basic forms of perfectionism can be distinguished. Even though these two forms have been given different labels—namely perfectionistic striving and perfectionistic concerns (Stoeber, & Otto, 2006), positive strivings and maladaptive evaluation concerns (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993), active and passive perfectionism (Adkins & Parker, 1996), positive and negative perfectionism (Terry-Short, Owens, Slade, & Dewey, 1995), adaptive and maladaptive perfectionism (Rice, Ashby, & Slaney, 1998), functional and dysfunctional perfectionism (Rhéaume, Freeston, et al., 2000), healthy and unhealthy perfectionism (Stumpf & Parker, 2000), personal standards and evaluative concerns perfectionism (Blankstein & Dunkley, 2002), and conscientious and self-evaluative perfectionism (Hill et al., 2004). Hence, there is considerable agreement that perfectionism does not have to be negative, but can also be positive, healthy and adaptive.

The Development of Perfectionism Assessments

Together with the evolving conceptualization of perfectionism from a unidimensional and primarily negative construct to a multidimensional construct with positive and negative aspects, the assessment of perfectionism has progressed from the development of unidimensional scales to the development of scales that promote the multidimensional nature of the construct.

At the end of the 1970s, the dominant view of the 1980s was that perfectionism was always neurotic, dysfunctional, and indicative of psychopathology (Burns, 1980; Pacht, 1984). Empirical findings supported this view. Studies with clinical populations found increasing levels of perfectionism in clients diagnosed with depression, obsessive-compulsive disorder, and eating disorders (Ranieri et al., 1987; Rasmussen & Eisen, 1992; Rosen, Murkofsky, Steckler, & Skolnick, 1989), and studies with nonclinical populations found perfectionism to be related to higher levels of distress and to pathological symptoms associated with depression, anxiety, and disordered eating (Flett, Hewitt, & Dyck, 1989; Hewitt, Mittelstaedt, & Wollert, 1989; Thompson, Berg, & Shatford, 1987). However, all these studies relied on unidimensional measures of perfectionism such as the perfectionism subscale of the Eating Disorders Inventory (EDI) (Garner, Olmstead, & Polivy, 1983) or the Perfectionism Scale of Burns (1980) which consisted of items from the Dysfunctional Attitudes Scale (DAS) (Weissman & Beck, 1978), a scale developed to capture attitudes that are typical of clients diagnosed with depression. Thus, it comes as no surprise that perfectionism was found to be negative, dysfunctional, and even pathological.

This changed at the beginning of 1990s, when two research groups independently demonstrated that perfectionism is multidimensional in nature and provided perfectionism research with two multidimensional scales to capture the construct in all its facets (Frost, Martin, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Frost and his colleagues (1990) developed a 35-item multidimensional questionnaire, the Frost Multidimensional Perfectionism Scale (FMPS), which examines the intrapersonal nature of perfectionism (Frost, Martin, Lahart, & Rosenblate, 1990), proposed that six facets in the experience of perfectionism can be differentiated—personal standards, organization, concern over mistakes, doubts about actions, parental expectations, and parental criticism— indicating that perfectionists have high standards, value order and organization, and try to avoid mistakes and therefore often indecisive about their actions. Moreover, perfectionists attach great importance to past or present evaluations by their parents. Hewitt and Flett (1991a), on the other hand, emphasized the multidimensional and interpersonal aspects of perfectionism, and developed the 45-item Multidimensional Perfectionism Scale (HMPS), proposed that three facets of perfectionism can be differentiated— self-oriented perfectionism (SOP), other-oriented perfectionism (OOP), and socially prescribed perfectionism (SPP). Self-oriented perfectionism is an intrapersonal dimension that involves requiring perfection of oneself, constantly striving to achieve unrealistic high standards, and critically evaluating one's own performance. Other-oriented perfectionism is an interpersonal dimension that involves unrealistic expectations and harsh evaluation of others. Socially prescribed perfectionism addresses the perceptions of standards set by others. However, socially prescribed perfectionism involves the perception that perfectionist standards are held by important people in one's life, and that these important others expect perfection and will evaluate performance critically (Hewitt, & Flett, 1991b; Hewitt, & Flett, 1990). This indicates that perfectionists may see their high standards as self-imposed or as imposed by others, and that they may equally have high expectations of others. In other words, those with a perfectionist personality trait can demand perfection in themselves, in others, or they can believe others will accept only perfection. In addition, they suggested that self-

oriented perfectionism was directed towards avoiding self- criticism whereas socially prescribed perfectionism was directed towards avoiding disapproval by others.

