The Perfectionism Pandemic Meets COVID-19: Understanding the Stress, Distress, and Problems in Living For Perfectionists During the Global Health Crisis

Gordon L. Flett
LaMarsh Centre for Child & Youth Research, Department of Psychology, York University, gflett@yorku.ca

Paul L. Hewitt
University of British Columbia

This work was supported, in part, by the Canada Research Chairs Program. Correspondence should be addressed to: Gordon L. Flett, gflett@yorku.ca, twitter: @FlettGordon
ABSTRACT

The COVID-19 pandemic is a global health crisis that is challenging for everyone. Concerns are being expressed about a pending mental health crisis as people try to cope with their fears, stressors, and life disruptions. In the current commentary and analysis, we examine what we refer to as “the perfectionism pandemic” (i.e. the widespread and growing prevalence of perfectionism) and what it means to be highly perfectionistic and driven during this period of great stress and uncertainty around the world. We present the argument that the nature and experiences associated with the global health crisis are exacerbating the already high levels of stress and distress and complex psychological problems found among vulnerable perfectionists. One key point of emphasis in this article is the enormous burnout and potential trauma experienced by frontline medical personnel who are driven to be perfect and who feel compelled to live up to prescribed expectations and demands to be perfect. We also discuss the impact of periods of social and physical isolation on perfectionistic people who have been already experiencing loneliness and who may have pre-existing difficulties in their interpersonal relationships. We conclude with a series of recommendations for perfectionists in order to help them cope with the pandemic and find better ways of living through the pandemic. Key themes include the humanistic focus on being rather than doing in daily life and the need for an improved life balance that is rooted in interpersonal connections and acceptance of self and others.

Keywords: COVID-19 pandemic, perfectionism, Work, Burnout

Submitted: April 17, 2020    Revised: April 17, 2020    Accepted: April 17, 2020
A key consideration when seeking to understand a personality construct and the people defined by it is to examine how this personality characteristic operates and is expressed in unique situations and circumstances. We have spent considerable time and energy over the past three decades focused on how perfectionism operates in people across distinct contexts. The current global health crisis represents an opportunity to arrive at some new insights into the nature of perfectionism and evaluate some past assumptions about perfectionism. An emphasis on perfectionism, in turn, is also a means of gaining a unique perspective and insights into salient elements of this global health crisis and what it means for people and their lives.

Our focus on perfectionism during this global health crisis is very much in keeping with the diathesis-stress model of perfectionism and distress. This model regards perfectionism as a source of vulnerability that is activated in certain stressful situations (for discussions see Hewitt & Flett, 1991, 1993). This model emphasizes the activating role of ego-involving situations representing personal failures but uncontrollable, stressful situations in general are also highly relevant. Contemporary analyses leave no doubt about the degree of stress and the wide array of stressors that merit consideration as part of the pandemic experience. This can be examined in terms of individual stressors as well as the numerous challenges facing medical personnel. Pfefferbaum and North (2020) listed concerns about exposure and risk for these vital workers, but also a host of other considerations, including worry about infecting family members and caring for loved ones, shortages of protective equipment, exceptionally long work hours, and being involved in complex and emotional decisions about the allocation of scarce resources in life versus death situations. A new review of the effects of being quarantined also underscores the numerous psychological impacts and broad types of stressors when being confined in isolation.

Brooks and associates (2020) concluded that, “… the psychological effects include post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma” (p. 912).

Our current commentary on perfectionism reflects our particular concerns about the vulnerability of perfectionists during and after this crisis. This analysis of perfectionism during the pandemic is guided by scholarly interests but also its implications for public policy and associated applications, including counseling and treatment interventions. It is vitally important to retain a conceptual focus on personality constructs and then conduct meaningful tests of relevant assumptions and hypotheses. However, the ultimate goal is to gain a new understanding that translates into actions that can help perfectionistic people through difficult times such as the unique challenge that we are experiencing at present. A focus on the conceptual aspects of personality needs to be balanced by a focus on its applied aspects (for a discussion, see Flett, 2007).

The concept on “perfect” during a pandemic underscores just how subjective the concept of “perfect” is at any point in time. It has often been noted that what is regarded as perfect by one person is likely not the concept of “perfect” shared by other people. How people define the concept of “a perfect day” or “a perfect life” and what constitutes a perfect day or a perfect life has been totally altered by the circumstances people find themselves in at present. Another way to highlight just how subjective “perfect” is would be to consider the concept of “a perfect world.” The ideal of a perfect world is central to an orientation we have described as “world-oriented perfectionism” (see Hewitt & Flett, 1990). Of course, at present, we are far away from what most people would usually envision as a “perfect world” as people experience enormous emotional distress and economic distress.
The goal at present is to survive and if possible, find some joy and satisfaction in new approaches to living that reflect ways of being in the world in the here and now rather than having things or doing things in the pursuit of future goals. In short, it is a time to embrace the positive ways of experiencing daily life as advocated by humanistic theorists (e.g., Maslow, 1971).

Our mention of “the perfectionism pandemic” in the title of this commentary is not meant to be facetious or to minimize the seriousness of the global health crisis and the terrifying situations being dealt with by some people. There are many reasons to suspect that we are about to experience a global mental health crisis that is unlike anything we have ever seen in recent times. Similar concerns have been expressed about a pandemic-related epidemic of mental health and traumatic stress reactions by Horesh and Brown (2020). These authors began their analysis by noting that COVID-19 has transformed every aspect of our lives. Our focus on the “perfectionism pandemic” is a direct reference to indications that dysfunctional perfectionism is highly prevalent and this debilitating perfectionism is linked with mental health problems and has become a global problem, especially among young people. Unfortunately, maladaptive forms of perfectionism among young people seem to be present at alarming levels. Sironic and Reeve (2015) examined the prevalence of perfectionism in over 900 Australian adolescents. Their participants completed three perfectionism measures, including the Child-Adolescent Perfectionism Scale (Flett et al., 2016). Sironic and Reeve (2015) found that 3 in 10 adolescents had maladaptive perfectionism, while many other adolescents had milder forms of perfectionism that could escalate into more severe forms. More recently, in research that involved both the Child-Adolescent Perfectionism Scale (Flett et al., 2016) and the Frost Multidimensional Perfectionism Scale (Frost, Martin, Lahart, & Rosenblate, 1990), another team studying Norwegian adolescents found that 38% of students in “ordinary lower” secondary schools had dysfunctional perfectionism (Stornae, Rosenvinge, Sundgot-Borgen, Petterson, & Fri burg, 2019).

Another recent study of the psychometric properties of the Perfectionism Cognitions Inventory (PCI; Flett, Hewitt, Blankstein, & Gray, 1998) in a large sample of undergraduate students from Spain yielded further evidence to support our claims that the “perfectionism pandemic” exists. This new article was focused on psychometric details of the PCI (see Esteve Faubel et al., 2020); however, we were struck by the fact that statistical analyses identified a large group of participants with moderate to high levels of perfectionistic automatic thoughts; 40.1% of the participants were in this group (i.e., two of five students) and they also tended to have substantially elevated levels of social anxiety. Collectively, these findings combine with the findings from other investigations being conducted around the world to support our contention that there is indeed a pandemic of dysfunctional perfectionism and this amounts to an enormous amount of pressure on far too many people.

