Research Article

The Perfectionist's Dilemma: A Closer Look At Its Impact On Mental Health

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ARTICLE NFO	ABSTRACT
	This study investigates perfectionism's impact on university students aged 18-30, collecting over 100 responses through questionnaires. Utilizing seven scales, including hyper-meticulous, methodical, and criterion, the correlational analysis reveals a link between perfectionistic tendencies and mental health. Individuals on the greater side of all the scales experience pronounced negative effects. The paper emphasizes that while pursuing excellence is positive; socially prescribed expectations, criticism, and low self-esteem contribute to unhealthy perfectionism, causing increased stress and anxiety, and negatively affecting mental and emotional well-being. The research underscores the nuanced factors influencing the complex relationship between perfectionism and mental health, shedding light on the detrimental consequences of extreme perfectionistic tendencies. **Keywords:** Perfectionism, mental health, maladaptive, adaptive.

Introduction

Perfectionism, a personality trait characterized by a relentless pursuit of flawless performance and unyielding standards for achievement, has garnered extensive attention in psychological research (Frost, Marten, Lahart, & Rosenblate, 1990). Hamachek suggests perfectionism can be divided into normal perfectionism and neurotic perfectionism. L. A. Terry-Short, R. Glynn Owens, P. D. Slade, and M. E. Dewey classified perfectionism in terms of positive and negative perfectionism (Terry-Short et al., 1995). Adkins and Parker (1996) discussed active and passive perfectionism. Psychologist Kenneth Rice and his colleagues were the first to distinguish between adaptive and maladaptive perfectionists. Perfectionism can indeed be categorized in various ways, and it often manifests in both positive and negative forms. Positive or adaptive perfectionism may motivate people to establish high standards, strive for excellence, and persevere in accomplishing their objectives, it may be a driving factor for personal development and achievement.

However, maladaptive or pathological perfectionism tends to be more harmful as it involves setting unrealistic standards, a fear of failure, and a constant dissatisfaction with one's achievements which leads to poor mental health. As societal expectations and the demand for excellence continue to rise, understanding the nuanced relationship between perfectionism and mental well-being becomes imperative. This research endeavors to delve into the intricate interplay between perfectionism and mental health, aiming to elucidate how these constructs are interrelated and impact an individual's overall psychological well-being.

Perfectionism is a multifaceted concept encompassing various dimensions. The most commonly studied dimensions of perfectionism are derived from two scales, both titled the Multidimensional Perfectionism Scale: the Frost FMPS (Frost et al., 1990) and the Hewitt and Flett HFMPS (HFMPS; Hewitt & Flett, 1991). Frost et al.'s (1990) model conceptualizes perfectionism as predominantly self-focused and involves six dimensions: concern over mistakes, doubts about actions, personal standards, parental criticism, parental expectations, and organization. Concern over mistakes involves a preoccupation with errors to such an extent that one views one's performance as either perfect or worthless. Doubts about actions describe uncertainty regarding the quality of one's performance. Personal standards refer to setting lofty goals. Parental criticism and parental expectations typify seeing one's parents as overly judgmental and holding unrealistically high expectations. Organization characterizes a preoccupation with precision and neatness.

In contrast, Hewitt and Flett's (1991) model conceptualizes perfectionism as having both self-focused and

interpersonal components captured by three dimensions: self-oriented perfectionism (requiring perfection from the self), other-oriented perfectionism (requiring perfection from other people), and socially prescribed perfectionism (perceiving other people as requiring perfection of oneself). While the pursuit of excellence can be a driving force for achievement, unchecked perfectionism may lead to detrimental outcomes. Emerging evidence suggests that perfectionism may be linked to various mental health outcomes, including anxiety, depression, and stress-related disorders (Stoeber & Otto, 2006). Understanding the nature of this relationship is crucial for developing targeted interventions to mitigate potential negative consequences. Moreover, the impact of perfectionism on mental health is likely to be influenced by individual differences, contextual factors, and cultural expectations (Hill, Huelsman, Furr, Kibler, Vicente B. & Kennedy, 2004).