Although both the HMPS and the FMPS explore the multidimensional nature of the construct, the item content of the scales is largely negative. With the aim of giving an equal emphasis to the pathological as well as nonpathological aspects of perfectionism, Terry-Short, Owens, Slade, and Dewey (1995) developed a 40-item Positive and Negative Perfectionism Scale (PANPS) to assess perfectionism defined in terms of positive (20 items) and negative (20 items) behavioral consequences or outcomes. On the other hand, Slaney, Rice, Mobley, Trippi, and Ashby (2001) also emphasized the assessment of adaptive and maladaptive perfectionism in their 23-item Almost Perfect Scale-Revised (APS-R). The scale assesses the personal standards that respondents set for themselves, their need for order and organization, and their perception of the discrepancy between standards and performance.

Last but not least, the Physical Appearance Perfectionism Scale (PAPS) specifically assesses positive and negative aspects of physical appearance perfectionism, with two sub-scales namely worry about imperfection (WAI) and hope for perfection (HFP). (Yang, & Stoeber, 2012). Perfectionists score high in worry about imperfection showed negative correlations with positive self-perceptions of one's appearance (e.g., appearance self-esteem) and positive correlations with maladaptive concerns aspects of perfectionism, physical appearance concerns (e.g., body image disturbances), and body weight control whereas hope for perfection showed positive correlations with positive striving aspects of perfectionism, positive self-perceptions, and impression management.

Positive aspects of Perfectionism

An adaptive, healthy and positive form of perfectionism allows individuals engage in "careful but relaxed" pursuit of activities and evaluate themselves against high but reasonable self-standards. Stoeber and Otto (2006) suggest that perfectionistic strivings are associated with positive attitudes and therefore healthy perfectionists demonstrated higher levels of positive characteristics than either unhealthy perfectionists or non-perfectionists. Their findings suggest that self-oriented perfectionistic strivings were positive, provided that tendencies to become overly concerned about mistakes and negative evaluations by others were not present.

Recent research shows that healthy or adaptive perfectionism has been linked to conscientiousness (Ulu and E. Tezer, 2010), overcoming procrastination (Slaney et al., 2001) and self-efficacy (Nakano, 2009). Besides, perfectionistic strivings can be associated with higher satisfaction with life (Wang, Yuen, & Slaney, 2009). Those with adaptive perfectionism tend to have high self-esteem and are relatively immune to the long-term detrimental effects of perceived failures (Rice, & Ashby, 2007).

Gifted talent (Neumeister, 2004) and high achieving athletes (Anshel, Kim, & Henry, 2009) often show signs of perfectionism. While adaptive perfectionists achieve academically well (Rice, & Ashby, 2007; Rice & Slaney, 2002) and often score high in Grade Point Averages (Ashby, & Bruner, 2005; Grzegorek, Slaney, Franze, & Rice, 2004).

Adaptive perfectionism may even benefit people to live longer. Positive associations between young adult perfectionists and better physical health (Molnar, Reker, Culp, Sadava, & DeCourville, 2006), as well as less engagement in health-risk behaviors such as smoking and drinking have been identified (Molnar & Sadava, 2010). Fry and Debat's (2009) investigation of seniors newly diagnosed with diabetes revealed that senior perfectionists lived longer than their less exacting peers who faced the same challenges. Fry and Debat's study even invites other researchers to consider how a perfectionist outlook might foster clients' ways of thinking about managing their illnesses.

Negative Psychopathological Aspects of Perfectionism

Greenspon (2000, 2008, 2014) is one of those theorists that believe perfectionism is absolutely harmful and negative, claiming that positive or adaptive perfection is just an oxymoron. He contends that the intensity of the anxiety at the core of perfectionism is destined to have negative emotional, relational, and even performance consequences. By then, he describes perfectionism as harshly negative self-talk and is felt to be a burden by most people who experience it. Despite a large body of literature asserts that some perfectionism is healthy or positive, he criticized these literatures have no factual or theoretical basis for such a claim, and the commonly asserted belief in a dichotomy between adaptive and maladaptive perfectionism is based on the misunderstanding of the nature of perfectionism, while in part confusing the concept with striving for excellence and was due to the uncritical acceptance of early work on the subject.

In fact, the vast majority of recent research supports that perfectionism may induce different kinds of problems, especially in its maladaptive form. Negative aspects of perfectionism include: anorexia nervosa (Bastiani, Rao, Weltzin, & Kaye, 1995), bulimia nervosa (Vohs, Bardone, Joiner, Abramson, & Heatherton, 1999), neuroticism (Hewitt, Flett, & Blankstein, 1991), panic disorder (Saboonchi, Lundh, & Ost, 1999), anxiety (Alden, Bieling, & Wallace, 1994; Klibert, Langhinrichsen-Rohling, & Saito, 2005), depression (Frost et al., 1990; Blatt, 1995; Rice & Dellwo, 2001), and obsessive-compulsive disorder (Frost, Marten, Lahart, & Rosenblate, 1990; Ferrari, 1995; Frost & Steketee, 1997; Halmi, Tozzi, & Thornton, 2005; Wu, & Cortesi, 2009). Prospective research has found that higher levels of perfectionism predict eating disorders (Toner, Garfinkel, & Garner, 1986; Garner, 1990; Brouwers & Wiggum, 1993; Kenny & Rogers, 1994; Tiggeman & Dyer, 1995; Minarik & Ahrens, 1996; Pearson & Gleaves, 2006; Lilenfeld, Wonderlich, Riso, Crosby, & Mitchell, 2006) and clinical depression (Hewitt & Dyck, 1986; Blatt, 1995; Hewitt, Flett & Ediger, 1996; Rice & Dellwo, 2001; Cox, Enns, & Clara, 2002), suggesting that the construct may play an important role in the etiology of these disorders.

