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# Trait Perfectionism, Perfectionistic Automatic Thoughts, Perfectionistic Self-Presentation, and Self-Compassion Among Students and Mothers of Young Children

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**Abstract. Objectives:** The current research investigated the associations between various measures of perfectionism and self-compassion according to the broad conceptualization of perfectionism outlined in the Comprehensive Model of Perfectionistic Behavior (CMPB). This work includes a unique focus on perfectionism and self-compassion in mothers. **Methods:** Perfectionism and self-compassion were examined with a sample of 96 mothers of young children and a second sample of 144 university students. Participants completed the Self-Compassion Scale, the Multidimensional Perfectionism Scale, the Perfectionism Cognitions Inventory, and the Perfectionistic Self-Presentation Scale. **Results:** Lower levels of self-compassion in both mothers and students were associated significantly with self-oriented and socially prescribed perfectionism, but also with perfectionistic automatic thoughts and perfectionistic self-presentation. Other-oriented perfectionism in mothers was also associated with low self-compassion. Our results indicated that when it comes to links between perfectionism facets and low self-compassion, perfectionism among mothers, relative to students, accounted for considerably more variance in self-compassion (i.e., 42.7% versus 26.2% of the variance). **Conclusion and Implications:** This work illustrates the need to go beyond trait perfectionism and test the broader CMPB. Our discussion focuses on the pressure and evaluative standards facing mothers and how this is linked with deficits in self-compassion. An essential intervention goal for prevention and treatment is to limit negative forms of perfectionistic reactivity by promoting positive self-reflection and a heightened self-compassion among perfectionists vulnerable to psychological distress.

**Keywords:** Perfectionism, self-compassion, mothers, students, perfectionistic self-presentation, automatic thoughts.

## Introduction

The axiom “Nobody is perfect” should be a source of comfort for most people because even when they make horrendous mistakes, they can always remind themselves in a self-compassionate way that they are only human and mistakes are natural. It should be reassuring to remember and be mindful of the fact that everybody has flaws and shortcomings. Unfortunately, as we will show in the current paper, the very people who are perhaps most in need of remembering that no one is perfect (i.e., perfectionists) are among the people who are least likely to be self-compassionate and this has numerous negative implications for their emotional well-being. The current paper re-examines and extends research on perfectionism and self-compassion by examining the associations between these constructs in both university students and mothers of young children.

Extreme perfectionists who are struggling are often characterized by more than one disorder at a time, and this should be especially the case during stressful times that can add to problems in living (see Flett & Hewitt, 2020). The association between perfectionism and comorbid conditions is well-documented (e.g., Egan et al., 2011). For instance, perfectionists suffering from extreme anxiety also are likely to have depression. We have found it helpful to consider and identify the tendencies, processes, and mechanisms involving the self and identity that apply across multiple perfectionism dimensions (e.g., lack of unconditional self-acceptance). It is our sense that these factors best account for this link with comorbid conditions. One prime candidate that likely links multiple elements of the perfectionism construct with comorbid conditions is the inability or unwillingness to be self-compassionate when self-compassion is needed.

Indeed, the perfectionism literature abounds with case descriptions of perfectionists who are exceptionally hard on themselves and who find it difficult, if not impossible, to unconditionally accept themselves and be kind to themselves. Blatt (1995) provided us with one of the first highly poignant illustrations of the close ties between perfectionism and harsh self-criticism. He described three highly accomplished but self-critical perfectionists who died via suicide. Another tragic example is Sylvia Plath, who was also a mother of two young children in addition to being a self-hating perfectionist (see Sherry et al., 2016).

The specific tendency to be low in self-compassion was noted many decades ago when Missildine (1963) identified self-compassion by being kind to oneself as an essential response to perfectionism. He observed that self-compassion is especially needed for the self-critical perfectionist who has experienced rejection or at least perceives a lack of social acceptance and inclusion. This need to be self-compassionate was subsequently noted by Freudenberger and Richelson (1980) in their detailed analysis of burnout and the central role that perfectionism plays in potentiating it. Next, White

(1985) then made self-compassion the focus of an empirical analysis of perfectionism and, as we outline below, Neff (2003) was the catalyst for contemporary empirical work on perfectionism and self-compassion.

When it comes to perfectionism and a negative orientation toward the self, the primary focus in past research has been on the association between perfectionism and self-criticism (e.g., Hewitt & Flett, 1993). Links have also been established between trait perfectionism and other components of self-punitiveness, such as self-blame and overgeneralizing minor flaws and shortcomings so that they are seen as reflecting the entire self (Hewitt et al., 1991). It is also well-documented that perfectionists tend to frequently experience negative automatic thoughts about the self (Flett et al., 1998).