Thus, this research seeks to explore the general association between perfectionism and mental health and investigate potential moderating factors that may shape or alter this relationship. By examining these nuances, we hope to gain a more comprehensive understanding of the mechanisms through which perfectionism may contribute to or detract from mental well- being.

The implications of this research extend beyond theoretical frameworks, holding significance for clinical practice and public health initiatives. As mental health continues to be a global concern, unraveling the complexities of perfectionism offers valuable insights for designing strategies that promote psychological resilience and well-being in diverse populations.

In the subsequent sections of this paper, we will review pertinent literature, detail our research methodology, present and discuss our findings, and conclude with implications for both research and practical interventions. This exploration aims to contribute to the ongoing conversation about perfectionism and mental health, specifically identifying the factors or subscales within perfectionism that exert a more significant influence on mental well-being.

Purpose of the study:

This study aims to find out how perfectionist tendencies impact mental health; gain a deeper understanding of the complex relationship between these two constructs and contribute valuable insights to the fields of psychology, mental health, and well-being.

The objectives of this research include identifying patterns and associations to investigate whether there are consistent patterns or associations between perfectionist tendencies and various aspects of mental health, such as anxiety, depression, stress, and overall psychological well- being. It intends to determine the nature of the relationship between perfectionism and mental health—whether perfectionism is a causal factor contributing to mental health issues or if there is a correlation indicating a mutual influence. Subscale analysis is utilized to explore which specific factors or subscales within perfectionism may have a more significant impact on mental health outcomes. This nuanced analysis can inform targeted interventions and treatments. Furthermore, it is utilized to identify potential risk factors associated with certain perfectionist tendencies that may predispose individuals to mental health challenges. Additionally, it contributes to the academic and scientific knowledge base by advancing our understanding of the psychological mechanisms underlying perfectionism and its impact on mental health. This can guide future research endeavors and contribute to ongoing discussions in the field.

Hypotheses:

H1: The extent of perfectionist tendencies in individuals will be positively correlated with the severity of mental health issues
H2: Men are more likely to exhibit perfectionist tendencies as compared to women.

Review of literature

Perfectionism is described as a personality trait characterized by an unwavering pursuit of faultless performance and unyielding accomplishment standards. It is best understood as a complex and multidimensional personality trait, and some psychologists previously believed that it had many positive and negative characteristics. Recently, there has been a rise in research interest regarding perfectionism. Several studies focus on identifying the factors that lead to the development of perfectionist tendencies in an individual and the relationship between perfectionism and mental health. Perfectionism tends to have several benefits including high achievement due to setting high standards for themselves, being detail-oriented, meticulous, and consistent improvement but it's important to recognize that it's the case with individuals who value balance, set realistic standards, and hold self-compassion. According to Hamachek (1978), perfectionism can be classified into normal perfectionism and neurotic perfectionism. He suggested that normal perfectionists are more likely to strive for perfection without lowering their self-esteem and to enjoy the process of doing so. Neurotic perfectionists often set high standards for themselves and become unhappy when they don't meet them which leads to poor mental health. Adkins and Parker (1996) discussed active and passive perfectionism. Passive perfectionists are people who are excessively frightened of making errors, regularly second- guess their judgments, postpone, and for whom perfectionism causes hurdles to action whereas active perfectionists, who do not appear to be susceptible to suicidal concern, are individuals for whom perfectionism motivates rather than paralyzes; perfectionism drives rather than prevents performance (Adkins, 1996). Their findings implied that aspects of perfectionism, such as having high

personal standards and high parental demands, are unrelated to suicidal thoughts, however, it appeared that persons who are passive perfectionists are in danger, based on the results (Adkins, 1996). L. A. Terry-Short, R. Glynn Owens, P. D. Slade, and M. E. Dewey measured perfectionism defined in terms of positive and negative perfectionism (Terry-Short et al., 1995). In the 1970s, an American psychologist named Hamachek published a study that distinguished between healthy and pathological perfectionism; a healthy perfectionist is someone who is devoted to striving but whose self-esteem is not devastated by failure (Coldwell, 2023).