Our conclusion is supported further by the results of a recent meta-analysis that have received substantial interest in the media and among members of the general public. Curran and Hill (2019) examined data from different time periods over the past three decades and demonstrated that levels of trait perfectionism (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) are significantly on the rise. This study is the first broad analysis of generational differences in perfectionism with an emphasis on cohorts. Smith and colleagues (2019) also described evidence indicating that levels of perfectionism are clearly on the rise. The notion that levels are increasing and there is a “rising tide” of perfectionism is troubling given the extensive distress and dysfunction associated with perfectionism.
Perfectionism, Stress, and Needing to Feel Safe During the Pandemic

We have suggested elsewhere that “… perfectionism represents an approach to life that makes stressors and failures not only more aversive and distressing, but also more likely to occur” (Hewitt, Flett, & Mikail, 2017, p. 1). This fits with our current working hypothesis. That is, perfectionism is problematic at the best of times, but it is especially problematic during the worst of times, and arguably, right now is the worst of times for billions of people. Life is restricted and lives are at risk.

In general, perfectionists are typically more stressed than non-perfectionists, and some of this stress is their own doing because it is stress that is self-generated (see discussions in Flett, Nepon, Hewitt, Zaki-Azat, Rose, & Swiderski, 2020; Hewitt & Flett, 2002). Stress is generated by the pursuit of impossible ideals and refusing to let go of these ideals when feedback suggests it is time to relent and lower standards. Stress can also stem from being an other-oriented perfectionist who causes conflict by holding other people up to impossible standards. Perfectionists are also prone to pressure that can emanate from themselves, other people, and their life roles.

Of course, the COVID-19 pandemic has resulted in circumstances that have substantially heightened stress and anxiety among people around the world. As noted by Flett and Zangeneh (2020), we are in a period of great uncertainty and perceived uncontrollability while trying to cope with fears of safety and changes to life conditions. The practice of physical isolation or social isolation prescribed in order to stop the spread of the virus adds to feelings of disconnection, isolation, and loneliness. Most notably, there is a severe disruption to daily routines and goal-motivated behavior that is not only disquieting, it can also be highly dissonant with personal needs and typical sources of personal worth and this can impact the sense of self and identity. We would add that one way of viewing the current pandemic situation is to see it as a circumstance that can make people feel like they have been restricted and trapped in a situation that cannot be escaped; this sense of entrapment with no end in sight makes them feel helpless, at least for the foreseeable future.

The widespread impact of this stress and uncertainty on people is suggested by revisiting the seminal views of Karen Horney. For instance, in her book Our Inner Conflicts, Horney posited that we all experience basic anxiety and this begins at an early age. Basic anxiety is defined as “… the feeling a child has of being isolated and helpless in a potentially hostile world” (Horney, 1945, p. 41). Because this feeling is deeply ingrained in all of us, current conditions that contribute to our sense of isolation and helplessness should translate into most of us sharing a basic anxiety until the pandemic is over and the reasons for fear and anxiety have been resolved.

A central theme in our recent book on the treatment of perfectionism is that perfectionism is underscored and fueled by unmet needs and most of these needs have an interpersonal basis (see Hewitt et al., 2017). The most basic and pervasive concern right now is personal safety and, in our book, we highlighted the fact that perfectionists have an abiding need to feel safe, and this is one of the most crucial needs to address in treatment. This need to feel safe stems typically from a sense of insecurity among perfectionists that is rooted in insecure attachment styles. We characterized perfectionists as individuals who “…. do not simply aspire to be perfect; for them, attaining perfection has become a necessity and a way of being secure and safe in the world. Being excellent is nowhere near good enough for these people, because there are only two options—total perfection or total failure. Coming close, even very close, can be perceived by these individuals as a failure and a marker of how much better they need to do next time” (p. 29). These are not
tendencies that are turned off in times of crisis; in fact, they become even stronger.

Thus, it follows that many perfectionists should be in a very high state of distress right now because many of them do not feel physically safe and they also do not feel psychologically safe. Those perfectionists who are among the frontline workers who are being exposed to great personal risk yet must project calm and confidence while hiding their own terror behind their masks. Medical personnel who are compelled to do their best in overwhelming situations that evoke feelings of helplessness are going to be prime candidates for post-traumatic stress, but this will be especially true for driven perfectionists who are troubled by their lack of control. These individuals will also feel a pressure to live up to the exceedingly high expectations imposed on them by other people and society in general (i.e., socially prescribed perfectionism). We first considered the role of perfectionism in traumatic stress reactions in an earlier commentary (see Flett, Molnar, & Hewitt, 2016) and here we underscored that even when a situation is uncontrollable, perfectionists still tend to feel responsible for outcomes. This tendency to take on responsibility and blame despite actually being blameless should add considerably to the stress, distress, and challenges of frontline health care providers who feel they must be perfect. These are people who typically feel that they should be able to do the impossible and they should remain perfectly in control.

To some degree, the current pandemic fits the notion of a “biographical disruption” as described by sociologist Michael Bury (1982). A biographical disruption occurs when someone’s life and sense of self are changed instantaneously. A disruption means that the past identity and sense of self of someone has been altered and it is likely that the former self will never be recovered. Of course, we will find when the pandemic is over that many people will return to their former lives while others who survive will find this impossible. These people will need to cope with this loss of self. There will also be many people who will return to some semblance of their previous lives, but the experience will still have resulted in lasting changes in terms of how they see and experience their individual selves.

All of these factors have very significant implications for perfectionists. Given that there is substantial heterogeneity among perfectionists (for a discussion, see Flett & Hewitt, 2002), the implications are greater for some perfectionists more than others. The anxiety-provoking elements of the pandemic should be very challenging for those perfectionists who are already struggling with anxiety. Several studies have attested to the link that trait dimensions of perfectionism have with various types of anxiety (see Burgess & DiBartolo, 2016; Flett & Hewitt, 2014b; Frost & DiBartolo, 2002). The perfectionism-anxiety link was summarized aptly by Frost and DiBartolo (2002) who observed that, “The overly self-critical self-evaluations that are part of perfectionism in all likelihood lead perfectionists to experience anxiety in response to everyday situations that other people do not find stressful” (p. 348). The consistent link that has been detected between perfectionism and anxiety led us to previously suggest that one developmental pathway to perfectionism is to have an anxious temperament and heightened degree of anxiety sensitivity (see Flett, Hewitt, Oliver, & Macdonald, 2002). Perfectionism can also be adopted as a strategy designed to make a chaotic and uncontrollable situation seem less chaotic and more controllable. Thus, it is likely the case that perfectionists are substantially over-represented among the people who are very anxious and worried about the pandemic and the situation they find themselves in; some of these people will feel compelled to gain some semblance of control, even though there is likely no obvious way to get a sense of control and reduce anxiety while required to remain isolated or expose oneself and others to potential harm.
Perfectionists are people who are highly susceptible to failure and its implications for the self. Those perfectionists who suffer economically and have a business that fails as a result of the pandemic will feel this loss in ways that evoke intensive psychological pain and feelings of shame. As noted above, these are people who typically see themselves as responsible for what happens and they are likely to focus on their loss in a very self-critical manner even though there is likely nothing they could have done to change the outcome. Unfortunately, perfectionists are often unwilling to seek help because to them, it is seen not only as a personal weakness but seeking help also requires admitting imperfection to others (for a current discussion, see Dang, Quesnel, Hewitt, Flett, & Deng, in press).