Vulnerability of Perfection to Depression

With specific interest in the current study, the relationship between perfectionism and depression has been investigated from a number of different points of view. Indeed, perfectionism is considered as a personality trait that has been described as a potential vulnerability factor to depression by both psychoanalytic (Bibring, 1953) and cognitive theorists (Beck, 1967; Kanfer & Hagerman, 1981). Kanfer and Hagerman (1981) contended that excessive self-standards serve to increase the frequency and magnitude of failure experiences. Perfectionistic self-standards and attendant failure experiences combine with self-blame or distress to produce depression. Further investigations have also confirmed the presence of an association between perfectionism and subclinical depression (Hewitt & Dyck, 1986; Hewitt & Flett, 1990).

Evidence supports that perfectionistic concerns increase risk for depression because they foster rumination (Schiena, Luminet, Philippot, & Douilliez, 2012). Negative perfectionism and socially prescribed perfectionism are positively correlated with depression (Blankstein, Lumley, & Crawford, 2007; O'Connor & Forgan, 2007), and these relationships are found to be fully mediated by brooding rumination (Rudowski, 2010). Flett, Madorsky, Hewitt, & Heisel (2002), showed that the association between distress and maladaptive perfectionism is statistically explained by their common association with rumination. Harris, Pepper, & Maack (2008) further specified these results showing

that the ‘‘brooding’’ aspect of rumination, which is a passive, cyclical focus on negative emotions (Treynor, Gonzalez, & Nolen-Hoeksema, 2003), fully mediates the relation between perfectionism and depressive symptoms, whereas the ‘‘reflection’’ aspect of rumination mediates only in part. Perfectionists engage in high levels of brooding and ruminating, where they go over and over their mistakes (Olson & Kwon, 2008). And they live with a constant expectation of negative consequences (DiBartolo, Li, Averett et al., 2007). Related results are found by Blankstein and Lumley (2008) and by O’Connor, O’Connor and Marshall (2007), with other assessments of perfectionism other than the FMPS. More recently this mediation model has also been found in early adolescents (Flett, Coulter, Hewitt, & Nepon, 2011).

Recent research (Dry, Kane, & Rooney, 2015) focuses on preadolescent children shows that children with a tendency to evaluate themselves critically against the perceived unrealistic high expectations of others tend to report higher levels of depression. This influence is predominantly due to the maladaptive cognitions associated with perfectionism, and an increased tendency of these children toward the use of ineffective behavioral and cognitive avoidance strategies to cope with stressors. Furthermore, the findings show that associations between perfectionism and depression are present even in children who do not necessarily present clinical levels of depression symptoms.

Survey findings revealed that interdependence, maladaptive perfectionism, and parent-driven perfectionism were associated with depressive symptoms, while perceptions of high parental expectations and criticism showed strong associations with depression (Yoon & Lau, 2008).

Research also showed that the associations between maladaptive perfectionism and depression is more commonly found in the female population, while women with eating disorders (Bulik, Tozzi, Anderson, Mazzeo, Aggen, & Sullivan, 2003), depression during pregnancy (Dimitrovsky, Levy-Shiff, & Schattner-Zanany, 2002), postpartum depression (Flett, Hewitt, Besser, Dibartolo, 2010), and both eating disorders and postpartum depression (Mazzeo, Slof-Op’t Landt, Jones et al., 2006) are all particularly vulnerable to depression when their perfectionism becomes clinically significant.

Therefore, perfectionism is believed to be linked to depression because perfectionists base their self-worth on being successful and on the need to be actively working toward their goals. Therefore, with self-worth contingent only on fully achieving goals, depression is very likely to occur when these unrealistic and unattainable goals are not met (Gotwals, Dunn, & Wayment, 2003). At the same time, self-esteem lowers when perfectionists’ goals are not met (Blatt, 1995; Rice, Ashby, & Slaney, 1998; Koivula, Hassmen, & Fallby, 2002; Gotwals, Dunn, & Wayment, 2003; Rice & Lopez, 2004). Perfectionism has been found to correlate highly with internalized shame (Ashby, Rice, &Martin, 2006). In short, clinically significant perfectionists have little relief from sustained feelings of decreased self-worth, low self-esteem, shame, rumination about mistakes, and expecting only aversive outcomes. In turn, these unrelenting negative reflections become habitual and can insidiously contribute to depressive symptoms.