Psychologist Kenneth Rice and his colleagues were the first to distinguish between adaptive and maladaptive perfectionists. They reported their findings in the Journal of Cognitive Psychotherapy. Although various psychologists worked on perfectionism, it was often divided into basic two types including healthy perfectionism where an individual experiences positive outcomes such as high achievement, motivation, and constant improvement; unhealthy perfectionism, on the other hand, can lead to low self-esteem, high self-doubt, and individuals are more likely to struggle with their mental health. Healthy perfectionists have high levels of perfectionistic strivings but low levels of perfectionistic concerns, unhealthy perfectionists have high levels of perfectionistic strivings but low levels of perfectionistic concerns (Stoeber & Otto, 2006). In terms of trait measurements, self-oriented perfectionism, and high personal standards have been defined as adaptive, but socially dictated perfectionism and excessive anxiety about mistakes have been described as maladaptive. This differentiation arises from findings showing a key contrast can be established between normal and neurotic perfectionists, as well as content and unhappy perfectionists (Slaney et al., 2001).

Several researches and studies discuss the factors influencing perfectionism in people. Self-oriented perfectionism refers to one's proclivity to impose high standards and assess one's performance against these standards, whereas socially prescribed perfectionism refers to one's desire to meet the standards imposed by significant others and assess one's actions against those standards (Jiang & Konorova, 2023). Furthermore, they proposed that self-oriented perfectionism was motivated by avoiding self-criticism, whereas socially dictated perfectionism was motivated by avoiding disapproval from others(Jiang & Konorova, 2023). Our findings support the concept that socially prescribed is connected to psychological distress and narcissism more strongly than the other two measures, socially prescribed perfectionism was found to have a negative relationship with self-esteem and wellbeing (Juwono et al., 2022). At the same time, the current study found a link between self-oriented perfectionism and psychological discomfort, contradicting previous studies (Chang, 2006). These claims are consistent with a recent meta- analytic study that called into doubt whether self-oriented perfectionism is "healthy perfectionism."A review of the studies shows that, across the various conceptions and approaches, the majority of studies have produced evidence in favor of the position that perfectionistic strivings are associated with positive characteristics when overlap with perfectionistic concerns is controlled for (in the case of dimensional conceptions) or when perfectionistic concerns are at low levels (in the case of group-based conceptions)(Stoeber & Otto, 2006). A variety of 150 variables impact the development of perfectionism in children; furthermore, genetics, kid temperament, attachment style, IQ, classmates, instructors, coaches, and culture may all have a role, but little emphasis has been paid to them in the literature (Cook, n.d.). According to the Social Expectations Model, perfectionism develops as a result of dependent parental approbation paired with parental expectations and criticism. This implies that parents educate their children that to satisfy them and get their love and devotion, perfection and achievement are required, but failure is not. Children whose parents have high-performance expectations and criticize them when those standards are not reached are more likely to acquire perfectionism as a result of internalizing these expectations and the related negative self- evaluation (Carmo et al., 2021). Another is the Social Learning Model, which focuses on children's inclination to mimic their parents' perfectionistic behaviors. According to this Model, infants develop perfectionistic tendencies by seeing and emulating their parents' perfectionism, which may arise as a result of continuous exposure to parental perfectionistic ideas and behaviors or as an attempt to be as flawless as them. In addition to parental perfectionism, research reveals that other crucial aspects impact how parents influence the development of perfectionism in their children, such as attachment types, parental expectations, parental control, and, most importantly, parenting styles. Concerning the relationship between perceived parenting styles and child perfectionism, the findings appear to indicate that the perception of an authoritarian parenting style is associated with both perfectionism characteristics (SOP and SPP) in children, regardless of gender (Carmo et al., 2021). Maladaptive perfectionism seems to be significantly affected by parenting styles. Personal standards setting was defined as the establishment of extremely high standards and the undue emphasis placed on these high standards for self- evaluation. Concern about mistakes was defined as negative reactions to mistakes, a tendency to see mistakes as similar to failure, and a belief that failure will lead to loss of respect from others; the parental expectations component included the propensity to assume that one's parents have unrealistic expectations and are unduly critical; the doubting of Actions component was the inclination to believe that projects are not performed well; the last component was a stress on the necessity of and preference for order and organization are considered the dimensions of perfectionism (Frost et al., 1990).