The research mentioned above on perfectionism and self-criticism has been paralleled by a related line of investigation on the tendency for perfectionists to have a paucity of positive self-views. Flett and colleagues (2003) showed in a sample of university students that all three trait perfectionism dimensions (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) were associated negatively with unconditional self-acceptance. They concluded that perfectionists have a contingent sense of self-acceptance that requires them to meet standards and expectations. This link between perfectionism and low unconditional self-acceptance is particularly relevant for the present study on perfectionism and self-compassion given that some authors have suggested that unconditional self-acceptance is linked inextricably with the self-kindness component of self-compassion (Barnard & Curry, 2011).

### *Self-Compassion Theory and Research*

In recent years, there has been extensive programmatic work by Neff and associates on individual differences in self-compassion (Neff, 2003). This work has confirmed that a lack of self-compassion is implicated in poorer psychological adjustment (Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007) and this pattern has been confirmed by the results of a meta-analysis (MacBeth & Gumley, 2012). Moreover, Neff and Vonk (2009) have shown that self-compassion is distinguishable from self-esteem and, because self-compassion is not a form of self-evaluation, it is distinguishable from self-criticism despite clear links between a lack of self-compassion and a punitive orientation toward the self. The distinction between self-compassion versus low self-criticism remains a key issue in the self-compassion literature (see Neff, 2023). Evidence that self-compassion is not simply the absence of self-criticism is important for our purposes because it suggests that we cannot necessarily assume that the link between perfectionism and self-criticism is also reflected in negative associations between perfectionism and self-compassion. Thus, it is an issue that must be empirically tested.

There have now been numerous research investigations of perfectionism and self-compassion and this has led to calls for the

promotion of self-compassion among young perfectionists (see Flett & Hewitt, 2022). This extensive research focus likely reflects, in part, the fact that Neff (2003) included a focus on perfectionism as a central aspect of her initial work. She found in her original paper that self-compassion was unrelated to perfectionism as assessed by the high standards subscale of the Almost Perfect Scale – Revised (Slaney et al., 2001); however, self-compassion was associated negatively with scores on the perfectionism discrepancy subscale. That is, perfectionists who perceive a discrepancy between their actual standing and the desired level of perfection tend to lack self-compassion. This pattern of results led Neff to conclude in general that self-compassion is associated negatively with maladaptive perfectionism. A wealth of subsequent research with a focus on multidimensional perfectionism has confirmed that trait perfectionism is linked with reduced levels of self-compassion (e.g., Ferrari et al., 2018; Stoeber et al., 2020).

Why revisit the association between perfectionism and self-compassion? The linkages between these two important constructs must be re-examined for at least three key reasons – first, to our knowledge, the associations between self-compassion and the various conceptualizations of perfectionism outlined in the extended model documented in Hewitt and Flett (2007) and in Hewitt et al. (2017) have not been fully investigated in any prior study. The name given to the CMPB model reflects that it goes beyond trait perfectionism to also consider perfectionism from a cognitive perspective and its stylistic expression in the form of perfectionistic self-presentation. At present, much is known about how self-compassion relates to trait perfectionism, but little is known about how self-compassion relates to perfectionistic automatic thoughts and a need to engage in perfectionistic self-presentation in public. The current work includes a focus on trait perfectionism in the form of self-oriented perfectionism (i.e., needing the self to be perfect), other-oriented perfectionism (i.e., demanding perfection from others), and socially prescribed perfectionism (i.e., perceiving that others expect perfectionism), but it also includes an emphasis on the experience of automatic thoughts that reflect needing to be perfect yet feeling imperfect and on the need to seem perfect through perfectionistic self-promotion and not revealing or disclosing imperfections, flaws, and mistakes.

Another element of the CMPB points directly to its relevance for studying self-compassion. Hewitt et al. (2017) incorporated in this model an emphasis on the relationship that the self has with the self. This aspect is referred to as the intrapersonal expression of perfectionism. It reflects the relationship one has with oneself regarding one's need for and lack of perfection while feeling so imperfect. This aspect extends to whether a perfectionist nourishes the self with self-compassion and can become a self-soothing caregiver to oneself or, alternatively, is harshly self-critical and self-punitive. Regarding self-compassion, Hewitt et al. (2017) stated that, "... an important therapeutic goal with most, if not all, perfectionists undergoing treatment is to move from a sense of shame toward self-

acceptance accompanied by a capacity for self-compassion” (p. 227). Self-compassion is especially needed after experiencing negative emotions directed at the self, but it is also needed when perfectionists can no longer strive for perfection due to intense burnout.

Second, the association between the perfectionism construct and self-compassion merits re-examination due to some research that surprisingly suggests this association may not be evident when the focus is on self-oriented perfectionism. The initial study by Neff (2003) found that low self-compassion was indeed associated with feeling discrepant from high standards, but there was no association between self-compassion and having high standards as assessed by the APS-R high standards subscale. This lack of an association does not accord with findings cited above that link self-oriented perfectionism with low levels of unconditional positive regard and evidence suggesting a self-critical stance toward the self. This could reflect the decision to use the APS-R as the perfectionism measure in this research rather than the trait multidimensional measures (see Frost et al., 1990; Hewitt & Flett, 1991). Concerns have been raised that the item wording of the APS-R standards subscale renders it a measure of a healthier striving for excellence rather than a measure of striving for absolute perfection (see Blasberg et al., 2016).