Other Negative Impacts of Perfectionism

Besides the above-mentioned psychopathological disorders, research also suggest that maladaptive perfectionism are associate to physical disorders such as: insomnia (Lundh, Broman, Hetta, & Saboonchi, 1994; Vincent & Walker, 2000), migraine (Brewerton & George, 1993), headaches in children (Kowal & Pritchard, 1990), psychosomatic disorders (Forman, Tsoi, & Rudy, 1987), Type A coronary-prone behavior (Flett, Hewitt, Blankstein, & Dynin, 1994), procrastination (Frost et al., 1990; Walsh & Ugumba-Agwunobi, 2002; Egan, Wade, & Shafran, 2011; Rice, Richardson, & Clark, 2012) and suicide (Baumeister, 1990; Hewitt, Flett, & Turnbull-Donovan, 1992; Hewitt, Flett, & Weber, 1994; Adkins & Parker, 1996; Hamilton & Schweitzer, 2000; Greenspon, 2014).

Despite its pathological form, perfectionism can also be damaging. At work or school, perfectionists often exhibit excessive neatness and aesthetics, organization, writing, speaking, physical appearance, and health and personal cleanliness (Martin, 2009, p. 312). Resulting in low productivity and missed deadlines as perfectionists lose time and energy by paying too much attention to irrelevant details of their tasks, ranging from major projects to mundane daily activities. Sometimes, this may lead to social alienation and a greater risk of workplace accidents. Perfectionists will not be satisfied with their work until it meets their standards, which can make perfectionists less efficient in finishing projects, and therefore they will struggle to meet deadlines.

Adderholdt-Elliot (1989) describes five characteristics of perfectionist students and teachers which contribute to underachievement: procrastination, fear of failure, an "all-or-nothing" mindset, paralyzed perfectionism, and workaholism (p.19-21).

In some cases, intimate relationships will be affected because unrealistic expectations can cause significant dissatisfaction for both partners (Allen, 2003).

Recognizing and Identifying Perfectionists

The most common tools to assess and identify perfectionism are the Frost Multidimensional Perfectionism Scale (FMPS), developed by Randy Frost and colleagues; the Hewitt Flett Multidimensional Perfectionism Scale (HFMPS), developed by Paul Hewitt and Gordon Flett; and the Almost Perfect Scale-Revised (APS-R), developed by Robert Slaney.

The Multidimensional Perfectionism Scale (FMPS) addresses setting high standards and critical self-evaluation. The scale contains 35 items yielding six subscales. These subscales assess the six factors considered to be characteristic of perfectionists: concern over mistakes (9 items reflecting negative reactions to errors), personal standards (7 items indicating setting high standards for evaluation), organization (6 items reflecting the importance placed on orderliness), parental expectations (5 items indicating beliefs that parents set very high standards), parental criticism (4 items reflecting belief that parents were overly critical), doubt about actions (4 items indicating tendencies to doubt ability) (Frost, Marten, Lahart, & Rosenblate, 1990).

The Multidimensional Perfectionism Scale (HFMPS) assesses different aspects or factors of perfectionism. The scale contains 45 items measuring the intrapersonal and interpersonal dimensions of perfectionism: self-oriented perfectionism (unrealistic standards and perfectionistic motivation for the self), other-oriented perfectionism (unrealistic standards and motivations for others), and socially prescribed perfectionism (believing others expect one to be perfect) (Hewitt & Flett, 1991).

While the FMPS and the HFMPS focus on maladaptive dimensions of perfectionism, Slaney et al.’s (2001) 23 item Almost Perfect Scale-Revised (APS-R) was developed to assess adaptive as well as maladaptive elements of perfectionism. The APS-R assesses high standards (how important doing one’s best), order (how important being organized and neat), and discrepancy (the extent to which an individual feels that their performance is meeting other’s expectations). The discrepancy subscale also assesses maladaptive perfectionism by measuring the degree of chronic separation between high standards and eventual outcomes.

As a matter of fact, perfectionists often show tendencies such as over assuming responsibility to ensure tasks are completed flawlessly (Hewitt, 2009), tendencies to make excuses about why actions will not be perfect rather than to risk acting (Hewitt, 2009), tendencies to avoid situations where imperfections might be displayed (Flett, 2004), and tendencies to keep problems to oneself and not admit failures to others (Flett, 2004). Rather than receiving recognition for their strivings or help when they need it, maladaptive perfectionists can find themselves struggling within their relationships. Relationships with family, friends, colleagues and loved ones will suffer when perfectionists either demand perfection from significant others or believe that those significant others will accept only perfection.

Socially prescribed perfectionism, or believing that important others will evaluate one harshly, is a vulnerability factor in the

experience of burnout and job dissatisfaction (Fairlie & Flett, 2003). Perfectionists are particularly sensitive to feedback indicating that their performance is not perfect, and when they believe others view their work as below standard, they experience intense feelings of decreased self-worth. Perfectionist team leaders can contribute to feelings of burnout and negativity among members of their team, particularly with those who have a perfectionist personality style themselves.