Unhealthy perfectionism negatively impacts the mental health of an individual contributing to low self-esteem, high self-doubt, procrastination, anxiety, and other mental illnesses. Solomon and Rothblum (1984) discovered assessment anxiety, perfectionism, and poor self-esteem manifested in a strong procrastination component in their factor analysis. Other research implies that child perfectionism is influenced by parent perfectionism, psychopathology, controlling behavior, harshness, withdrawal, and anxiety and that child

perfectionists frequently ascribe their perfectionism to their parents (Cook, n.d.). In a study conducted by Accordino and Slaney, depression seemed to worsen as the disparity increased; self-esteem research discovered that standards and disparity were also important determinants. Particularly as individuals' expectations rose, so did their self-esteem but when the subjects' disparity rose, their self-esteem appeared to decline (Accordino et al., 2000). Several studies concluded a person may exhibit healthy or adaptable behaviors; nevertheless, having a high level of disparity may result in harmful and maladaptive behaviors emphasized the necessity of assessing goal-related behavior in perfectionists and, in particular, investigating whether perfectionists struggle to accomplish objectives owing to procrastination as a result of failure dread (Egan et al., 2011). Mental health was identified as a key mediator in the links between perfectionism and body image, smile appearance concern, and self-esteem in a pathway analysis (Gao et al., 2023). The researchers discovered that adaptive perfectionism in medical students was associated with better standards and self-reported academic accomplishment, but maladaptive perfectionism was associated with higher distress and worse well-being (Enns et al., 2001). Another study by Alanna Kaser, Sophie Keddy; & Taylor Hill found that mental health in adaptive perfectionists was higher than maladaptive perfectionists, although maladaptive perfectionists did not have significantly higher mental health than non-perfectionists (Alanna et al., 2022). Adaptive perfectionists, according to the dual process model of perfectionism based on reinforcement theory, have stronger achievement motivation, are optimistic about their performance, and strive for success.

Maladaptive perfectionists are concerned about their performance, are more prone to self-criticism, and hence avoid work. At the same time, a study found a link between self-oriented perfectionism and psychological discomfort, contradicting previous studies (Chang, 2006).

However, there is still a requirement for more research to be conducted on that. Most of the literature emphasizes how maladaptive or unhealthy perfectionism can lead to procrastination, poor mental health, and disorders including anxiety, depression, and eating disorders, and may contribute to OCD.

METHODOLOGY

Participants and Procedure:
This study included university students from across India to examine perfectionism and the factors influencing it. The survey was administered using the convenient sampling approach. A total of 135 students (83 females, 52 males) were randomly surveyed after obtaining informed consent, questionnaires were randomly distributed amongst university students, ensuring accessibility and ease of participation for the target demographic. Participants were provided with clear instructions before proceeding with the questionnaire.

Sampling Method and Participant Demographics:
Sampling Method: A convenient sampling method was employed, and we ensured representation across diverse demographic characteristics. Participants were selected based on their relevance to the study's focus on university students having perfectionist tendencies.
Participant Demographics: The mean age of participants was approximately 24 years, reflecting the demographic characteristics of the target population. Demographic information included gender, religion, nationality, and highest educational qualification.