A third reason for re-examining perfectionism and self-compassion is that most research thus far has focused on perfectionism and self-compassion in college students or university students. This emphasis has restricted understanding of the generalizability of this association. In contrast, in the current study, we have incorporated a unique focus on perfectionism and self-compassion in mothers of young children in recognition of the mounting evidence of the deleterious impact of perfectionistic pressures on mothers. These pressures are discussed in more detail below.

We evaluated the associations between aspects of perfectionism and self-compassion in two samples. One sample consisted of university students and in this regard, resembled the prototypical cross-sectional study of perfectionism and self-compassion. As noted earlier, we were particularly interested in documenting links between perfectionism and low self-compassion in mothers in light of suggestions that perfectionistic women are particularly hard on themselves and are seeking to live up to an unrealistic ideal of the perfect mother (see Jack, 1999). The internalization of this unrealistic ideal and then inevitably falling short of it should make it especially unlikely that self-compassion should be found among perfectionistic mothers. Mothers of young children are not only exceptionally perfectionistic or under pressure to live up to perfectionistic ideals, they are also prone to considerable burnout. This link between perfectionism and burnout is based on qualitative research and quantitative research (Raudasoja et al., 2022). Socially prescribed pressures to be perfect and idealized views of parenting have been identified as factors that account for the recent research finding showing that parental burnout is higher

among parents from individualistic cultures versus collectivistic cultures (see Roskam et al., 2022). The two other key factors should also be predominant among perfectionistic mothers because they capture a sense of agency as it is related to self-directed socialization goals and self-reliance without sharing parental tasks.

The natural tendencies of self-critical mothers and the extreme exhaustion experienced by parents of young children likely serve to hinder any inclination to spontaneously engage in self-kindness and self-forgiveness. Self-compassion should also be restricted by heightened awareness of the pressure on mothers to be perfect parents who must live up to absolute, impossible ideals according to the “perfect mother myth” (see Meeussen & Van Laar, 2018). Given the mounting evidence of these pressures on mothers, we feel it is quite remarkable that there has not been research on tendencies and processes such as self-compassion that can help alleviate or mitigate the impact of idealism and the intense and highly salient pressure to be perfect.

As referred to above, the current research examines how self-compassion relates to trait perfectionism, perfectionistic automatic thoughts, and perfectionistic self-presentation. An association between low self-compassion and perfectionistic automatic thoughts would be in keeping with evidence of a strong link between these perfectionistic thoughts and negative automatic thoughts about the self (Flett et al., 1998). Similarly, a negative association between perfectionistic self-presentation and low self-compassion would be consistent with evidence that perfectionistic self-presentation is underscored by a negative orientation toward the self (see Hewitt et al., 2003).

## Methods

### Participants

**Sample One.** The participants in Sample 1 were 96 women with at least one child under the age of seven years old. The mean age of the mothers was 29.0 years ( $SD = 6.4$ ). Most participants (78.1%) had indicated that they were married, while others had indicated that they were single (20.8%). Only one participant identified as separated. Slightly more than half of the women (53.1%) reported having one child, with 38.5% having two children, 5.2% having three children, and 3.1% having four children. Regarding the highest level of education, 25% of the participants reported having a university degree, with 18.8% who completed some college, 17.7% with a college degree, 14.6% with a high school diploma, 7.3% who completed some university, 6.3% with a Master's degree, 3.1% with a professional degree, and 7.3% who did not complete high school. Overall, 45.8% were employed outside the home. The modal family income was between \$50,000 to \$99,000.

**Sample Two.** Our second sample consisted of 144 university students (100 women, 44 men). Their mean age was 20.4 years ( $SD = 3.9$ ). Almost half (47.2%) of the participants were in their first year of study, with

28.5% in their second year, 9.7% in their third year, 2.8% in their fourth year, and 4.2% in their fifth year. The most commonly reported majors were psychology (34.7%) and kinesiology (19.4%).

### Procedures

For Sample 1, participants were recruited from the community. Participants were recruited from a wide variety of sources, including Ontario Early Years Centres, parenting classes, daycares, shopping malls, and via poster ads. Participants provided their written informed consent and then they were administered a series of paper-based questionnaires.

For Sample 2, participants provided their informed consent and then they completed a series of self-report questionnaires in an online study. Studies administered over the Internet have been shown to yield similar findings to those taking place in the laboratory (Birnbaum, 2004). Participants were recruited through the Undergraduate Research Participant Pool at a large Canadian university, where the link to the study was posted on a website that ensured only undergraduate students would participate. The questionnaires were presented in counterbalanced order for each participant.

