

## Perfectionism and mental health problems: Limitations and directions for future research

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**Specialty type:** Medicine, research and experimental

**Provenance and peer review:** Invited article; Externally peer reviewed.

**Peer-review model:** Single blind

**Peer-review report's scientific quality classification**

Grade A (Excellent): 0  
Grade B (Very good): B  
Grade C (Good): C, C  
Grade D (Fair): 0  
Grade E (Poor): E

**P-Reviewer:** Morozov S, Russia; Tasdelen Bas M, Turkey; Chaudhury S, India

**Received:** January 27, 2022

**Peer-review started:** January 27, 2022

**First decision:** March 16, 2022

**Revised:** March 19, 2022

**Accepted:** April 9, 2022

**Article in press:** April 9, 2022

**Published online:** May 16, 2022



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### Abstract

Research has indicated that perfectionism is prevalent among adolescents and may be harmful in terms of its association with mental health problems. This letter aims to create a paradigm for future studies of the perfectionism. Specifically, we suggest gaps and implications that must be considered at perfectionism future research in terms of assessments, interventions, settings, potential treatments, gender, and social media.

**Key Words:** Perfectionism; Adolescents; Treatment; Gender; Mental health problems

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**Core Tip:** Consistent with biopsychosocial and public health promotion perspectives on health, comprehending the consequences of perfectionism for health and well-being necessitates unifying instead of soloing studies on such linked factors and examining them in their particular contexts. As a transdiagnostic process, that perfectionism is hard to change. Consequently, treatments must be customized to address perfectionists' cognitive and emotion control difficulties, and adolescents meta-cognitive views about ability, self, and meaning of failure.

**Citation:** Nazari N. Perfectionism and mental health problems: Limitations and directions for future research. *World J Clin Cases* 2022; 10(14): 4709-4712

**URL:** <https://www.wjgnet.com/2307-8960/full/v10/i14/4709.htm>

**DOI:** <https://dx.doi.org/10.12998/wjcc.v10.i14.4709>

## TO THE EDITOR

We read, with great interest, the article by Livazović addressing the relationships between perfectionism and the quality of interpersonal interactions (family members, peers, and colleagues) and media consumption[1]. This study aimed to determine the predictive value of social connectedness, demographic characteristics, and media use with regard to perfectionism. These results add to the growing body of knowledge. We agree with the authors' insight that perfectionism is best defined as a multidimensional construct. Additionally, perfectionism is best characterized as a multidimensional personality trait. This conceptualization is critical. Perfectionism exhibits distinct and often antagonistic interactions with positive and negative psychological processes and their consequences. To fully comprehend multifaceted perfectionism, it is fundamental to understand how many aspects connect to processes and results and how they link to stable personality qualities. Additionally, it is critical to understand how perfectionism and its many characteristics fit within a comprehensive personality framework.

From the perspective of self-determination theory, multidimensional perfectionism comprises two distinct components: (1) Perfectionistic striving (PS); and (2) Perfectionistic concern (PC). PS is mainly associated with motivations and regulatory styles characterized by higher degrees of self-determination, such as intrinsic motivation, integrated regulation, and identified regulations[2]. In contrast, PC is mainly associated with motivations and regulatory styles characterized by lower degrees of self-determination, such as introjected regulation. However, PS may also show positive relationships with introjected and external regulation even when the overlap with perfectionist concerns is controlled, suggesting that the motivational qualities of PS may reach the domain of less self-determined regulation. One possibility is that the pattern of striving and concerns shows positive relationships with external and introjected regulation, which can be explained by the fact that both regulations focus on rewards and punishments.

### **Gender and perfectionism**

In terms of gender, girls are more likely than boys to be addicted to technology and to be compared with others. Self-critical perfectionism was associated with an increased risk of sadness and a decreased sense of self-worth among girls who used social media. By avoiding social media more often, the impact may be mitigated. This gender difference may be because what girls use on online media is more important than the amount of time. A new study examined whether perfectionism has a significant effect on determining whether and how online behavior impacts the mental well-being of girls[3].

