Perfectionism is one of the most prevalent social values existing in recent industrialized societies. D. D. Burns (1980) has held that perfectionistic attitudes are remarkably widespread among people, and they are a cultural phenomenon reinforced by language, the media, and religious beliefs. Individuals in contemporary society are willing to pay a painful price for perfectionism because they believe it may lead them to high levels of excellence and productivity. However, the outcomes of perfectionism are not always positive. Beck (1967) and others (Blatt, 1995; D. D. Burns, 1980; Hamachek, 1978; Pacht, 1984) theorized that perfectionists suffer from psychological distress because of their stringent evaluation of themselves and excessively high standards. In addition, various empirical studies have found that perfectionism is significantly associated with depression, anxiety, eating disorders, obsessive-compulsive symptoms, and social phobia (e.g., Bieling & Alden, 1997; Frost & Steketee, 1997; Hewitt & Dyck, 1986; Saboonchi & Lundh, 1997).

Nature of Perfectionism

D. D. Burns (1980) defined perfectionists as those who have unattainable standards, compulsively pursue impossible goals, and evaluate the self solely on goal...
accomplishment. Therefore, these self-imposed, demanding standards diminish the possibilities for perfectionists to reach their goals, and result in dissatisfaction with their performances. This achievement-based self-evaluation decreases the chances of perfectionists having positive feelings about themselves due to perceived failure, which often result in self-criticism and low self-esteem (Hamachek, 1978; Hollender, 1965).

More recent theories on this construct have viewed perfectionism as multidimensional in nature. Frost, Marten, Lahart, and Rosenblate (1990) described perfectionism as including several components such as ‘concern over mistakes,’ ‘doubts about action,’ ‘personal standards,’ ‘parental expectations,’ ‘parental criticism,’ and ‘orderliness.’ Meanwhile, Hewitt, and Flett (1991) posited that there are three different types of perfectionism in terms of the following interpersonal dimensions: the Self-Oriented, Other-Oriented, and Socially Prescribed perfectionism. The self-oriented perfectionists include the behaviors described earlier such as high self-imposed standards and stringent self-evaluation. The other-oriented perfectionists have excessively high standards for significant others and stringently evaluate the performance of others. Socially prescribed perfectionists believe that significant others impose unrealistic standards on them, evaluate them stringently, and expect them to be perfect. Therefore, they perceive the standards imposed by others as excessive and uncontrollable, and develop the belief of that they are incapable of pleasing others. These perceptions are in turn revealed as fear of negative evaluation, disapproval of others, and failure to achieve others’ standards. Previous empirical studies have showed that socially prescribed perfectionism is positively associated with more psychological distress than the other types (e.g., Enns & Cox, 1999; Hewitt, Flett, & Ediger, 1996).

Cognitive Presentations of Perfectionism

Beck (1976) and others (e.g., D. D. Burns; 1980; Ellis, 2002; Hamachek, 1978; Horney, 1950) have held that perfectionists demonstrate dysfunctional cognitive structures and suggested that they have such dysfunctional thoughts as the “tyranny of should” (D. D. Burns, 1980; Hamachek, 1978; Horney, 1950), “dichotomous thinking” (Beck, 1976; Burns, 1980), “catastrophizing” (Ellis, 2002) and “overgeneralization” (Beck, 1976; D. D. Burns, 1980). These dysfunctional schemas are unconscious and therefore never explicitly understood in terms of their true meaning and significance (Horney, 1950). In addition, because these perfectionistic beliefs are rigid and inflexible, they resist modification and change (Shafran & Mansell, 2001).

In addition to the aforementioned cognitive schemas, subsequent research has also shed some light on the maladaptive schemas associated with perfectionism. First, one of the most commonly identified dysfunctional cognitive schemas of perfectionists is the stringent belief in the pursuit of high standards. Perfectionists are inclined to believe that they ‘should’ achieve the standards that they have set for themselves or that significant others have imposed upon them, even though these standards may be excessively high and difficult to reach (D. D. Burns, 1980; Hamachek, 1978; Horney, 1950). Flett, Hewitt, Blankstein, and Koledin (1991) found that three dimensions of perfectionism are all significantly associated with high self-expectations. On the basis of their study, they concluded that high self-expectations appeared to be the core cognition of perfectionists.

Second, perfectionists also tend to believe that they will experience disastrous consequences if they do not meet their standards. Ellis (2002) held that perfectionists are inclined to perceive imperfect performances or negative consequences as an absolute catastrophe. In addition, Conroy, Kaye, and Fifer (2007) posited that perfectionists consider failure as a serious threat to their self-esteem. Consequently, they exert significant effort to avoid these threatening consequences and feel anxious during situations that involve the possibility of failure (Conroy, Poczwardowsk, & Henschen, 2001). Rudolph, Flett, and Hewitt (2007) empirically demonstrated that socially prescribed perfectionism is significantly correlated with catastrophizing. Conroy et al. (2007) also found that socially prescribed perfectionists expect their failures to