Participants completed the following self-report measures:

**Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991).** The MPS is a 45-item measure assessing levels of three distinct dimensions of trait perfectionism: self-oriented perfectionism (e.g., “One of my goals is to be perfect in everything I do”); other-oriented perfectionism (e.g., “If I ask someone to do something, I expect it to be done flawlessly”); and socially prescribed perfectionism (e.g., “The better I do, the better I am expected to do”). Each subscale consists of 15 items, which are scored according to a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Greater scores on the MPS indicate greater levels of trait perfectionism. Considerable research has shown that the MPS is a multidimensional measure with good psychometric properties in both student and clinical samples (Enns & Cox, 2002; Hewitt & Flett, 2004).

**Perfectionism Cognitions Inventory (PCI; Flett et al., 1998).** The PCI is a 25-item scale that measures how often over the past week a person has experienced automatic thoughts indicating the need to attain perfection. An example of an item is, “Why can't I be perfect?” Items are rated on a scale ranging from 0 (*not at all*) to 4 (*all the time*), with elevated scores on the PCI reflecting an elevated frequency of perfectionistic automatic thoughts. This measure has high internal consistency, with alpha coefficients of .96 and .95 in student and clinical samples, respectively (Flett et al., 1998, 2007). The PCI has displayed adequate degrees of construct validity (Flett et al., 2004, 2007).

**Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003).** The PSPS is a 27-item scale measuring the need to appear perfect in public. It consists of three distinct subscales: perfectionistic self-promotion (e.g., “I strive to look perfect to others”); nondisplay of imperfection (e.g.,

“I judge myself based on the mistakes I make in front of others”); and nondisclosure of imperfection (e.g., “Admitting failure to others is the worst possible thing”). Items are rated on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating higher levels of perfectionistic self-presentation. This scale possesses good reliability and validity (Hewitt et al., 2003).

**Self-Compassion Scale (SCS; Neff, 2003).** The SCS is a 26-item measure that assesses the extent to which people display kindness and understanding toward the self when they encounter pain or failure, instead of judging the self in a harsh or critical manner. It consists of six different subscales: self-kindness (e.g., “I’m tolerant of my own flaws and inadequacies”); self-judgment (e.g., “When times are really difficult, I tend to be tough on myself”); common humanity (e.g., “I try to see my failings as part of the human condition”); isolation (e.g., “When I fail at something that’s important to me, I tend to feel alone in my failure”); mindfulness (e.g., “When I’m feeling down, I try to approach my feelings with curiosity and openness”); and over-identification (e.g., “When I fail at something important to me I become consumed by feelings of inadequacy”). For the purpose of this study, we only used the total self-compassion score. Respondents rated the items on a scale ranging from 1 (*never*) to 5 (*very often*), with higher scores reflecting higher levels of self-compassion. The SCS possesses satisfactory convergent and discriminant validity (Neff, 2003). Additionally, this scale possesses good test-retest reliability as well as internal consistency, with an alpha coefficient of .92 (Neff, 2003).

## Results

### Descriptive Statistics

Table 1 presents the means, standard deviations, and alpha coefficients for all of the measures in Sample 1. Table 2 presents the descriptive statistics for the measures in Sample 2. All internal consistencies were acceptable except the lower alpha for other-oriented perfectionism found among students.

Table 1

*Means, Standard Deviations, and Alphas for All Measures -- Sample 1*



Variables	<i>M</i>	<i>SD</i>	<i>Alphas</i>
Self-Oriented Perfectionism	68.72	14.33	.86
Other-Oriented Perfectionism	55.04	13.18	.82
Socially Prescribed Perfectionism	50.24	13.44	.84
Perfectionistic Self-Promotion	37.98	13.03	.91
Nondisplay of Imperfection	39.89	13.22	.90
Nondisclosure of Imperfection	22.76	7.96	.80
Perfectionistic Cognitions	39.45	20.47	.95
Self-Compassion	3.03	0.62	.90

*Note.* *N* = 96 mothers.

Table 2  
*Means, Standard Deviations, and Alphas for All Measures -- Sample 2*

Variables	<i>M</i>	<i>SD</i>	<i>Alphas</i>
Self-Oriented Perfectionism	68.75	13.92	.86
Other-Oriented Perfectionism	59.23	9.10	.61
Socially Prescribed Perfectionism	57.42	11.60	.78
Perfectionistic Self-Promotion	41.94	9.33	.83
Nondisplay of Imperfection	43.68	10.65	.87
Nondisclosure of Imperfection	25.26	6.87	.77
Perfectionistic Cognitions	51.06	20.23	.95
Self-Compassion	2.88	0.57	.90

*Note.* *N* = 144 students.