### **Health and perfectionism**

Concerning health issues, scholars' dependence on subjective self-report questionnaires to measure health-related constructs is a well-known and significant weakness in perfectionism. However, the employed measures are critical for capturing health outcomes that may be employed to predict morbidity[4]. They are insufficient to address the complicated relationships between perfectionism, psychological distress, health practices, and health. Consequently, researchers have encouraged the conduction of multi method and multi-informant studies that better reflect biopsychosocial models of health. The suggested objective is that research in this area will also prove that the health costs associated with perfectionism cannot be limited to higher levels of neuroticism or lower levels of conscientiousness. Additionally, perfectionism has specific mental health problems distinct from the health risks and related variables linked with the other personality traits. Once the unique health risks associated with perfectionism are better understood, it will be critical to develop a research agenda focused on developing and implementing a preventive approach that simultaneously decreases perfectionistic strivings and concerns while increasing resilience in at-risk perfectionists.

### **Intervention**

Direct classroom treatments targeting perfectionism result in considerably reduced levels of perfectionism in children and adolescents. Empirical data support the adoption of intensive, complex interventions focused exclusively on perfectionism rather than on numerous goals to reduce perfectionism's detrimental effects. This is consistent with the finding that cognitive-behavioral therapies targeting perfectionism have been linked with significant reductions in perfectionism and moderate reductions in emotional disorders, anxiety, and depression in adult clinical populations. Key themes were also identified to develop resilience to diminish perfectionism in classroom settings[5], including lowering the perceived importance of meeting impossible standards, viewing failures as stepping stones to success and growth, being compassionate to counter self-blame, and to provide stress management. Compared to adult interventions, findings revealed that perfectionism interventions in children and adolescents have comparable effects in transdiagnostic outcomes[5], particularly affectivity, self-criticism, body dissatisfaction, and maladaptive behavior.

Self-compassion may be an effective intervention to reduce the severity of maladaptive affective behaviors in response to difficult everyday situations and stressful events that can facilitate recovery from adversity. There is growing evidence that higher levels of self-compassion are linked with greater

levels of positive and adaptive responses (e.g., happiness, optimism, life satisfaction, and specific goal achievement, healthier physiological responses to stress, and negative outcomes (e.g., lower levels of depression, anxiety, and stress)[6,7]. Particularly for perfectionism, the mechanisms related to self-compassion, such as awareness about painful experiences instead of avoiding, connectedness instead of isolating, and kindness instead of harshly judging, may be protective factors against psychopathology vulnerabilities.

### Conclusion

Consistent with biopsychosocial and public health promotion perspectives on health, comprehending the consequences of perfectionism for health and well-being requires unifying instead of soloing studies on such linked factors and examining them in their particular contexts. From a developmental psychopathology viewpoint, perfectionism's effect on children's health might take numerous pathways. For example, perfectionism may have a detrimental effect on children's health[8]. A developmental validation and implication of the objective and specific multidimensional research instruments is a sophisticated approach to measure perfectionism and support professionals in reducing the burden of harm-related perfectionism among adolescents. Another pathway involves greater paternal and environmental risk factors (including parental perfectionism) and the impacts of the risk factors on parenting quality, which lead to higher levels of youth perfectionism and mental health problems. There is currently a lack of evidence to investigate perfectionism interventions' most effective format and specific disorders. As a transdiagnostic process, perfectionism is harmful and hard to change. Consequently, treatments must be customized to address perfectionists' cognitive and emotion control difficulties and adolescents' meta-cognitive views about the ability, self, and meaning of failure[9].

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## FOOTNOTES

**Author contributions:** All authors actively reviewed and revised the manuscript and approved the finally submitted manuscript.

**Conflict-of-interest statement:** The authors declare that they have no conflict of interest.

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**S-Editor:** Wang LL

**L-Editor:** A

**P-Editor:** Wang LL

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