Research on Perfectionism in the Gifted Population

Among the variety of research studies on perfectionism, a significant portion of these studies has to do with perfectionism in the specific population of the gifted. With the view that perfectionism might be regarded as a significant characteristic of gifted individuals and present disproportionately among the gifted (Clark, 2002; Adderholt-Elliot, 1987; Roedell, 1984; Roeper, 1982), the early studies generally regard perfectionism as representing behaviors and thoughts associated with psychopathology (Silverman, 1999; Orange, 1997). Bireley and Genshaft (1991), for example, proposed that perfectionism is an adverse reaction to stress in gifted children, arising from their uneven development. Specifically, when the gifted individual fails to meet unrealistic expectations, perfectionistic tendencies could cause emotional upheaval, feelings of worthlessness, and depression, and might also make some gifted individual more vulnerable to underachievement because they do not submit work unless it is perfect (Schuler, 2000).

Due to the important role of perfectionism in the emotional well-being of the gifted, it was of great interest to assess the tendency toward perfectionism among the gifted population. In fact, striving toward perfection and being self-critical of one's own work have been included as motivation characteristics for assessment in the Scales for Rating the Behavioral Characteristics of Superior Students (SRBCSS), one of the widely used teacher-rating scales for the identification of superior students in North America (Renzulli, Smith, White, Callahan, & Hartman, 1976). The Chinese versions of the SRBCSS have also come into widespread use in Hong Kong (Chan, 2008a). Other relevant scales that were not developed specifically for gifted individuals have also come into widespread use in research on perfectionism of the gifted. These scales include the HMPS, the FMPS, and the APS-R (Parker & Adkins, 1994).

The Prevalence of Perfectionism in the Gifted Population

It has often been suggested that perfectionism could be more prevalent in the gifted population and that more gifted individuals might possess this characteristic than do their non-gifted counterparts (Speirs Neumeister, 2004; Schuler, 2000; Siegle & Schuler, 2000; LoCicero & Ashby, 2000; Orange, 1997; Parker & Adkins, 1995). However, studies that aimed to address the question of prevalence of perfectionism in the gifted population have yielded mixed results (Mendaglio, 2007; Parker, Portesova, Stumpf, 2001; Parker, 2000; Parker & Mills, 1996). A closer examination of these studies revealed that the somewhat opposing or contrasting conclusions could arise from the use of different assessments of perfectionism administered to different samples of gifted individuals of different ages and levels of giftedness, and from a focus on the exclusive emphasis on the negative or maladaptive aspects of perfectionism as opposed to the emphasis on including both the positive or adaptive aspects and the negative or maladaptive aspects. In addition, researchers sometimes interpreted higher mean scores of gifted individuals as compared with non-gifted counterparts on dimensions or scales of perfectionism rather than a greater proportion of perfectionists in the gifted as compared with the non-gifted population as reflecting that perfectionism is more prevalent in the gifted population. Therefore, to address adequately the simple question of whether there are more perfectionists in the gifted population of a specific age range, more rigorous research studies need to be conducted with reliable and valid perfectionism assessments that include both the positive and negative aspects of perfectionism. Moreover, the proportions of perfectionists classified on the basis of these perfectionism measures among gifted individuals need to be compared with those among non-gifted individuals.

Research on Perfectionism among Gifted Students in Hong Kong

In Hong Kong, few research studies on perfectionism have been documented, and most of them are conducted by Dr. D. W. Chan from the Chinese University of Hong Kong. He developed the Positive and Negative Perfectionism Scale (PNPS-12), in order to assess both positive and negative perfectionism among Chinese gifted students. Results show that positive and negative perfectionism could be assessed reliably and validly as two distinct constructs (Chan, 2007a). In the PNPS-12, perfectionism is conceptualized to relate to high personal standards and is assessed as two distinct components. Positive perfectionism focuses on realistic striving for excellence, while negative perfectionism focuses on a rigid adherence to personal high demands and the avoidance of making mistakes. In his studies with Chinese gifted students (Chan, 2007a), those students, nominated by teachers, tended to endorse positive perfectionism more than negative perfectionism. In these studies (Chan, 2007a, 2007b), results suggest that positive perfectionism correlated positively with life satisfaction, positive affect, mastery goal of learning, active coping strategies, and positive teacher ratings on students' social functioning and leadership. In contrast, negative perfectionism correlated negatively with life satisfaction, positively with negative affect, performance-avoidance goal of learning, passive coping strategies and negative teacher ratings on students' social functioning and leadership.

