



The relationship between perfectionism and mental illness stigma

Amy Shannon^{a,*}, Joel O. Goldberg^a, Gordon L. Flett^a, Paul L. Hewitt^b

^a Department of Psychology, York University, 4700 Keele St., Toronto, ON, M3J 1P3, Canada

^b Department of Psychology, University of British Columbia, 1912-2136 West Mall, Vancouver, BC, V6T 1Z4, Canada



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ABSTRACT

Despite experiencing higher levels of psychological distress, individuals with high levels of perfectionism are more reluctant to seek treatment for psychological issues and they are often treatment resistant when in treatment. Mental illness stigma has been shown to be a significant barrier to treatment seeking in other populations and it stands to reason that it may play a key role for individuals with high levels of perfectionism as well. As such, the primary goal of this study was to discern whether individuals who differ along the continuum of various types of perfectionism also differ in terms of mental illness beliefs in ways that suggest awareness of and concern about being stigmatized. In addition, we examined links between perfectionism and attitudes towards seeking help and self-stigma for seeking help. A sample of 140 university students completed the Multidimensional Perfectionism Scale and the Perfectionistic Self-Presentation Scale and separate measures of mental illness beliefs, help-seeking attitudes, and self-stigma for seeking help. Analyses found that perfectionistic self-presentation was associated with unfavorable mental illness attitudes overall. Our results suggest that targeted interventions to reduce mental illness stigma should be tailored to address the beliefs and concerns of perfectionistic people who are vulnerable to distress.

1. Literature review

1.1. Mental health and stigma in universities

University students are a subset of the population that is at increased risk for psychological distress (Adlaf, Demers, & Gliksman, 2005). Transitioning from high school to university has been shown to be an especially stressful time that is often accompanied by marked increases in psychological distress (Conley, Kirsch, Dickson, & Bryant, 2014). However, the rates of help-seeking for university students who are experiencing psychological distress are low (Eisenberg, Golberstein, & Gollust, 2007).

There are many reasons why individuals may elect not to seek help for their psychological distress. However, the stigma surrounding mental illness and accessing mental health services appears to be a key factor that leads some individuals to neglect treatment (Clement et al., 2015). Studies have shown that mental illness stigma is prevalent (Cook & Wang, 2010) and this stigma is a barrier to accessing mental health services (Bowers, Manion, Papadopoulos, & Gauvreau, 2013).

1.2. Perfectionism

Members of the population that stigmatize mental illness may differ

in terms of a number of personality traits as compared to those who do not. Perfectionism is one trait that may help illuminate why groups of individuals differ in their stigmatization of certain conditions. Previous studies have documented that certain personality traits have an impact on one's perceptions of others (Brown, 2012) and on one's perception of mental health care (Hewitt, Habke, Lee-Baggeley, Sherry, & Flett, 2008). Indeed, perfectionism has been linked to other types of stigma among undergraduate student populations. Cox and Hill (2018) found that trait perfectionism predicted more negative attitudes towards individuals with physical disabilities among a sample of university students. Specifically, socially prescribed perfectionism predicted anticipated increased negative affect and interpersonal stress when engaging with individuals with physical disabilities as well as increased desire to distance oneself from individuals with physical disabilities. The authors posit that socially prescribed perfectionism is related to increased susceptibility to negative emotions that often results in anticipated negative interpersonal interactions that, in turn, lends itself to social distancing coping behaviors. Given this propensity to anticipate negative interactions, it stands to reason that trait perfectionism may also be predictive of negative attitudes towards individuals with mental illness. However, the impact of perfectionism on mental illness stigma has yet to be investigated among undergraduate students.

Six different types of perfectionism have been identified and are

* Corresponding author.

E-mail addresses: ashannon@yorku.ca (A. Shannon), jgoldber@yorku.ca (J.O. Goldberg), gflett@yorku.ca (G.L. Flett), phewitt@psych.ubc.ca (P.L. Hewitt).

characterized by different patterns of thoughts and behaviors (Hewitt et al., 2003; Hewitt & Flett, 1991). Self-oriented perfectionism is characterized by requiring perfection of oneself, socially prescribed perfectionism is defined by the perception that others require one to be perfect, other-oriented perfectionism is typified by requiring perfection from others, perfectionistic self-promotion involves the need to appear perfect, nondisplay of imperfection is characterized by the refusal to engage in any behaviour that is less than perfect, and nondisclosure of imperfection is typified by the refusal to admit any imperfection.

While there is evidence that some aspects of perfectionism may be useful in certain contexts (see Stoeber & Otto, 2006 for review), perfectionism has been linked with psychological distress in undergraduate students, notably stress reactivity and depressive symptoms (Flett, Nepon, Hewitt, & Fitzgerald, 2016), anxiety (Smith, Vidovic, Sherry, Stewart, & Saklofske, 2018), and binge eating (Smith, Sherry, Gautreau, Stewart, Saklofske, & Mushquash, 2017). Furthermore, perfectionism has also been associated with lower likelihood of seeking help for psychological distress (Ey, Henning, & Shaw, 2000). Thus, perfectionism is associated with increased psychological distress yet is also linked to reluctance to seek professional help for said distress. The reason for this potentially dangerous scenario wherein perfectionism may increase an individual's risk of mental health issues while also making that individual less likely to seek help is not known for certain; however, it stands to reason that mental illness stigma may play a role.