More generally, there are certain elements of the current situation facing everyone that are bound to heighten the stress for perfectionists in particular. Perfectionists tend to be highly reactive to stress (Flett, Nepon, Hewitt, & Fitzgerald, 2016). They are not people who typically respond well to uncertainty or being in uncontrollable situations. Such circumstances clash with their elevated need for control, which we alluded to above, that has been confirmed in empirical research (see Flett, Hewitt, Blankstein, & Mosher, 1995). Indeed, it has been suggested that violations of desire for control are central to vulnerability to distress and despair according to the diathesis-stress model of perfectionism and depression (see Hewitt & Flett, 1991, 1993). Mallinger (2009) observed that perfectionistic individuals have a powerful need for control in their lives, in order to avoid any failures or situations that will reveal their insecurities and sense of inadequacy. Perfectionists feel it acutely when they experience a loss of a sense of control.

Many people will not only perceive the current situation as uncontrollable, they will have a growing sense that the pandemic feels like it will never end to the point that they feel trapped and constrained with no apparent means of escape. This feeling may be especially salient among people who have a sense of being obliged because they have a role that they must fulfill even though this role could, in all likelihood, result in them being exposed to risk that may jeopardize their health status. This sense of being trapped is another central theme among perfectionists undergoing treatment for psychological problems. Such individuals have been characterized as “... often distressed and frustrated by having been trapped in a web of standards and expectations that can never be met. The longing for relief is practically palpable” (Hewitt et al., 2017, p. 253). This sense of entrapment has been identified as playing a key role in vulnerability to depression (Gilbert & Allan, 1998; Gilbert & Gilbert, 2003) and a feeling of no escape will add to the stress of many perfectionists who are trying to cope with the pandemic.

Unfortunately, perfectionism is a deeply ingrained style and extreme perfectionists are people who are typically rigid and inflexible. Perfectionistic people are often unwilling to or unable to adapt to changing circumstances. Vulnerable perfectionists are typically low in resilience and they have limited self-regulation skills, so this is yet another reason to be highly concerned about perfectionists as the pandemic continues to unfold.

Situations such as the global health pandemic are difficult for everyone but especially for people with existing mental health challenges. Another reality for most perfectionists that makes the pandemic especially challenging is the fact that elevated perfectionism is associated with a range of clinical conditions that include specific disorders (i.e., anxiety disorders and depressive disorders) (see Hewitt et al., 2017). Moreover, perfectionism has been linked with comorbidity in several studies (e.g., Bieling, Summerfeldt, Israeli, & Antony, 2004; Van Yperen, Verbraak, & Spoor, 2011; Wheeler, Blankstein, Antony, ...
McCabe, & Bieling, 2011) and, as a result, perfectionism has been characterized as transdiagnostic (Egan, Wade, & Shafran, 2011). It is also important to note that perfectionism has been linked with various forms of personality dysfunction (see Ayearst, Flett, & Hewitt, 2012) and these links have been established with personality disorder symptom measures (e.g., Smith et al., 2016) and with diagnosed personality disorders, such as borderline personality disorder (Hewitt, Flett, & Turnbull-Donovan, 1994) and narcissistic personality disorder (Fjermestad-Noll, Ronningstam, Bach, Rosenbaum, & Simonsen, 2020; McCown & Carlson, 2004). These observations are relevant because any attempt to examine perfectionism and the pandemic must take note of the substantial levels of dysfunction and impairment that were being endured by perfectionists prior to this global health crisis.

We will conclude this segment of our commentary with a word about the achievement-focused tendencies of people characterized by elevated levels of perfectionism. Perfectionists are highly focused on goal striving and its implications for themselves. Some recent research suggests that they are very focused on self-image goals that reflect their need to be seen by others in positive ways (Nepon, Flett, & Hewitt, 2016). These goals are underscored by an ego-oriented need for validation from other people (Flett, Besser, & Hewitt, 2014). In short, perfectionists are people who feel a need to prove themselves to other people. However, the current situation is a time for most people when there are restrictions that limit opportunities to achieve with little focus on goal striving and goals related to self-evaluation and self-improvement. This element is another feature that suggests that the pandemic translates into a sense of identity confusion for people who are driven to work and there is little opportunity for perfectionists to engage in behavior that is consonant with their core sense of self and core needs. This may constitute an existential crisis for some perfectionists; they may reach their own realization while in isolation that they have invested so much of themselves in the pursuit of achievements and accomplishments that actually mean very little in terms of what becomes important when faced with a global health crisis that imperils everyone.

Perfectionism, Work, and Burnout During The Pandemic

A persistent theme in the perfectionism field has been whether perfectionism has an adaptive side to it (see Stoeber & Otto, 2006). On a positive note, perfectionists are likely well represented among those people who are being conscientious and trying to do the right thing to limit their personal exposure and do their part in stopping the spread of COVID-19. Unfortunately, however, extreme perfectionism has many costs and consequences associated with it, and there are usually more risks than benefits. One risk stemming from being absolutely driven to be perfect is the possibility, if not likelihood, of experiencing emotional and physical burnout. Perfectionists are people who are prone to working to the point of burnout and beyond and their excessive devotion to work and duty can make them highly vulnerable to health problems. In addition, the burnout itself can prolong and exacerbate emotional distress. This association between perfectionism and burnout was first noted by Freudenberger, who introduced the world to the burnout concept (see Freudenberger & Richelson, 1980).

Previously, Missildine (1963) emphasized the perfectionists’ proneness to exhaustion as part of his analysis of why perfectionists are so driven to be perfect. According to Missildine (1963), most perfectionists are typically cognizant of their excessive striving but remain compelled to keep working excessively due to their self-critical nature and an abiding sense that they can always do more and achieve at a higher level. That is perfectionists must “strive and strive and strive – and still will gain no satisfaction” (Missildine, 1963, p. 77).
Support for these observations comes from a comprehensive meta-analysis by Hill and Curran (2016), who provided a cogent summary of the current literature. They compiled the findings of 43 studies with about 10,000 participants in total and found that a composite measure of trait perfectionistic concerns had medium and medium-to-large positive associations with overall burnout and symptoms of burnout. Collectively, past observations and available research findings have clear and dire implications for frontline nurses and doctors who are working excessively in highly stressful and potentially traumatizing situations at present. All medical personnel should be highly prone to burnout but especially those who have fully embraced perfectionism as part of their core identity. Health care professionals tend to be perfectionistic. Indeed, Dr. Anthony Fauci, the Head of the U.S. science-based efforts to address the pandemic, has acknowledged his perfectionistic tendencies (see McCarthy & Terris, 2020). Dr. Fauci said he was driven by a sense of obligation to the people who were ill and he tried to be as perfect as he could be, even though he knew he wasn’t and isn’t perfect and it is a source of anxiety for him. Unfortunately, it is far too easy when it comes to perfectionistic doctors and nurses to envision how overwhelming circumstances will become a recipe for extreme burnout, stress, and distress and this becomes exacerbated by the demoralization that comes when little can be done to improve the situation.

Although we have focused above on nurses and physicians, there are also obvious reasons to be concerned about those perfectionists who can work from home. They will feel extreme pressure to be productive at exceptional levels, but they could have family situations with role requirements that add to the demands already being placed on them. Employers need to be highly sensitive to the fact that some people will sacrifice themselves for their work out of a sense of obligation, yet they also have important family obligations. This could be the case, for instance, for highly dedicated and perfectionistic educators who are overly engaged in educating and assisting their students through the crisis.