Tool
A tool was created incorporating 7 validated subscales: hyper meticulous, methodical, criterion, socially prescribed, parental scrutiny, imposed criterion, and deprecation. For the questionnaire, several questions were selected from established questionnaires such as the Frost Multidimensional Perfectionism Scale (FMPS) and the Hewitt and Flett Perfectionism Scale (BTPS) including custom questions to address specific aspects of perfectionism relevant to our study. The questionnaire included 25 items with subscales (Hyper-meticulous:4 items, Methodical: 5 items, Criterion: 5 items, socially prescribed: 3 items, Parental scrutiny: 3 items, Imposed criterion; 2 items and Deprecation: 3 items). It was evaluated using a 5-point Likert-type scale. The reliability of the tool was assessed yielding a Cronbach's alpha of 0.765, indicating a good reliability. Furthermore, we incorporated an established mental health questionnaire, GHQ12. It consists of 12 items that assess the severity of mental health problems over the past few weeks. Each item is evaluated using a 4-point Likert-type scale. The Cronbach's α coefficient of the whole GHQ-12 was 0.892. After excluding individual items, the Cronbach's α coefficient of the total scale ranged from 0.877 to 0.888.
In this study, we investigated the various levels of perfectionism based on severity and how they impact individual behavior and mental health. We defined four distinct levels, ranging from low to high, and looked into the characteristics and behaviors associated with each. Table 4 has been provided for reference.

Data Analysis
We employed correlational analysis to examine the relationship between perfectionist tendencies and mental health outcomes. We utilized statistical tools to quantify and interpret the strength and direction of the correlations. Factors influencing perfectionism were identified through subscales, including parental

scrutiny, self-imposed criteria, and external standards. Theimpact of these factors on different dimensions of perfectionism was analyzed. Table 1 can be referred to as the Inter-Item correlation matrix.

Table 1: Inter-Item Correlation Matrix

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14
A1														
A2	0.182													
A3	0.066	0.454												
A4	-0.107	-0.044	-0.083											
A5	-0.018	-0.039	-0.017	0.14										
A6	-0.077	0.162	0.086	0.246	0.057									
A7	-0.043	0.128	0.151	0.026	0.042	0.404								
A8	-0.018	0.091	0.196	0.177	0.201	0.53	0.5							
A9	0.049	-0.094	-0.003	0.06	-0.142	-0.249	-0.176	-0.28						
A10	0.202	0.335	0.311	-0.076	-0.063	0.106	0.29	0.152	-0.068					
A11	0.094	0.322	0.24	0.023	-0.166	0.27	0.112	0.059	-0.028	0.352				
A12	-0.048	0.223	0.131	0.084	-0.034	0.323	0.256	0.146	-0.145	0.302	0.515			
A13	0.078	0.258	0.292	-0.149	-0.09	0.177	0.224	0.105	0.096	0.214	0.238	0.277		
A14	0.087	0.28	0.152	-0.214	-0.11	-0.088	0.154	0.124	0.046	0.258	0.252	0.093	0.34	
A15	-0.138	0.026	0.178	-0.194	0.011	0.14	0.199	0.201	-0.013	0.016	0.212	0.099	0.306	0.16

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16	A17	A18	A19	A20	A21	A22	A23	A24	A25
A16	0.142		0.101	0.151	-0.216	-0.131	-0.075	0.055	0.095	0.033	0.074	0.095	-0.006	0.256	0.238	0.437									
A17	0.115		0.121	0.104	-0.166	-0.144	-0.008	0.091	0.055	-0.017	0.269	0.153	0.035	0.335	0.319	0.317	0.417								
A18	0.043		0.041	0.018	-0.18	-0.17	-0.115	0.18	-0.012	0.064	0.029	0.031	0.108	0.202	0.286	0.054	0.293	0.11							