2. The current study

2.1. Research goals

The current study sought to investigate the relationship between trait perfectionism, perfectionistic self-presentation, mental illness stigma, and attitudes towards seeking help. The goal of this study was to discern whether individuals who differ along the continuum of various types of perfectionism also differ in their attitudes towards individuals with mental illness, their attitudes towards mental health treatment, and the extent of self-stigma for seeking help.

This investigation focused jointly on trait perfectionism dimensions and perfectionistic self-presentation due to our particular interest in perfectionistic self-presentation. The notion of perfectionistic self-presentation was introduced by Hewitt et al. (2003) to highlight the distinction between trait perfectionism (i.e., wanting or needing to be perfect) and perfectionistic self-presentation (i.e., wanting or needing to seem perfect). To our knowledge, neither trait perfectionism nor perfectionistic self-presentation have been evaluated in terms of a possible link with negative attitudes towards mental illness and people who have some form of mental illness. An association with negative attitudes would be in keeping with the evaluative nature of many perfectionists. An association between stereotypic negative beliefs and the interpersonal aspects of perfectionism (i.e., socially prescribed perfectionism and perfectionistic self-presentation) could help explain the link that these interpersonal facets of perfectionism have with a fear of negative evaluation and anticipated interpersonal threats (see Flett & Hewitt, 2014).

We also examined perfectionism and help-seeking attitudes and self-stigma given that possible links with perfectionism have received little empirical or theoretical consideration. One study linked trait perfectionism with self-stigma for seeking help in adolescents (Zeifman et al., 2015). This association needs to be re-examined with an extended joint focus on trait perfectionism and perfectionistic self-presentation. Other research suggests a link between perfectionism and negative help-seeking attitudes and orientation (e.g., Abdollahi, Hosseinian, Beh-Pajoo, & Carlbring, P., 2017) but again this research has not typically included an emphasis on perfectionistic self-presentation despite it being reasonable to assume that people who need to seem perfect should be especially unwilling to seek help, since seeking help can be interpreted as an admission of not being perfect.

2.2. Importance

As noted above, the impact of perfectionism on mental illness stigma has not yet been investigated, however despite the paucity of prior research, it stands to reason that perfectionism may impact one's attitudes towards mental illness. It may be that associating with someone who has a mental illness or admitting that one is experiencing psychological distress and seeking assistance may violate a perfectionistic individual's need to be or to appear perfect. Illuminating the relationship between perfectionism, stigma, and attitudes towards seeking help is especially important given recent evidence that suggests that perfectionism may be a risk factor for suicides that ostensibly occur without warning (Flett, Hewitt, & Heisel, 2014).

2.3. Hypotheses

It was predicted that individuals who are high on perfectionistic self-promotion would have more negative views of professional treatment for mental health issues due to research that found that those individuals who are high in perfectionistic self-promotion have negative expectations of therapy and may view it as threatening (Hewitt et al., 2008). In addition, it has been hypothesized that individuals who score high on measures of perfectionistic self-presentation have a negative image of the self (Flett, Madorsky, Hewitt, & Heisel, 2002). Consequently, these individuals were predicted to have high levels of self-stigma.

Furthermore, participants who scored highly in terms of self-oriented perfectionism were expected to have more self-stigma as they hold themselves to excessively high standards and admitting that they are experiencing psychological distress may violate these standards (Hewitt & Flett, 1991). Moreover, those who score high on socially prescribed perfectionism feel as though others expect them to be perfect, and experiencing psychological distress may violate this expectation. Therefore, those who scored high on socially prescribed perfectionism were expected to score higher on perceptions of stigmatization by others for seeking help (Hewitt & Flett, 1991). In addition, it was expected that participants who were high in other-oriented perfectionism would have more negative views of individuals with mental illness as they already hold other individuals up to impossibly high standards and having a mental illness may violate these standards (Hewitt & Flett, 1991).

3. Method

3.1. Participants

One hundred and forty English speaking university students were recruited. Participants received partial course credit for their participation. The sample was 77.9% female. The average age of participants was 19.70 ($SD = 2.60$). The most common self-identified ethnic category was South Asian (28.6%) followed by Middle Eastern (16.4%), Caucasian (14.3%), Black (12.1%), East Asian (12.1%), Latin American (2.9%), and multi-racial or other (5.7%).

3.2. Measures

An ad hoc demographics questionnaire was used to gather data regarding participant's age, sex, and ethnicity. The following measures were administered:

The Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) was used to measure self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. The Multidimensional Perfectionism Scale consists of 45 questions on a 7 point Likert scale ranging from *strongly disagree* to *strongly agree*. The questions load onto three subscales that measure self-oriented, other-oriented perfectionism, socially prescribed perfectionism, respectively.

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