Some perfectionists who are currently working from home are in isolated conditions that leave them with few options. We have heard reports from multiple sources of people who have tried to cope with anxiety and a sense of uncontrollability by taking their usual workaholic tendencies to a new level. This excessive work might be viewed by these perfectionists as working for them in the short-term, but these individuals must engage in self-care at some point, perhaps sooner than later, in order not to deplete themselves.

We now discuss some other salient problems that face perfectionists most of the time but especially now during this global health crisis. Our commentary concludes with some recommendations for perfectionists.

**Perfectionism as a Problem in Living**

Loneliness is one of the most profound challenges facing people who engage in physical isolation. The term “physical isolation” is preferred to “social isolation” because it is hoped that people who must physically isolate themselves will still find ways to stay connected to other people or feel a sense of connection to other people. Any circumstance that adds to the sense of isolation and aloneness of people who have been struggling with the pressures of being perfect will have a strong impact on many perfectionists. There is growing evidence of the link that interpersonal forms of perfectionism have with loneliness and there is growing support for the perfectionism social disconnection model (see Hewitt, Flett, Mikail, Kealy, & Zhang, 2018; Hewitt, Flett, Sherry, & Caelian, 2006; Sherry, Mackinno, & Gautreau, 2016). This model is focused on interpersonal perfectionism, with socially prescribed perfectionism as a key focus. As noted earlier, socially prescribed
perfectionism is the belief or perception that other people demand perfectionism from the self (see Hewitt & Flett, 1991). The essence of the perfectionism social disconnection model is that individuals with high levels of interpersonal perfectionism become socially isolated and prone to loneliness due to their sensitivity to negative feedback from other people. Social disconnection can be objective in terms of actual isolation or subjective in terms of the perceived gulf or distance between the self and other people. The tendency to be isolated, either in terms of psychological or physical distance, is regarded as a key mechanism that sets the stage for much of the distress and dysfunction expressed and experienced by vulnerable perfectionists. Perfectionists who already felt disconnected may find it exceptionally difficult to cope with loneliness and separation anxiety as they now are more isolated than ever before. Hopefully they can put aside self-criticism and take some solace from the fact that social isolation is now prescribed for everyone and does not necessarily reflect a personal failing of their own.

A related challenge associated with being isolated is that it provides far too much opportunity to engage in rumination about how things and oneself are far from perfectionism. Once again, vulnerable perfectionists are over-represented among those people who can exacerbate or prolong their distress by brooding and being focused on a harsh internal dialogue. There is growing evidence of the links between perfectionism and various forms of cognitive perseveration, and this has become reflected in a cognitive theory of perfectionism (see Flett, Hewitt, & Nepon, 2016; Hewitt, Flett, Nepon, & Besser, 2018). These thoughts include rumination in the form of an internal dialogue about not being perfect (Flett et al., 1998) or about a previous failure or a past mistake (see Flett et al., 2020). One clear recommendation for physically isolated perfectionists in quarantine situations is to find ways of cognitively distracting themselves by reading or by listening to podcasts or watching escapist forms of television.

Another significant psychosocial challenge heightened by the pandemic involves the tendency for people who are in isolation with a partner to wear on each other and experience conflicts. Unfortunately, there are growing reports of troubling acts of domestic violence during the pandemic as people are sheltered in places that are unsafe (see Bradbury-Jones & Isham, 2020). The interpersonal problems and relationship difficulties of perfectionists are well documented (see Habke & Flynn, 2002; Haring, Hewitt, & Flett, 2003). Albert Ellis (2002) discussed this within the context of a case example of a man who demanded perfectionism from others (i.e., other-oriented perfectionism) to the point that the man was set for “a double divorce” from his wife and his business partners because they could no longer tolerate his criticisms and rigidity. Both the man and his wife received psychological treatment from Ellis.

Hewitt, Flett, and Mikail (1995) investigated a sample of chronic pain patients in a study that illustrated the need to consider perfectionism and relationship problems among people who are coping with chronic physical health challenges. We found that people with partners who were high on other-oriented perfectionism (i.e., requiring perfection from significant others) reported greater family difficulties and lower levels of marital adjustment. The other-oriented perfectionistic partners were also rated as less supportive, even when controlling for levels of dyadic adjustment. More recent dyadic research has documented the challenges being faced by people with partners who are both perfectionistic and narcissistic (see Casale et al., in press). Finally, in a particularly sophisticated study, Mackinnon and associates (2012) used daily experience sampling with 226 romantic dyads to demonstrate longitudinally that trait perfectionistic evaluative concerns predicted daily interpersonal conflicts and this
association was still evident after controlling for levels of trait neuroticism.

It is with these results in mind that we concluded in a recent article that perfectionism poses a problem in living with others and living with oneself (see Flett & Hewitt, 2020), but it can also be a problem for people living with perfectionists. Current living conditions make it more than likely that the unique challenges of living with perfectionistic people during the pandemic will exacerbate pre-existing problems and tendencies. But, of course, our discussion of the added challenges of being isolated and the added opportunities to engage in cognitive rumination also suggest that many perfectionists are going to find it increasingly difficult to live with themselves as well.

Recommendations for Perfectionists

How can life during a pandemic be made less challenging for perfectionists? What will help them cope? Below we outline some recommendations that seem most pertinent as ways of getting through the global health crisis. Some suggestions are adapted from previous analyses of ways to prevent perfectionism among younger people (see Flett & Hewitt, 2014a) and how to promote flourishing in the lives of perfectionists (see Flett & Hewitt, 2015). It should be noted, however, that we are also focused on how to improve the lives of perfectionists after the pandemic has subsided. This added focus is needed given the wealth of evidence linking perfectionism with multiple adjustment problems and links with complex clinical conditions that include significant life impairment.

One of the few benefits of having to go through the current pandemic is that for some people at least, it may offer an opportunity to re-assess and re-evaluate what really matters and what really doesn't seem to matter. When it comes to perfectionists, there are several central themes that should be considered and re-evaluated as a form of adaptive reflection rather than ruminative brooding. These themes are outlined below.

The first point of emphasis should be the perceived importance of being perfect. Why is it that being perfect is so important for so many people? What makes the need to be perfect get transformed into a compulsive drive? This theme may be the ultimate key to understanding perfectionism. Albert Ellis (2002) emphasized the irrational importance of being perfect as the key element that accounts for the destructiveness of perfectionism. Previously, Hewitt and Flett (1991) demonstrated in our article introducing the Multidimensional Perfectionism Scale that higher levels of trait perfectionism were accompanied by greater reports of the perceived importance of meeting standards perceived as coming from the self and from other people. Much is to be gained from reaching an understanding of how and why achieving perfection has become so important to certain people. This perceived importance seems to carry its own costs. Hewitt, Mittelstaedt, and Flett (1990) reported in another investigation that the perceived importance of being perfect in various life domains interacted with perfectionism to predict elevated levels of depression. The pandemic period may be an ideal time for perfectionists to reflect on their perfectionism and question how important it is to be perfect during a time when there are broader factors at work that are impacting everyone.