	3	6			9																		
A19	0.139	0.149	0.189	0.186	-0.086	-0.129	0.099	0.019	-0.017	0.051	0.2	0.06	-0.041	0.252	0.213	0.117	0.231	0.247	0.159				
A20	0.144	0.124	0.19	-0.172	-0.203	0.176	-0.037	0.027	-0.01	0.189	0.127	0.031	0.2	0.202	0.145	0.346	0.293	0.233	0.593				
A21	-0.029	0.078	0.207	-0.223	-0.217	-0.162	0.052	0.022	0.043	0.123	0.145	0.033	0.134	0.188	0.276	0.246	0.243	0.076	0.216	0.417			
A22	0.113	0.177	0.275	-0.091	-0.038	0.006	-0.071	0.129	-0.054	0.237	0.118	0.071	0.354	0.188	0.108	0.188	0.294	0.104	0.125	0.193	0.272		
A23	0.119	0.188	0.311	-0.181	-0.145	-0.026	0.185	0.219	0.042	0.354	0.167	0.065	0.3	0.404	0.288	0.348	0.312	0.156	0.219	0.199	0.243	0.293	
A24	-0.001	0.249	0.326	-0.007	-0.108	0.115	0.192	0.143	-0.052	0.414	0.243	0.216	0.209	0.236	0.177	0.235	0.341	0.076	0.272	0.167	0.228	0.283	0.503
A25	-0.072	0.076	0.076	-0.021	0.039	-0.215	0.037	0.008	0.085	0.083	-0.039	-0.047	0.099	0.222	0.067	0.208	0.164	0.093	0.182	0.143	0.123	0.221	0.341 0.385

Table 2: Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.211	2.504	4.089	1.585	1.633	0.166	25
Item Variances	1.343	0.813	2.046	1.233	2.516	0.094	25

Table 3: Scale Statistics

Mean	Variance	Std. Deviation	N of Items
80.27	126.574	11.250	25

Table 4: Norms for interpretation of total raw score of Perfectionism.

S.NO	Range of raw scores	Perfectionism level
1	Below 40	Low
2	60 - 80	Adaptive (Moderate)
3	80 – 100	Maladaptive (High)
4	Above 100	Pathological (Extreme)

Mean = 80.27
Std. Dev. = 11.25
N = 135

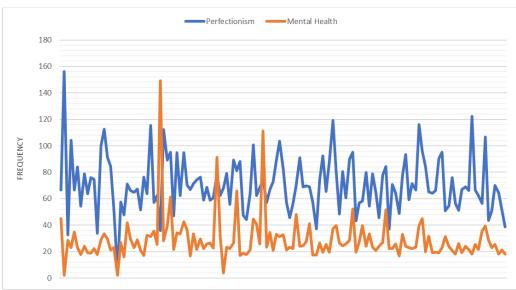**Fig.1** Normal distribution Curve for Perfectionism scores

Fig.2 Correlation between Perfectionism and Mental Health

RESULT

This study aimed to examine the relationship between perfectionism and mental health, utilizing a normal distribution curve (Fig.1) to categorize varying levels of perfectionist tendencies. The raw scores were analyzed to determine where individuals fell on the perfectionism spectrum, and a line graph illustrating the correlation between perfectionism and mental health was generated to explore the nature of their relationship. The normal distribution curve identified several types of perfectionism based on raw scores. Individuals who scored 40 or lower demonstrated low to insignificant perfectionist tendencies, indicating a more flexible attitude to accomplishing objectives and dealing with failure. Those who scored between 60 and 80 had adaptive or moderate perfectionism tendencies, implying that while they aimed for high standards, they maintained a healthy balance and could tolerate occasional failure. In contrast, scores ranging from 80 to 100 suggested maladaptive perfectionism, in which people had excessive expectations and suffered from high levels of self-criticism and stress. Finally, those who scored above 100 exhibited pathological or excessive perfectionist tendencies, which were frequently accompanied by compulsive behaviors, chronic stress, and a strong fear of failing.