### Correlational Analyses

The correlations among the trait perfectionism dimensions, perfectionistic self-presentation facets, perfectionistic cognitions, and self-compassion for both samples are displayed in Table 3. In Sample 2, the results indicated that self-oriented perfectionism and socially prescribed perfectionism were negatively correlated with self-compassion in students,

while in the sample of mothers, all dimensions of trait perfectionism were negatively correlated with self-compassion. In both samples, negative links were found between all of the facets of perfectionistic self-presentation and self-compassion, with the most robust links involving nondisplay of imperfection in each sample. Lastly, it was found that perfectionistic cognitions were negatively associated with self-compassion in both samples.

Table 3  
*Correlations Among Dimensions of Perfectionism and Self-Compassion*

	1	2	3	4	5	6	7	8
1. Self-Oriented	–	.51**	.33**	.60**	.46**	.53**	.40**	-.31**
2. Other-Oriented	.28**	–	.42**	.37**	.23*	.36**	.31**	-.43**
3. Socially Prescribed	.40**	.20*	–	.47**	.43**	.57**	.57**	-.41**
4. Self-Promotion	.50**	.04	.34**	–	.79**	.79**	.54**	-.34**
5. Nondisplay	.24**	-.08	.26**	.70**	–	.74**	.59**	-.50**
6. Nondisclosure	.16*	-.07	.48**	.51**	.54**	–	.65**	-.43**
7. PCI	.54**	.03	.47**	.44**	.37**	.37**	–	-.47**
8. Self-Compassion	-.20*	-.01	-.25**	-.33**	-.46**	-.30**	-.38**	–

*Note.*  $N = 96$  mothers for Sample 1 and 144 students for Sample 2. The correlations for mothers are above the diagonal, and the correlations for students are below the diagonal. \* $p < .05$ , \*\* $p < .01$ . The abbreviations are: Self-Promotion = Perfectionistic Self-Promotion; Nondisplay = Nondisplay of Imperfection; Nondisclosure = Nondisclosure of Imperfection; and PCI = Perfectionism Cognitions Inventory.

### Regression Analyses

In each sample, a hierarchical multiple regression analysis was conducted with the dimensions of the MPS entered into the first predictor block, with the PSPS facets and the PCI entered into the second predictor block, and with self-compassion entered as the outcome. Tables 4 and 5 display summaries of the results from the regression analyses for Samples 1 and 2, respectively.

Table 4  
*Summary of Hierarchical Multiple Regression for Variables Predicting Self-Compassion -- Sample 1*

Variable	B	SE B	$\beta$
Step 1			
Self-Oriented Perfectionism	-.004	.005	-.09
Other-Oriented Perfectionism	-.01	.005	-.27*
Socially Prescribed Perfectionism	-.01	.005	-.27**
Step 2			
Perfectionistic Self-Promotion	.02	.008	.41*
Nondisplay of Imperfection	-.03	.007	-.57***
Nondisclosure of Imperfection	-.004	.01	-.05
Perfectionistic Cognitions	-.005	.003	-.17

Note.  $R^2 = .252$  for Step 1;  $\Delta R^2 = .175$  for Step 2. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 5

Summary of Hierarchical Multiple Regression for Variables Predicting Self-Compassion -- Sample 2

Variable	B	SE B	95% CI
Step 1			
Self-Oriented Perfectionism	-.006	.004	[-.01, .001]
Other-Oriented Perfectionism	.005	.006	[-.006, .02]
Socially Prescribed Perfectionism	-.01	.006	[-.02, .001]
Step 2			
Perfectionistic Self-Promotion	.004	.01	[-.02, .03]
Nondisplay of Imperfection	-.02*	.009	[-.04, -.005]
Nondisclosure of Imperfection	.001	.009	[-.02, .02]
Perfectionistic Cognitions	-.007*	.003	[-.01, .001]

Note.  $R^2 = .081$  for Step 1;  $\Delta R^2 = .181$  for Step 2. \* $p < .05$ .

Prior to conducting the regression with the sample of mothers, we screened for normality of the outcome variable (i.e., self-compassion) and the distribution did not differ significantly from normal. The MPS subscales significantly predicted 25.2% of the variance in self-compassion scores among mothers,  $F(3, 92) = 10.32, p < .001$ . The PSPS subscales and the PCI predicted an additional 17.5% of the variance in self-compassion scores,

$F(7, 88) = 9.36, p < .001$ . Thus, the perfectionistic self-presentation facets and perfectionistic cognitions predicted self-compassion scores, over and above the trait perfectionism dimensions. Regarding individual predictors, other-oriented perfectionism, socially prescribed perfectionism, and nondisplay of imperfection were all negatively associated with self-compassion. Perfectionistic self-promotion was another individual predictor that was positively associated with self-compassion; however, this is contrary to the direction of the relationship in the correlations. This may be the result of collinearity.