This reflection should include a personal examination of the value of striving for perfection versus striving for excellence. One of the vexing aspects of being a perfectionist is that the pursuit of perfection typically goes along with a great dissatisfaction due to the sense of always falling short of expectations. Hamachek (1978) discussed this at length and made it central to his distinction between neurotic perfectionism and so-called “normal perfectionism.” It is tragic when people with enormous talent never get to enjoy their accomplishments because they evaluate themselves and others according to exacting
standards. For instance, Canadian prima ballerina Karen Kain, an extreme perfectionist in a world that demands flawlessness, has noted that one of her biggest regrets is her inability to enjoy her performances and experiences. She details these feelings along with her bouts with depression in her autobiography titled Movement Never Lies (see Kain, 1995). We documented the dissatisfaction of perfectionists in a sample of professional performers (see Mor, Day, Flett, & Hewitt, 1995). Our sample included many acclaimed performers. Our empirical results showed that higher levels of self-oriented perfectionism were associated with less reported happiness during performances. Given that extreme perfectionism robs talented people of joy and satisfaction, it is essential that we underscore the option for perfectionists detailed in a timely paper by Gaudreau (2019). He advocated for striving for excellence rather than striving for perfection. This goes along with realizing when “good enough” is “good enough” and learning not to internalize daily dissatisfactions so they become a generalized dissatisfaction with the self.

Another key consideration is work-life balance. We described the need to restore this sense of balance in our chapter on perfectionism as antithetical to flourishing (see Flett & Hewitt, 2015). This chapter also included some data linking perfectionism with compulsive workaholism. Other research has established links between perfectionism and work addiction (see Stoebel & Damian, 2016). Situations that now have some perfectionists unable or less able to work and perhaps sheltering in place in isolation wherever they live represent another golden opportunity to consider the costs of having an excessive work orientation. We have heard some reports of people who chronically suffer from burnout actually getting some rest and getting a personal reminder of what it feels like to not be exhausted all of the time. People who seek validation through accomplishment should consider seeking validation by finding communal ways to enhance the well-being of other people or finding ways to improve and contribute to their community. There is much to be gained by focusing on building the sense of connection and relatedness to others through other activities (e.g., volunteering, mentoring).

It is just as important to become dedicated to improving the balance between agency versus communion; it is easy to envision a form of “unmitigated perfectionism” that entails too much emphasis on work and striving to achieve and too little emphasis on meaningful, satisfying connections with other people. Bakan (1966) posited two meta-orientations known as agency and communion. These orientations have been described as “axes around which the social world revolves” (Wiggins & Trobst, 1999, p. 659). Agency refers to an achievement orientation and the need to have an instrumental impact on outcomes. Communion refers to connecting with others and establishing interdependencies. Personal well-being stems from having a healthy balance in terms of the agency and communion orientations as opposed to extreme imbalances in the form of unmitigated agency or unmitigated communion. The pandemic and its inherent challenges underscore the many ways that we all need people in order to help us through periods of personal crisis and global crisis. Perfectionistic people need to set their achievement orientations aside and build their relationships with others to the extent that this is possible. Given Bakan’s (1966) discussion of sex differences in agency and communion and the greater communion and psychological centering outside of themselves found among women, perhaps male perfectionists may be particularly in need of building relationships to balance unmitigated agency.

On a related note, now is an ideal opportunity for people to reflect on how they define themselves and how they relate to themselves. Burns (1980) described perfectionists as people “... who measure...
their own worth entirely in terms of productivity and accomplishment. For these people the drive to excel can only be self-defeating” (p. 34). Now is a perfect time for cooperation rather than competition with others and deriving satisfaction from finding valued ways to make a difference in the lives of other people.

Any lessons that are learned about improving the work-life balance and the balance between agency and communion, and redefining the self must be remembered when the pandemic is over. By nature, perfectionists tend to over-compensate. When they have been blocked from working or have had achievement setbacks, perfectionistic people tend to strive excessively to make up for lost time or lost progress at the first available opportunity. Some of this is rooted in the sense that other people have surpassed them. There is a very real danger that once they are able to do so, perfectionists will become the most work obsessed they have ever been. A self-induced state of exhaustion due to excessive work will set the stage for the health problems that have been documented in recent programmatic research on the physical costs of excessive perfectionism (Molnar, Sirois, Flett, Janssen, & Hewitt, 2018). The complex associations among health problems, distress, and extreme perfectionism become particularly evident when considering perfectionism and chronic illness from a person-centered perspective rather than the typical variable-centered approach. Here we identified a group of extreme perfectionists with chronic health issues, stress, and distress and they seem like people who would have enormous levels of risk if exposed to the COVID-19 virus (see Molnar, Sirois, Flett, & Sadava, 2020). There should be substantial concerns that excessive burnout, despair, and demoralization will combine to reduce the immune system functioning of medical personnel who are highly perfectionistic yet in exceptionally close proximity to patients with the COVID-19 virus. The need to be concerned is underscored by evidence from longitudinal research which pointed to a clear link between trait perfectionism dimensions and early all-cause mortality (see Fry & Debats, 2009).

Attempts to understand perfectionists and what drives them are usually focused on the self and identity of perfectionistic people. The self-criticism that pervades perfectionism needs to be removed and replaced by unconditional self-acceptance, self-compassion, and self-forgiveness. The person who is typically a harsh and demanding other-oriented perfectionist needs to instead become someone who is unconditionally accepting of others and someone who is able to have compassion and the capacity to forgive others. The capability of being more mindful of the self and other people is more attainable if the perfectionistic person is able to embrace a key orientation proposed by Carol Dweck (see Dweck, Hong, & Chiu, 1993, 1995). Dweck and her colleagues have studied implicit belief systems and they have been strong advocates of a growth mindset as opposed to a fixed mindset. This growth mindset needs to be applied to how mistakes and failures are viewed; rather than reflecting defects in the self, it is better that mistakes and failures are perceived as learning opportunities in keeping with the notion that everyone is a lifelong learner. There is much to be gained by parents and teachers modeling the growth mindset, calmness, and self-acceptance during this challenging period and beyond. Unfortunately, research indicates that many parents and teachers with a growth mindset do not typically model this orientation and pass it on to children and adolescents (see Haimovitz & Dweck, 2017).

The benefits of an approach focused on growth and acknowledging that no one can ever a perfect, finished product were alluded to by Pacht (1984); he suggested sagely that he had learned from providing clinical treatment to many perfectionists that the only way to be perfect is to actually be imperfect. It is much easier to communicate with other people and reach out to them during this pandemic by acknowledging just
how uncertain everything seems to be and how reasonable it is to be worried; this can be paired with the message that there is no clear right or wrong way to get through the pandemic other than finding ways to play it safe and trying to remain optimistic, while also being open about personal imperfections and insecurities.

It is also very important for perfectionists to cope and progress through the pandemic by being as authentic with other people as possible. Unfortunately, many people seem to have a need to seem perfect that outweighs their actual need to be perfect and there are now published analyses of people who seem to be portraying themselves as actually thriving during the pandemic. We have referred to this tendency as reflecting a style known as perfectionistic self-presentation (Hewitt et al., 2003) and this orientation is one of the key factors that accounts for the unwillingness to seek help that we described earlier. The ability to make connections with other people often reflects having the capability to share and self-disclose true feelings at appropriate times and not be self-focused and self-promotional. But perfectionists are often plagued by insecurities and self-doubts that are driving these displays; these attributes likely underscore a phenomenon referred to by Margaret Rutherford as “perfectly hidden depression” (Rutherford, 2019), which is a reference to the perfect masks that hide profound distress. Sorotzkin (1998) proposed that people strive to look perfect rather than be perfect because they are self-critical and they know in their own minds just how bad they actually are as people, so they abandon the quest to be perfect and instead focus on obtaining social approval. Of course, it is much more preferable that people who are struggling do not hide behind a front and they are open and able to seek out social support and professional help when it is needed. This help-seeking behavior is a sign of strength and character rather than a sign of weakness. Help-seeking is a key step toward authenticity and rejecting a false self.