The line graph (Fig.2) depicting the relationship between z-scores of perfectionism andmental health (higher scores on the mental health scale imply worse mental health) revealed a positive relationship. As perfectionism scores increased, so did mental health scores, indicatingthat stronger perfectionist tendencies were linked to poorer mental health outcomes. This positive link is consistent with other studies demonstrating that maladaptive and

pathological perfectionism can lead to serious mental health problems. These individuals frequently experience extreme self-criticism, dread of failure, and a lack of fulfillment even when they achieve their goals, all of which contribute to declining mental health.

The study's examination of perfectionist tendencies between males and females yielded nuanced results. Overall, no significant difference in perfectionist tendencies was observed between the males and females. However, a detailed subscale analysis revealed interesting patterns. On average, In the Hyper meticulous and Methodical subscales, males demonstrated a slight lead with differences of 0.76 and 0.71, respectively. Conversely, on the deprecation and socially prescribed subscales, females exhibited leads with differences of 0.08 and 1.09, suggesting higher societal influences and potential self-doubt. Further exploration into parental dynamics revealed that males tended to lead in Parental Scrutiny (0.46) and Criterion (0.2) suggesting higher parental criticism and high personal standards. Notably, on the Imposed Criterion subscale, males showed a lead of 0.2.

Limitations:
This research encountered limitations in terms of accessibility and participant demographics. The accessibility of participants from diverse backgrounds or varied geographic locations was constrained,

potentially impacting the representation of a broader population.

Moreover, the disparity in the gender ratio of respondents, with 52 male participants compared to 83 female participants, skewed the gender distribution, potentially affecting the generalizability of the findings. Additionally, while our study targeted individuals aged 18 to 30, the limited participation of individuals at the greater end may restrict the broader applicability of our conclusions to a wider age range within the intended demographic. Other limitations include:

● Self-Report Bias- Individuals may underreport or overreport their levels of perfectionism or mental health symptoms due to social desirability or lack of self-awareness.

● Cultural and Contextual Variations- Perfectionism may manifest differently across cultures, and the impact on mental health may vary accordingly. Research in this area often draws from samples in specific cultural contexts, limiting the generalizability of findings.

● Definition and Measurement Challenges- Perfectionism is a multifaceted construct with different dimensions (e.g., self-oriented, socially prescribed). Consistency in the definition and measurement of perfectionism across studies can be challenging, leading to variability in results.

● Individual Differences- People may experience and cope with perfectionism differently based on individual characteristics, such as personality traits, coping mechanisms, and support systems. These differences can complicate generalizations about the relationship between perfectionism and mental health.

Discussion

Perfectionism, characterized by an unwavering pursuit of flawless performance and high standards, is a multifaceted trait with implications for mental well-being. This study aimed to explore the intricate relationship between perfectionism and mental health, using dimensions derived from the Frost Multidimensional Perfectionism Scale (FMPS) and the Hewitt and Flett Multidimensional Perfectionism Scale (HFMPS) including custom questions to address specific aspects of perfectionism relevant to our study. The dimensions included hyper meticulous, methodical, criterion, socially prescribed, parental scrutiny, imposed criterion, and deprecation.

The findings from our study revealed nuanced patterns in perfectionist tendencies between males and females. Despite an absence of an overall significant difference in perfectionist tendencies, the subscale analysis illuminated distinct gender-based trends. Males exhibited a lead in Hyper-meticulous and Methodical subscales. On the other hand, females demonstrated leads in deprecation and socially prescribed subscales, indicative of societal influences and internalized self-doubt. These results align with existing literature suggesting that societal expectations may contribute significantly to perfectionist tendencies, particularly among females. Parental dynamics further elucidated gender differences, with males leading in Parental Scrutiny and Criterion. This implies that males may experience a higher degree of parental criticism and personal standards, contributing to specific dimensions of perfectionism. The Imposed Criterion subscale indicated a male lead, reinforcing the notion of an internally driven pursuit of perfection among males. However, the difference noted is significantly less for almost all the dimensions so we can assume that both male and female perfectionists are influenced by the factors affecting perfectionism including excessive concern over mistakes, high personal standards, high parental expectation and criticism, self-doubt, and low self-esteem. This suggests that while there may be a slight difference, it's not substantial enough to conclude that men are inherently more likely to exhibit perfectionist tendencies compared to women.