Prior to performing the next regression with our sample of university students, we screened for normality of the outcome variable (i.e., self-compassion) and the distribution did differ significantly from normal. Therefore, the robust bootstrapping procedure was employed since it does not impose the normality assumption. We generated 5000 bootstrap samples to provide estimates, standard errors, along with 95% bias-corrected confidence intervals. In this regression, the MPS dimensions significantly predicted 8.1% of the variance in self-compassion scores,  $F(3, 138) = 4.05, p < .01$ . The PSPS facets and the PCI predicted an additional 18.1% of the variance in self-compassion scores,  $F(7, 134) = 6.78, p < .001$ . In terms of individual predictors, nondisplay of imperfection as well as perfectionistic cognitions uniquely contributed to self-compassion among students. Taken together, the PSPS dimensions and the PCI predicted unique variance in self-compassion over and above the MPS dimensions across the two samples. In addition, the nondisplay of imperfection facet of the PSPS appears to be an important individual predictor of self-compassion in both samples.

### Discussion

The associations between various conceptualizations of perfectionism and levels of self-compassion were investigated in a sample of mothers of young children and a sample of university students. This research examined not only trait perfectionism, but also the need to seem perfect in public (i.e., the perfectionistic self-presentational style) and the tendency to experience frequent automatic thoughts reflecting a need to be perfect. Our results illustrated that the perfectionism construct is associated broadly with self-compassion and goes beyond the well-established negative association between trait perfectionism and self-compassion. We found that both perfectionistic automatic thoughts and perfectionistic self-presentation were associated with lower levels of self-compassion, and perfectionistic self-presentation accounted for unique variance in self-compassion beyond the variance attributable to trait perfectionism.

Specifically, it was found in the sample of university students that low self-compassion was associated with self-oriented and socially prescribed perfectionism. In addition, low self-compassion was associated with all three facets of perfectionistic self-presentation and with elevated scores on the Perfectionism Cognitions Inventory. The strongest

associations were found with the PSPS facet tapping the need to avoid appearing imperfect and with the PCI. The association between low self-compassion and perfectionistic self-presentation accords with earlier evidence suggesting a negative sense of self underscores perfectionistic self-presentation (see Hewitt et al., 2003).

The findings obtained with the sample of mothers of young children were quite comparable. Once again, it was found that both self-oriented and socially prescribed perfectionism were associated with low self-compassion. The link between low self-compassion and socially prescribed perfectionism ( $r = -.41$ ) is worth noting given the prescribed pressures on mothers to be perfect and mounting evidence of the extensive destructiveness of socially prescribed perfectionism (see Flett et al., 2022). In addition, however, we found uniquely in this research that other-oriented perfectionism among mothers was also associated with low self-compassion. The notion that mothers higher in demanding perfectionism from others also tend to have low self-compassion may reflect a maternal tendency to be critical and punishing of self and others when others fall short of perfection. Mothers with an extreme level of other-oriented may be driven in demanding perfection from others, but this may originate from their own tendencies to be unsparing in terms of how they relate to themselves. Perhaps mothers who recognize the imperfections of their children have some tendency to blame themselves when things are less ideal in terms of the behavior of other family members. Perhaps this accounts, in part, for the fact that we found in the current study that the perfectionism dimensions were more strongly intercorrelated among mothers compared with students.

We established among mothers that once again it was the case that all three facets of perfectionistic self-presentation and the PCI were linked with low self-compassion. In general, the correlations involving self-compassion were larger in magnitude for mothers versus students. The links between perfectionism and low self-compassion suggest that perhaps this association may underscore the link that trait perfectionism has with parental burnout in mothers. Research on perfectionism and parental burnout is accumulating (see Lin et al., 2021; Sorkkila & Aunola, 2020). Research on self-compassion in mothers is also accumulating and shows that self-compassionate mothers are less prone to stress and distress and blaming themselves for child-related problems (Fernandes et al., 2022; Psychogiou et al., 2016); we can infer that less perfectionistic mothers who are self-compassionate should also be less vulnerable to distress and less likely to punitively see themselves as responsible when life as a new parent is not going according to plans or expectations. Overall, our finding that perfectionism in mothers is associated pervasively with low self-compassion is quite unique; it suggests that perfectionistic mothers who strive to live up to the prescribed “Supermom Ideal” and the perfection inherent in this unrealistic ideal do not comfort themselves when shortfalls are inevitably experienced. It is quite likely that mothers with extreme levels

of perfectionism may have an internal self-dialogue that reflects this lack of self-compassion and if they are socially isolated or simply quite good at hiding behind a façade, other people may never realize how hard these women are being on themselves. As Neff (2011) has indicated, self-compassion and self-kindness means that people are able to accept that they are not perfect, but our data suggest that this is not something that readily occurs to mothers who feel an enormous pressure to be perfect and who may have many accomplishments but do not seemingly feel deserving of compassion from others or from themselves.