Our main recommendation is that perfectionists need to reflect on the current situation and if possible, use it as an opportunity for learning and attain a better way of being in daily life. Research has now established clearly that perfectionists are low in mindfulness. We documented this lack of mindfulness in a recent article that examined the reasons why perfectionists are unable or unwilling to go about their daily lives in a mindful manner (see Flett, Nepon, Hewitt, & Rose, in press). The tension and anxious arousal of nervous perfectionists can be addressed through relaxation techniques, but this needs to extend to calming the anxious and typically negative internal dialogue of vulnerable perfectionists.

Summary and Final Thoughts

Our commentary and analysis has examined what it means to be a perfectionist during the pandemic. Perfectionism is a deeply ingrained personality orientation that is linked with mental health and physical health problems and interpersonal problems. Clearly, life is challenging for extreme perfectionists, so a highly challenging and threatening situation such as the global health crisis that is currently being experienced will have a severe impact on perfectionists around the world.

We have been selective in our analysis and have focused on some of the more salient issues. Most notably, the current pandemic has potentially dire implications for frontline healthcare workers who also happen to be perfectionists. Moreover, there can be little doubt that the established links between perfectionism and loneliness and perfectionism and relationship problems are now exacerbated among the billions of people who are now in physical and social isolation. Collectively, these elements combine to suggest that there is an enormous need for psychological assistance among perfectionists and this is a situation of considerable urgency.
Given the enormous upheaval, stress, and uncertainty that is being experienced as a result of the pandemic, it seems like an appropriate time for us to revisit our earlier call for programmatic attempts to prevent perfectionism (see Hewitt & Flett, 2014a) and to reiterate the need to take actions designed to reduce societal sources of pressure to be perfect. The greatest cohort increases in perfectionism that were identified by Curran and Hill (2019) were found for socially prescribed perfectionism. These pressures seem especially unnecessary and unbearable when in the throes of a pandemic.

We will close this commentary by returning our focus to the perfectionism pandemic among young people that we detailed at the beginning of this article. On the one hand, it is quite conceivable that perfectionism will become more prevalent as a result of this global health crisis; people who had pre-existing milder forms of perfectionism may become even more perfectionistic in response to their need to try to regain a sense of control in their lives. However, we are hopeful that for those people who survive the pandemic, the exceptional experiences they have lived through will serve as a catalyst for positive change and actually abandoning perfectionism because they have grown closer to other people or perhaps have simply come to realize the folly of striving for absolute perfection rather than excellence. The potential to be harshly self-critical is deeply ingrained in most troubled perfectionists but it is our hope that the current circumstances will help these people realize that it is not necessary to always be evaluating oneself and other people.

It is also an ideal time to take some solace from the realization that other people are feeling the same way; that is, what seems personal is being shared widely and experienced by people around the world. We are all feeling lonely and uncertain and scared. People who feel like they have to be perfect need to realize that millions of other people also feel this pressure. There is much comfort that can come from finding ways to normalize personal experiences and emotions and remaining cognizant of just how much we have in common with other people during these abnormal times. One of the keys to being self-forgiving and self-compassionate is to acknowledge our interconnectedness and our shared common humanity. This is an ideal time to embrace this theme of how much we share with other and then never forget it.
References

Ayearst, L., Flett, G. L., & Hewitt, P. L. (2012). Where is multidimensional perfectionism in DSM-5? A question posed to the DSM-5 Personality and Personality Disorders Work Group. *Personality Disorders: Theory, Research, and Treatment*, 3, 458-469.

Bakan, D. (1966). *The duality of human existence: Isolation and communion in Western man*. Boston: Beacon Press.

Beling, P. J., Summerfeldt, L. J., Israeli, A. L., & Antony, M. M. (2004). Perfectionism as an explanatory construct in comorbidity of Axis I disorders. *Journal of Psychopathology and Behavioral Assessment*, 26, 193–201.

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*. DOI: 10.1111/jocn.15296

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395, Issue 10227, 14-20. [https://doi.org/10.1016/S0140-6736(20)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

Burgess, A. M., & DiBartolo, P. M. (2016). Anxiety and perfectionism: Relationships, mechanisms, and conditions. In F. M. Sirois & D. S. Molnar (Eds.), *Perfectionism, health, and well-being* (pp. 177–203). New York: Springer International Publishing.

Burns, D. D. (1980, November). The perfectionist's script for self-defeat. *Psychology Today*, pp. 34-52.

Burns, M. (1982). Chronic illness as biographical disruption. *Sociology of Health & Illness*, 4, 167–182.

Casale, S., Fioravanti, G., Baldi, V., Flett, G. L., Hewitt, P. L. (in press). Narcissism, perfectionistic self-presentation, and relationship satisfaction from a dyadic perspective. *Self and Identity*.

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, 410-429.

Dang, S.S., Quesnel, D.A., Hewitt, P.L., Flett, G.L., & Deng, X. (in press). Perfectionistic traits and self-presentation are associated with negative attitudes and concerns about seeking professional psychological help. *Clinical Psychology and Psychotherapy*.

Dweck, C. S., Hong, Y. Y., & Chiu, C.-Y. (1993). Implicit theories: Individual differences in the likelihood and meaning of dispositional inference. *Personality and Social Psychology Bulletin*, 19, 644–656.

Dweck, C. S., Chiu, C. Y., & Hong, Y. Y. (1995). Implicit theories: Elaboration and extension of the model. *Psychological Inquiry*, 6, 322–333.

Egan, S. J., Wade, T. D., & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. *Clinical Psychology Review*, 31, 203–212. [https://doi.org/10.1016/j.cpr.2010.04.009](https://doi.org/10.1016/j.cpr.2010.04.009)

Ellis, A. (2002). The role of irrational beliefs in perfectionism. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 217–229). Washington, DC: American Psychological Association.

Esteve Faubel, J. M., Aparicio Flores, M. P., Vicent, M., González, C., Sammartín, R., & García-Fernández, J. M. (2020, February 13). Validation of Spanish version of the Perfectionism Cognitions Inventory: Profiles of automatic perfectionism thoughts and their
associations with social anxiety. *Professional Psychology: Research and Practice.* http://dx.doi.org/10.1037/pro0000290

Fjermestad-Noll, J., Ronningstam, E., Bach, B. S., Rosenbaum, B., & Simonsen, E. (2020). Perfectionism, shame, and aggression in depressive patients with narcissistic personality disorder. *Journal of Personality Disorders, 34* (Suppl) : 25-41. 10.1521/pedi.2020.34.supp25

Flett, G. L. (2007). *Personality theory and research: An international perspective.* Toronto: Wiley.

Flett, G. L., Besser, A., Davis, R. A., & Hewitt, P. L. (2003). Dimensions of perfectionism, unconditional self-acceptance, and depression. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 21*, 119-138.