Individuals with low perfectionism tend to establish reasonable objectives and standards.

They are more willing to tolerate flaws and see mistakes as opportunities to improve. Their attitude to tasks is adaptable, helping them to keep a balanced perspective on work and life. Achievement-related tension and worry are limited because these people are adaptive and can handle setbacks with ease.

Moderate or adaptive perfectionism is distinguished by high but attainable expectations. These people are driven by their aims, exhibiting discipline and determination without becoming obsessive. They can handle criticism constructively and strike a balance between pushing for achievement and leaving room for mistakes. Our findings show that this degree of perfectionism is related to decreased stress and a lower risk of burnout when compared to greater levels of intensity. Adaptive perfectionism appears to encourage a strong work ethic while efficiently managing the expectations of performance.

Individuals with excessive or maladaptive perfectionism are highly self-critical and establish unreasonable expectations for themselves. The dread of failing grows in intensity, resulting in high levels of stress and difficulties tolerating faults. This level is related to procrastination and work avoidance because of the overwhelming anxiety of failing to satisfy expectations. The consequences of this level are problematic, as maladaptive perfectionism can cause stress and worry, resulting in lower productivity and emotional discomfort. This level is also associated with an increased risk of burnout and other mental health problems, indicating the need for measures to address these inclinations.

Pathological or Extreme perfectionism is the most severe degree, characterized by compulsive behavior, harsh self-criticism, and persistent stress. When things don't go as planned, the intolerance for imperfection or failure leads to obsessive behaviors and substantial discomfort. This level is linked to serious mental health difficulties such as anxiety disorders, depression, and eating disorders. Extreme perfectionism has a

big influence on mental health.
Individuals at this level frequently endure significant burnout, a worse quality of life, and anincreased chance of developing mental health problems.

Conclusion

In conclusion, our findings indicated complex gender differences in perfectionism inclinations. While no overall significant difference was found, extensive subscale analysis revealed that males exhibited slightly higher levels of perfectionism than females, whereas females had inclinations driven by societal expectations and potential self-doubt. This emphasizes the critical need for tailored therapies that address perfectionism's harmful influence on mental health. The study's findings support the hypothesis that people with greater degrees of perfectionist tendencies have a higher prevalence of mental health difficulties than those with lower levels of perfectionism. The findings show a clear correlation between high levels of perfectionism and poor mental health outcomes. The research findings indicate that both men and women exhibit high levels of perfectionist tendencies, with men slightly leading in experiencing higher levels although the difference isn't substantial to conclude men are more likely to have perfectionism however it's essential to consider the factors behind it, thus, the results provide limited support for our second hypothesis which suggests that men are more likely to experience perfectionist tendencies than women. While our study provides evidence supporting the hypothesis, further research is needed to explore the nuanced relationship between perfectionism and mental health.

This study also divides perfectionism into four degrees depending on severity, ranging from low to extreme. Each level has unique traits and related behaviors, which have variable effects on stress, productivity, and mental health. These findings highlight the need to recognizeand treat maladaptive and severe perfectionism to avoid negative outcomes and encourage healthy approaches to achieving.

Our findings contribute valuable insights to the ongoing discourse on perfectionism simultaneously aligning with our hypothesis, emphasizing the necessity for tailored strategies in clinical practices and public health initiatives to promote psychological resilience and well- being, particularly in the face of negative perfectionistic tendencies.

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