Our findings linking low self-compassion with the frequent experience of perfectionistic automatic thoughts in both samples merit comment. Other research has established that low self-compassion is associated with endorsing dysfunctional perfectionistic beliefs about mothering (see O’Laghlen & Galligan, 2022). The frequent experience of repetitive automatic thoughts about needing to be perfect tends to occur when a person becomes aware of the discrepancy between what is currently happening and perfectionistic ideals. Past research has suggested that there is a robust positive association between the PCI and negative self-thoughts, but also a smaller but still significant positive link between the PCI and positive automatic thoughts about the self (Flett et al., 1998). However, our current findings suggest that any positive thoughts about the self experienced by perfectionists will still likely be self-evaluative in nature (e.g., “I will be successful. I have a good sense of humor”) and they do not reflect soothing self-statements that emphasize self-kindness and self-acceptance. When confronted with failure feedback that raises self-doubts, it is important at the cognitive level for perfectionists to combat their ruminative brooding and self-critical rumination with self-compassionate thoughts that ideally alleviate distress and reduce or negate perfectionistic automatic thoughts.

Our results have significant implications when considering how perfectionistic people experience reduced levels of self-compassion. Regarding the link with perfectionistic automatic thoughts, it can be inferred that perfectionists have an internal dialogue dominated by frequent automatic thoughts about needing to be perfect yet being and feeling imperfect. These thoughts and negative automatic thoughts about the self appear to limit levels of self-compassion and likely act as significant distractors that limit the capacity to focus attention on self-compassion thoughts. The experience of worry and perfectionistic thoughts likely limit the capacity for mindful self-reflection. The tendency to say self-compassionate things to oneself is likely further constrained by other forms of rumination and perseverative thinking. It may even be the case that asking certain perfectionists about their level of self-compassion is essentially akin to asking them to report on a process and type of thinking that they cannot relate to whatsoever because they have little familiarity or awareness of it.

Given our current findings, a compelling case can be made for adapting cognitive models of perfectionism (see Flett, Hewitt, & Nepon, 2016; Flett, Hewitt, Nepon, & Besser, 2018) to reflect the link between the PCI and low levels of self-compassion. A capacity for self-compassion, self-forgiveness, and self-acceptance after making mistakes seems especially relevant to the daily life experiences of perfectionists and there is some initial evidence linking low self-compassion with rumination about mistakes (see Flett et al., 2020).

As for the negative association between perfectionistic self-presentation and self-compassion, it is quite plausible that many people are unaware of the degree to which some perfectionists seem to be functionally well on the outside, yet their interior worlds are dominated by self-critical thoughts and thoughts about needing to be perfect and a paucity of positive thoughts about being self-compassionate. This research accords with a wealth of evidence attesting to the negative self-concept and insecurity that underscores perfectionistic self-presentation (see Hewitt et al., 2003).

Two other primary aspects of our findings merit discussion. First, our research showed in both samples that self-oriented perfectionism was associated with lower self-compassion. This research qualifies and counters other evidence suggesting that self-oriented perfectionism assessed with the high standards subscale of the Almost Perfect Scale-Revised is not associated with self-compassion (see Neff, 2003). A broader view of self-oriented perfectionism suggests that it is not adaptive and it should not be accompanied by low self-compassion. We noted in previous work that the Almost Perfect Scale-Revised high standards subscale is unfortunately far from perfect in that it lacks sufficient item content to tap perfectionism and instead taps striving for excellence and not perfection *per se* (see Blasberg et al., 2016). We believe that extant findings in the self-compassion literature reflect the distinction between a relatively healthy striving for excellence versus the dysfunctional striving for perfectionism and the mounting evidence of the importance of this distinction (see Gaudreau et al., 2022) and results showing that striving for excellence has an almost negligible association with self-compassion (see Linnett & Kibowski, 2020). We envision elevated self-oriented perfectionism as a particularly intense orientation that involves never being satisfied with oneself, self-recrimination, and striving without letting up on oneself. This extreme orientation is reflected in the compulsivity, unrelenting standards, perfectionistic reactivity, and rigidity acknowledged in recent interviews conducted as part of an in-depth qualitative study of adolescent perfectionists with extremely high levels of self-oriented perfectionism (see Molnar et al., 2023).

Given that almost all perfectionism measures in the current study were linked with low self-compassion and these perfectionism measures are typically intercorrelated, an important issue is whether the perfectionism measures are redundant with each other in terms of being able to predict unique variance in levels of self-compassion. Accordingly, we conducted

regression analyses to test this very issue. Our results showed that it is important to go beyond trait perfectionism because both perfectionistic self-presentation and perfectionistic automatic thoughts predicted unique variance beyond the MPS dimensions among the students. The results for mothers were comparatively more complex. We found that the need to avoid displaying imperfections was a strong and unique predictor of low self-compassion beyond trait perfectionism. In addition, however, when a block of predictors was considered, the more narcissistically oriented perfectionistic self-promotion was linked positively with greater self-compassion. While this might suggest that this PSPS facet is adaptive, it is important to reiterate that the zero-order correlations found for both mothers and students that perfectionistic self-promotion was associated with less self-compassion. Perfectionistic self-promotion is typically viewed as a form of personality dysfunction.