He also used extant perfectionism scales, mainly the FMPS and the APS-R, to uncover the dimensionality and typology of perfectionism (Chan, 2008b, 2008c). While results provided supporting evidence for both the FMPS dimensions and the APS-R dimensions, higher-order dimensions in terms of positive and negative perfectionism did not seem to emerge readily from these FMPS and APS-R first-order dimensions. However, three types of perfectionists (healthy or adaptive perfectionists, unhealthy or maladaptive perfectionists, and non-perfectionists) did emerge consistently from both the FMPS and the APS-R data using rational or empirical clustering procedures, suggesting that these types were relatively robust and stable. In summary, both healthy and unhealthy perfectionists set high standards for themselves. Healthy perfectionists allow themselves to fail, to be imperfect, to make mistakes, and they derive pleasure and satisfaction from doing their best, but the unhealthy perfectionists did not accept limitations and imperfections, and they do not feel satisfied with their best performance.

In another study with the APS-R (Chan, 2008c), he also compared the proportions of healthy and unhealthy perfectionists of gifted students and non-gifted students. It has led to the conclusion that there could be more perfectionists among the gifted students (about 75%) than among non-gifted students (about 50%), and healthy perfectionists outnumbered unhealthy perfectionists in the ratio of 2 to 1 for gifted students whereas the reverse was true for non-gifted students.

So far, very few research studies have been conducted on the development of perfectionism among Chinese students. It is not known, for example, whether unhealthy perfectionists could be turned into healthy perfectionists, or healthy perfectionists could be prevented from becoming unhealthy perfectionists with appropriate intervention efforts, such as those in line with the promotion of the striving for excellence. From a broader perspective, it would be of great interest to explore the contribution of the Chinese family environment, including Chinese parenting style (Chao, 1994), to the development of positive and negative perfectionism in Chinese children. These and other related issues certainly warrant further investigations in future studies that could focus on the developmental factors of different perfectionist types in the Hong Kong Chinese setting.

Development and Etiology of Perfectionism

In fact, the etiology of how perfectionism develops is an under-

researched area in the studies on perfectionism. Recent findings have implicated a host of influence factors that include genetic, personality, parental expectations, parental modelling, parenting styles, insecure attachment, and a lack of challenge in the school curriculum (Ablard & Parker, 1997; Siegle & Schuler, 2000; Speirs Neumeister, 2004; Speirs Neumeister & Finch, 2006), as well as other environmental influences. It is suggested that maladaptive perfectionists often experienced perfectionistic parenting themselves (Enns, Cox, & Clara, 2002). When parents communicate that their affection and approval is conditional on good performance, children can develop perfectionistic personality styles that persist throughout adulthood (Marano, 2008; Brown, 2010, 2012). Their mindset becomes like, "If I try a little harder, if I do a little better, if I become perfect, my parents will love me" (Hollender, 1965). This message may be conveyed in subtle ways, through a parent's disappointed facial expression, a sigh, or a change in voice tone. Nonetheless, the child will perceive that "I have not lived up to my parents' expectations, that what I do and who I am is never good enough, and that next time I will work harder to get it right". Besides, closely connected to conditional approval is the critical parenting style that perfectionistic parents display. The internal critical voice that characterizes perfectionistic inner self talk can be thought of as an internal representation of the overly critical and demanding parental voice they heard as children (Blatt, 1995). In adulthood, perfectionists from perfectionistic families may expect the same critical judgement from authority figures and from those who are important to them.

Brown (2010; 2012) contends that perfectionism can be thought of as a means of running away from shame. The shame or the fear of being unworthy of love, causes perfectionists to hide behind a facade of flawlessness so that no one discovers "their true unworthiness." It is a way of covering up what they see as the truth of who they are and they belief if someone sees behind their mask of perfection, others will not love me. Therefore, even a small failure is perceived as a major threat of being discovered and rejected. Just as parents did not accept me for who I am, the perfectionist thinks, surely no one else will. According to Brown, this is why perfectionists are so preoccupied with external approval, because they view others as holding the key to their own worth. This is also how Brown distinguishes between perfectionism and healthy striving for excellence. Healthy striving for excellence is self-focused, and is based on the question, "How can I improve?" while, perfectionism is other-focused, and concern the question, "What will they think of me?" The pervasive fear that develops from the persistent threat of coming face to face with their own worthlessness can create considerable anxiety and therefore become depressive.

Unhealthy perfectionist may also perpetuate the cycle of perfectionism with their own children. Identifying that one may have come from a family where self-worth is contingent only on consistent achievement is an important first step in recognizing perfectionism on a personal level. In this way, the perfectionistic pattern of harsh self-evaluation continues from one generation to the next in a cycle of internalized parental criticism, low feelings of self-worth, and expecting from their children what they have been falling short of achieving their whole lives.

However, there are also findings suggesting that parental perfectionism contributes little to children's perfectionism (Parker, 2002). Thus, the role of parents in influencing perfectionistic tendencies in children needs to be more rigorously studied. With the view that there are positive and negative perfectionism and there are healthy and unhealthy perfectionists, the factors that influence positive as opposed to negative perfectionism need to be identified and distinguished. In the sense of childhood development, it is not known whether specific factors could turn unhealthy perfectionists into healthy perfectionists or prevent healthy perfectionists from becoming unhealthy perfectionists.