Flett, G. L., Besser, A., & Hewitt, P. L. (2014). Perfectionism and motivational systems in depression: An analysis of growth seeking, validation seeking, and rejection sensitivity. *Psychiatry: Interpersonal and Biological Processes, 77*, 67-85.

Flett, G. L., & Hewitt, P. L. (2002). Perfectionism and maladjustment: Theoretical, definitional, and treatment issues. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 5-31). Washington, DC: American Psychological Association Press.

Flett, G. L., & Hewitt, P. L. (2014a). A proposed framework for preventing perfectionism and promoting resilience and mental health among vulnerable children and adolescents. *Psychology in the Schools, 51*, 899-912.

Flett, G.L., & Hewitt, P.L. (2014b). Perfectionism and perfectionistic self-presentation in social anxiety: Implications for assessment and treatment. In S. Hofmann & P. DiBartolo (Eds.), *Social anxiety: Clinical, developmental, and social perspectives, 3rd ed.* (pp. 159-187). London: Elsevier.

Flett, G. L., & Hewitt, P. L. (2015). Managing perfectionism and the excessive striving that undermines flourishing: Implications for leading the perfect life. In R.J. Burke, C.L. Cooper & K.M. Page (Eds.), *Flourishing in work, life, and careers* (pp. 45-66). Cheltenham, UK: Edward Elgar Publishing.

Flett, G. L., & Hewitt, P. L. (2020). Reflections on three decades of research on multidimensional perfectionism: Introduction to the special issue on further advances in the assessment of perfectionism. *Journal of Psychoeducational Assessment, 38*, 3-14.

Flett, G. L., Hewitt, P. L., Besser, A., Su, C., Vaillancourt, T., Boucher, D., Munro, Y., Davidson, L., & Gale, O. (2016). The Child-Adolescent Perfectionism Scale: Development, psychometric properties, and associations with stress, distress, and psychiatric symptoms. *Journal of Psychoeducational Assessment, 34*, 634-652.

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*, 1363-1381.

Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Mosher, S. W. (1995). Perfectionism, life events, and depressive symptoms: A test of a diathesis-stress model. *Current Psychology, 14*, 112-137.

Flett, G. L., Hewitt, P. L., Oliver, J. M., & Macdonald, S. (2002). Perfectionism in children and their parents: A developmental analysis. In G. L. Flett & P. L. Hewitt (Eds.). *Perfectionism: Theory, research, and treatment* (pp. 89-132). Washington, DC: American Psychological Association Press.

Flett, G. L., Hewitt, P. L., & Nepon, T. (2016). Perfectionism, worry, and rumination
in health and mental health: A review and a conceptual framework for a cognitive theory of perfectionism. In F. M. Sirois & D. S. Molnar (Eds.), Perfectionism, health, and well-being (pp. 121-156). New York: Springer.

Flett, G. L., Hewitt, P. L., Nepon, T., & Besser, A. (2018). Perfectionism cognition theory: The cognitive side of perfectionism. In J. Stoeber (Ed.), The psychology of perfectionism: Theory, research, applications (pp. 89-110). London: Routledge.

Flett, G. L., Molnar, D. S., & Hewitt, P. L. (2016). The traumatized perfectionist: Understanding the role of perfectionism in post-traumatic reactions to stress. International Journal of Emergency Mental Health and Human Resilience, 18, 764-765.

Flett, G. L., Nepon, T., Hewitt, P. L., & Fitzgerald, K. (2016). Perfectionism, components of stress reactivity and distress. Journal of Psychopathology and Behavioral Assessment, 38, 645-654.

Flett, G. L., Nepon, T., Hewitt, P. L., & Rose, A. L. (in press). Why perfectionism is antithetical to mindfulness: A conceptual and empirical analysis and consideration of treatment implications. International Journal of Mental Health and Addiction.

Flett, G. L., Nepon, T., Hewitt, P. L., Zaki-Azat, J., Rose, A. L., & Swiderski, K. (2020). The Mistake Rumination Scale: Development, validation, and utility of a measure of cognitive perfectionism. Journal of Psychoeducational Assessment, 38, 84-98.

Flett, G. L., & Zangeneh, M. (2020). Mattering as a vital support for people during the COVID-19 pandemic: The benefits of feeling and knowing that someone cares during times of crisis. Journal of Concurrent Disorders. https://concurrentdisorders.ca/2020/03/31/mattering-as-a-vital-support-for-people-during-the-covid-19-pandemic/

Freudenberger, H. J., & Richelson, G. (1980). Burnout: The cost of high achievement. Garden City, NY: Anchor Press.

Frost, R. O., & DiBartolo, P. M. (2002). Perfectionism, anxiety, and obsessive-compulsive disorder. In G. L. Flett & P. L. Hewitt (Eds.). Perfectionism: Theory, research, and treatment (pp. 341-371). Washington, DC: American Psychological Association Press.

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. Cognitive Therapy and Research, 14, 449-468.

Fry, P. S., & Debats, D. L. (2009). Perfectionism and the five-factor personality traits as predictors of mortality in older adults. Journal of Health Psychology, 14, 513-524.

Gaudreau, P. (2019). On the distinction between personal standards perfectionism and excellencism: A theory elaboration and research agenda. Current Perspectives on Psychological Science, 14, 197-215.

Gilbert, P., & Allan, S. (1998). The role of defeat and entrapment (arrested flight) in depression: An exploration of an evolutionary view. Psychological Medicine, 28, 585–598.

Gilbert, P., & Gilbert, J. (2003). Entrapment and arrested fight and flight in depression: An exploration using focus groups. Psychology and Psychotherapy: Theory, Research and Practice, 76, 173-188.

Habke, A. M., & Flynn, C. A. (2002). Interpersonal aspects of trait perfectionism. In G. L. Flett & P. L. Hewitt (Eds.), Perfectionism: Theory, research, and treatment (p. 151–180). Washington, DC: American Psychological Association. https://doi.org/10.1037/10458-006
Haimovitz, K., & Dweck, C. S. (2017). The origins of children's growth and fixed mindsets: New research and a new proposal. *Child Development, 88*, 1849–1859.

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology, 15*, 27-33.

Haring, M., Hewitt, P. L., & Flett, G. L. (2003). Perfectionism, coping, and quality of intimate relationships. *Journal of Marriage and the Family, 65*, 143-158.

Hewitt, P. L., & Flett, G. L. (1990). Perfectionism and depression: A multidimensional analysis. *Journal of Social Behavior and Personality, 5*, 423-438.

Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology, 60*, 456-470.

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*, 58-65.

Hewitt, P. L., & Flett, G. L. (2002). Perfectionism and stress in psychopathology. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 255-284). Washington, DC: APA Press.

Hewitt, P. L., Flett, G. L., & Donovan, W. (1994). Borderline personality disorder: An investigation with the Multidimensional Perfectionism Scale. *European Journal of Psychological Assessment, 10*, 28-33.

Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: A relational approach to assessment, treatment, and conceptualization*. New York: Guilford.

Hewitt, P. L., Flett, G. L., Mikail, S. F., Kealy, D., & Zhang, L. C. (2018). Perfectionism in the therapeutic context: The perfectionism social disconnection model and clinical process and outcome. In J. Stoeber (Ed.), *The psychology of perfectionism: Theory, research, applications* (pp. 306-329). London: Routledge.