More generally, it should be underscored that the regression analyses showed that the perfectionism facets accounted for substantially more variance in self-compassion among mothers (i.e., 42.7%) than it did among university students (i.e., 26.2%). This difference was due to the comparatively stronger links found among mothers between self-compassion and the trait perfectionism dimensions. Perhaps this difference reflects differences in the roles undertaken by mothers versus university students and greater relevance and scrutiny of standards and the self among mothers. This possibility notwithstanding, we cannot rule out the possibility that it also reflects cohort differences involving the chronological age of the mothers versus the students.

The current findings linking perfectionism and low self-compassion have some clear theoretical and practical implications. First, at a theoretical level, the findings highlight the importance of future models of perfectionism and the self-concept incorporating an emphasis that is not focused solely on the presence of a negative self; that is, another key feature of perfectionism is a relative paucity of positive self-elements. Along these lines, if models of perfectionism are developed that emphasize the self-schema of perfectionists, this self-schema should reflect a mix of the negative self and the apparent absence of the positive self that fosters a sense of kindness and self-reassurance. The current results also have theoretical implications for models of perfectionism and psychological distress that incorporate key mediators. Clearly, evidence suggests that self-compassion should be included among likely mediators of the association between perfectionism and maladjustment.

As for the practical and applied implications, these data suggest that perfectionists should benefit from nuanced interventions and preventions designed to foster a sense of self-compassion and mindful forms of self-reflection. Interventions designed to promote a heightened sense of self-compassion and a capacity to soothe the self can be quite successful according to research conducted on the efficacy of mindfulness-based stress reduction (Birnie et al., 2010). Perfectionists need to remain mindful of the



basic theme that no one is perfect and when they feel that they are not meeting impossible standards, it is important to try to proactively balance a tendency toward self-criticism, emotional perfectionism, and never being satisfied with personal accomplishments by developing self-compassion without being critical of oneself for needing it in the first place. When it comes to perfectionistic mothers lacking self-compassion, they may benefit by growing self-compassion through a lens focused on shared common humanity (see Neff, 2003). This sense of having much in common with other mothers can come from sharing experiences in groups of other mothers feeling the same pressures; self-insight and self-awareness can come from befriending them and assisting them in becoming self-compassionate rather than self-punitive.

#### *Limitations and Future Research Directions*

Certain limitations of the current research should be noted. First and foremost, these data are cross-sectional so it cannot be assumed that perfectionism causes low self-compassion. In reality, it is likely the case that there is a reciprocal association involved here. That is, perhaps the initial development of problematic levels of perfectionism sets the stage for low self-compassion, but deficits in low self-compassion may further exacerbate thoughts about the need to be perfect and the relentless striving for perfectionism that can become a compulsion for some people. Longitudinal research is clearly needed and is beginning to emerge (see Tobin & Dunkley, 2021). The long-term stability of the link between perfectionism and low self-compassion should be a key aspect focused on in this future research.

Second, while links were established between perfectionism and self-compassion, it is important to establish in future research that these associations are not simply a reflection of broader personality traits, such as neuroticism. This seems essential given suggestions that low self-compassion overlaps considerably with neuroticism (see Pfattheicher et al., 2017). It is important to continue to establish that perfectionism is a unique construct with distinct aspects and this is also the case in terms of the uniqueness of self-compassion.

Third, the current findings reflect the limitation of self-report measures. Future research should explore perfectionism and low self-compassion in daily life experiences. A focus on specific forms of self-compassion also would be illuminating as a focus of future research. Recent evidence suggesting that it is viable to consider individual differences in social self-compassion (see Rose & Kocovski, 2020) point to the need to consider how perfectionists react when they have been subjected to adverse interpersonal experiences. A key question here is whether perfectionists can call on some capacity for self-compassion so that they do not internalize it when harsh criticism is directed at them.

In summary, the associations between dimensions of perfectionism and self-compassion were explored in two samples of participants. It was

found across both samples that trait perfectionism, perfectionistic thoughts, and perfectionistic self-presentation were all associated significantly with low self-compassion in university students and in mothers with young children. Other-oriented perfectionism in mothers was also associated with low self-compassion. These findings qualify and extend previous results and suggest that low self-compassion is associated broadly with various elements of the CMPB. Given that extreme perfectionism can result in self-destructive tendencies, it seems essential that preventive attempts designed to bolster the resilience of extreme perfectionists should address the themes of self-kindness and self-forgiveness as part of efforts to promote more adaptive responses to life's challenges.

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### **Availability of data and material**

The data that support the findings of the present study are available from the corresponding author upon reasonable request.

### **Conflict of Interest**

The authors declare no conflict of interest.

### **Author's contributions**

All authors significantly contributed to the research and preparation of the manuscript. The fourth and fifth authors conducted thesis research related to this work.

### **Ethics Approval/Informed Consent**

This research was reviewed and approved for compliance to ethics protocols by the Human Participants Review Committee (HPRC) at York University. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants for being included in the study.

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