Balancing Strategies and Coping with Perfectionism

The process of adopting balancing strategies to differentiate striving for excellence from maladaptive striving for perfectionism starts from recognizing perfectionistic personality styles in self, family, colleagues, and other relationships. Once individuals are willing to acknowledge that potential problems with perfectionist tendencies exist, they can begin to adjust new and more balanced ways of looking at their previous accomplishments and future goals. Strategies for decreasing maladaptive perfectionist thinking will help lessen the feelings of decreased self-worth associated with low self-esteem.

For self-oriented perfectionists, or those who require perfection in themselves, identifying cognitive distortions, and then replacing them with more rational ways of thinking is a good way to adopt (Burns, 1999). Accepting that they can be excellent, but not perfect, at some chosen goals, by making decisions about selecting endeavors that merit their finest efforts and to plan to celebrate accomplishments—even those that were not achieved fully, is critical to cope with the issue (Esonis, 2007). Also, they may try to focus less on perceived failures or mistakes and more on successes and meaningful relationships (Domar & Kelly, 2008).

For other-oriented perfectionists, or those who require perfection in others, acknowledging efforts others put forward rather than results they received may be a useful technique. Also, rewarding others usually generates encouragement (Marano, 2008).

For socially prescribed perfectionists, or those who believe important others in their life will accept only perfection, realistic assessment is essential. Strategies for dealing with people who are in positions of "power-over" are useful. Identifying clear specific areas where improvement is required and creating a step-by-step plan for changing behavior is preferred. Including designated times for reporting progress and discussing any further action required by the person in authority is warranted.

However, when careful assessment reveals that others are not actually demanding perfection, strategies for minimizing self-handicapping, or spending more time finding excuses for poor performance than preparing for a good performance are somehow critical. When fearing harsh evaluation and making mistakes by any means, socially prescribed perfectionists may avoid opportunities for the very evaluation from others that could improve their performance. Hence, strategies for seeking safe appraisals from those who are perceived to be supportive as well as credible may offer important balance. Likewise, self, peer, and client evaluations can supplement employees' performance appraisals. In the workplace, seeking opportunities for evaluative input that extends beyond immediate supervisors is useful.

Coping with life's inevitable failures is not easy for those whose self-worth is strongly deepening on success. Perfectionists' deep-rooted habits of avoiding any situation where they might fail and ruminating over even inconsequential mistakes may have been present since childhood. At the heart of establishing balance and decreasing perfectionists' maladaptation, is learning to handle failure. As Marano (2008) states: "Success hinges less on getting everything right than on how you handle getting things wrong" (p. 86).

One strategy for changing an ingrained habit is to create an interruption. For example, watching an engaging movie or play can interrupt ruminative thinking. Even when the interruption is short-lived, a fresh perspective becomes possible. Following an interruption, perfectionist thinking can shift away from mistakes and towards concrete plans for change. Listening mindfully to music, playing games, and visiting friends can create interruptions and divert thinking. Days off and vacations can also interrupt ruminative thinking, and perfectionists may need to put specific plans in place to ensure that they can let go of professional responsibilities during these times. In the same way, attending to nutritious eating, appropriate exercise, and pleasant time with loved ones are other healthy lifestyle strategies that perfectionists can implement to help create balance.

Finally, intentionally replacing negative patterns of thinking with pleasurable experiences can be as simple as making time to focus on natural wonders. Moving out from comfort zone and into another place to look at a sunset or listen to rainfall can feel relaxed and cheerful. Spending time outdoors and finding ways to connect with plants and animals can provide brief respite from the relentless burdens of perfectionism.

However, when the maladaptive perfectionism becomes pathological, and therefore require "treatment". Since psychologists have traditionally viewed maladaptive

pathological perfectionism as a stable personality trait, which therefore makes it difficult to treat (Glover, Brown, Fairburn, et al., 2007). The persistent nature of this problem may come as a result of its deep roots in early parent-child relationships. From a pharmacological perspective, perfectionists who suffer from moderate to severe levels of depression and anxiety should meet with a psychiatrist to consider medication that has been proven effective in the treatment of these disorders (Preston & Johnson, 2016).

In addition, effective psychological treatments distinguish between low, moderate, and high levels of maladaptive pathological perfectionism. Individuals with low-to-moderate levels of maladaptive pathological perfectionism have been shown to be responsive to brief psychological treatment, such as Cognitive Behavioral Therapy (Glover, Brown, Fairburn, et al., 2007). Furthermore, individuals who display middle levels of maladaptive pathological perfectionism have reported that the therapeutic relationship plays an important role in treatment (Blatt, 1995). The perceived quality of the therapeutic relationship may be particularly important to those patients who suffering from social prescribed perfectionism precisely because of the interpersonal nature of the issue. The therapist can model unconditional acceptance, realistic goal setting, empathy in the face of failure and complimentary feedback to support and encourage incremental progress.