Hewitt, P. L., Flett, G. L., Sherry, S. B., & Caelian, C. F. (2006). Trait perfectionism dimensions and suicide behavior. In T. E. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 215-235). Washington, DC: American Psychological Association.

Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., McMurtry, B., Ediger, E., Fairlie, P., & Stein, M. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology, 84*, 1303-1325.

Hewitt, P. L., Mittelstaedt, W. M., & Flett, G. L. (1990). Self-oriented perfectionism and generalized performance importance in depression. *Individual Psychology, 46*, 67-73.

Hill, A. P., & Curran, T. (2016). Multidimensional perfectionism and burnout: A meta-analysis. *Personality and Social Psychology Review, 20*, 269-288.

Horesh, D., & Brown, A. D. (2020). Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*, 331-335. http://dx.doi.org/10.1037/tra0000592
Horney, K. (1945). *Our inner conflicts*. New York: Norton.

Kain, K. (1995). *Movement never lies: An autobiography*. Toronto: McClelland & Stewart.

Mackinnon, S. P., Sherry, S. B., Antony, M. M., Stewart, S. H., Sherry, D. L., & Hartling, N. (2012). Caught in a bad romance: Perfectionism, conflict, and depression in romantic relationships. *Journal of Family Psychology, 26*, 215-225. https://doi.org/10.1037/a0027402

Mallinger, A. (2009). The myth of perfection: Perfectionism in the obsessive personality. *American Journal of Psychotherapy, 63*, 103–131.

Maslow, A. H. (1971). *The further reaches of human nature*. New York, NY: Viking.

McCarthy, E., & Terris, B. (2020, March 20th). Anthony Fauci was ready for this. America was not. Washington Post. https://www.washingtonpost.com/lifestyle/style/anthony-fauci-was-ready-for-this-america-was-not/2020/03/20/ee8ef3a6-69f6-11ea-b313-df458622ec2cc_story.html

McCown, W. G., & Carlson, G. (2004). Narcissism, perfectionism, and self-termination from treatment in outpatient cocaine users. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 22*, 325-336.

Missildine, W. H. (1963). *Your inner child of the past*. New York, NY: Pocket Books.

Molnar, D. S., Sirois, F.M., Flett, G.L., & Sadava, S.W. (2020). A person-centered approach to multidimensional perfectionism: Perfectionism profiles in health and well-being. *Journal of Psychoeducational Assessment, 38*, 127-142.

Mor, S., Day, H. I., Flett, G. L., & Hewitt, P. L. (1995). Perfectionism, control, and components of performance anxiety in professional performers. *Cognitive Therapy and Research, 19*, 207-225.

Nepon, T., Flett, G. L., & Hewitt, P. L. (2016). Self-image goals in trait perfectionism and perfectionistic self-presentation: Toward a broader understanding of the drives and motives of perfectionists. *Self and Identity, 15*, 683-706.

Pacht, A. R. (1984). Reflections on perfection. *American Psychologist, 39*, 386-390.

Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine*. DOI: 10.1056/NEJMp2008017

Rutherford, M. R. (2019). *Perfectly hidden depression: How to break free from the perfectionism that masks your depression*. Oakland, CA: New Harbinger Publications.

Sherry, S. B., Mackinnon, S. P., & Gautreau, C. M. (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* (p. 225–243). New York: Springer International Publishing.

Sironic, A., & Reeve, R. A. (2015). A combined analysis of the Frost Multidimensional Perfectionism Scale (FMPS), Child and Adolescent Perfectionism Scale (CAPS), and Almost Perfect Scale-Revised (APS-R): Different perfectionist profiles in adolescent high school students. *Psychological Assessment, 27*, 1471-1483.
Smith, M. M., Sherry, S. B., Chen S., Saklofske, D. H., Flett, G. L., & Hewitt, P. L. (2016). Perfectionism and narcissism: A meta-analytic review. *Journal of Research in Personality, 64*, 90-101.

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*. doi:10.1177/10888683118814973.

Sorotzkin, B. (1988). Understanding and treating perfectionism in religious adolescents. *Psychotherapy, 35*, 87-95.

Stoeber, J., & Damian, L. E. (2016). Perfectionism in employees: Work engagement, workaholism, and burnout. In F. M. Sirois & D. S. Molnar (Eds.), *Perfectionism, health, and well-being* (p. 265–283). New York: Springer International Publishing. https://doi.org/10.1007/978-3-319-18582-8_12

Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review, 10*, 295–319.

Stornae, A. V., Rosenvinge, J. H., Sundgot-Borgen, J., Pettersson, G., & Friberg, O. (2019). Profiles of perfectionism among adolescents attending specialized elite- and ordinary lower secondary schools: A Norwegian cross-sectional comparative study. *Frontiers in Psychology*. https://doi.org/10.3389/fpsyg.2019.02039

Van Yperen, N. W., Verbraak, M., & Spoor, E. (2011). Perfectionism and clinical disorders among employees. *Personality and Individual Differences, 50*, 1126–1130.

Wheeler, H. A., Blankstein, K. R., Antony, M. M., McCabe, R. E., & Bieling, P. J. (2011). Perfectionism in anxiety and depression: Comparisons across disorders, relations with symptom severity, and role of comorbidity. *International Journal of Cognitive Therapy, 4*, 66–91.

Wiggins, J. S., & Trobst, K. K. (1999). The fields of interpersonal behavior. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (p. 653–670). Guilford Press.

**AUTHOR BIOS**

Gordon Flett is a Professor in the Department of Psychology at York University and former Associate Dean of Research in the Faculty of Health. Currently, he is the Director of the LaMarsh Centre for Child and Youth Research. Dr. Flett holds a Tier 1 Canada Research Chair in Personality & Health and is a Fellow of the Association for Psychological Science. Dr. Flett is most known for his influential research on personality in health and mental health and his work with Paul Hewitt on perfectionism. More recently, Dr. Flett has worked on the promotion of resilience in collaboration with school boards in Ontario and the psychology of mattering as a positive force in people’s lives. He is the author or co-author of over 250 journal articles and 10 books. He has served as a guest editor of numerous special issues on perfectionism for various journals. His work has received widespread attention and has been the subject of numerous media stories, including coverage on CTV, CNN, and the BBC and in Maclean’s, the Globe and Mail, the Atlantic, the New York Times and the Washington Post. Dr. Flett’s work in the community has resulted in him receiving the City of Mississauga Certificate of Recognition award in 1999 and The Community and Leadership Award from Toastmasters International in 2006.

Paul Hewitt is a Professor in the Department of Psychology at the University of British Columbia, Director of the University of British Columbia’s clinical psychology
program, and is a registered clinical psychologist. He is a Fellow of the Canadian Psychological Association. In 2019, Dr. Hewitt was awarded the Canadian Psychological Association’s Donald O. Hebb Award for distinguished contributions to psychology as a science. Dr. Hewitt's research focuses primarily on personality vulnerabilities and their implications for psychological difficulties among adults, adolescents, and children. In particular, he has conducted extensive research on the construct of perfectionism as a maladaptive and multidimensional personality trait. Additionally, he is conducting research on the treatment of perfectionism and provides assessment and treatment for individuals with perfectionism problems and trains clinicians in the treatment of perfectionistic behaviour. Dr. Hewitt and Dr. Flett have developed numerous measures including the Multidimensional Perfectionism Scale.

Copyright: ©2020 Flett, G.L. & Hewitt, P.L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.