For those who display high levels of pervasive, deeply rooted perfectionism, research indicates that long-term therapy is most effective (Blatt,1995; Glover, Brown, Fairburn, et al., 2007). Blatt suggests that intensive, psychodynamic treatment can help individuals let go of their identification with harsh, judgmental, parental figures and redefine themselves outside the high expectations set for them from an early age (Blatt,1995). Glover argues that a schema-focused approach can also facilitate meaningful change for highly perfectionistic individuals (Glover, Brown, Fairburn, et al., 2007). Schema work can help people identify patterns that developed at a young age that keep them locked into maladaptive ways of thinking, feeling, and behaving (Young, Klosko, & Weishaar, 2006). Psychologists have also recommended Acceptance and Commitment Therapy (ACT) as a model that can help perfectionists deal with distressing cognitions, such as harsh self-criticism, and emotions, such as anxiety and depression, through learning how to mindfully and nonjudgmentally accept these inner experiences while moving toward more meaningful ways of living (Hayes, 2004; Sherry, Sherry, & Hewitt, 2015). Brown (2010, 2012) claims that the underlying goal of all work with perfectionistic individuals should be to relearn the basic truth of their worthiness. Just as the disturbance can be thought of as a means of distancing oneself from shame, and all meaningful change will help from the deep acknowledgment of one's own worth without prerequisites. Perfectionists can learn to let go of the need for approval and reclaim the deep inner knowledge that they are good enough to be deserving of love and acceptance. With time, commitment as well as practice, these individuals can come out of the negative or maladaptive perfection and can embrace themselves and the people around them.

Examples of Perfectionist

Tom and Jerry came from a low-class family in Hong Kong, who received the same parenting style and education. Because of their poor childhood and highly competitive pressure from their peers, they both developed perfectionistic personality and their desire to success are very determined. However, their perfectionistic mindset and behaviors are very different. Tom always appears to be very stressful and vigilance about his performance, while Jerry is a very energetic person who is very positive and aggressive towards his achievements. For Tom, he always keeps thinking intensely competitive and cannot stand about a mistake or doing worse than others. His mindset is either doing something "just right" or not at all (all-or-nothing mindset). Although this may sometimes benefit him from achieving some difficult goals, this also led him to give up mission or task very easily. For example, once he failed a test when he was studying at university, he realized that he will not be able to get an A grade for that module, he immediately gave up the remaining assessments and decided to re-take that module in order to make sure that his GPA is maintained at 4.0. In fact, the failure of the test was due to the anxiety and bad sleeping on the night before the test. Even though he finally got an A grade in his second attempt, this cost him more tuition fee as well as delaying his graduation for one year. He was not happy and could not enjoy himself during the years he studied at university, because he was too worried and stressed, and believed his academic performance would directly affect his future career. On the other hand, his brother Jerry, who also sets high self-standard for his academic pursuit, believes that future career success does not only depend on academic performance, but also on social network and other skills such as time management, risk management, and problem-solving skills. He saw university studies is a chance for him to train these skills and make more friends from different backgrounds. With those skills he developed and the help from his fruitful social network, Jerry also graduated with first-honored without a 4.0 GPA. Since both of them also set high standard for their academic achievement, it turns out to be two very distinct outcomes and life experiences.

Conclusion

The adaptive-maladaptive debate in perfectionism research often focuses on the key point of whether the goals or self-standards set by perfectionists are "realistic" or "attainable" or not. Definitions have varied, but most would likely agree that perfectionism is a multidimensional construct, which has both positive and negative aspects. Therefore, after examining all the above-stated research, we conclude that perfectionism should be refer to a personality trait characterized by a person's striving for excellence and setting high self-standards, provided that the goals must be "realistic" and "attainable". This is illogical or irrational for someone who set a goal that he or she already noticed that it is "impossible" to achieve. Meanwhile, the concept of "excellence" should be a highly dependable definition which varies from person to person. For instance, some may consider obtaining a bachelor's degree for their academic achievement is perfect, while some may aim for a master's degree or a doctorate degree, or even the degree must be obtained from the highest-ranking university in the world. This is all about the person's own ability, situation as well as the perception of what is perfect to him or her. Secondly, the urge to achieve the goal must be highly adaptive without any excessive obsession. An individual may set any self-standard as long as he or she feels comfortable and can be motivated and stay tough when achieving the goal. Thirdly, the individual must not be overly obsessed during the achievement process, which disfunction his or her normal life. The person may feel frustrated but will be overcome finally. Fourthly, when the goals are not met, he or she can adapt to failure and will not become pathological. In a nutshell, setting high standards and lofty goals for oneself are some characteristics of perfectionism in general, and because these traits could be considered as "striving for excellence" and particularly adaptive in some ways, it would seem unnecessary and inappropriate for an intervention to be aimed at solely to reduce these perfectionistic qualities.

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