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Who is the Most Demanding of Them All? A Multisource Investigation of Other-Oriented
Perfectionism, Socially Prescribed Perfectionism, and Depressive Symptoms

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Accepted for *Publication in Personality and Individual Differences* on September 9, 2018

—Brief Report (3000 words)—

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Highlights

- Studied 307 targets and 692 members of their social network (“influencers”).
- Targets completed measures of socially prescribed perfectionism (SPP) and depression.
- Influencers completed measures of other-oriented perfectionism (OOP) and narcissism.
- Mothers’ OOP and siblings’ OOP predicted targets’ depression via targets’ SPP.
- Findings were specific to influencers’ OOP (vs. influencers’ narcissism).

Abstract

People high on socially prescribed perfectionism perceive intense external pressures to be perfect, and these pressures place them at risk for depressive symptoms. Likewise, the external pressures experienced by people high on socially prescribed perfectionism appear, in part, to be a legitimate response to members of their social network (influencers) who demand perfection from others (other-oriented perfectionists). Nonetheless, it is unclear whose other-oriented perfectionism (e.g., parents or peers) is more relevant to the socially prescribed perfectionism-depressive symptoms relationship. To address this, we studied 307 undergraduate targets and 692 influencers (mothers, fathers, siblings, peers, and romantic partners). Targets completed measures of socially prescribed perfectionism and depressive symptoms. Influencers completed measures of other-oriented perfectionism and narcissism. Path analysis revealed other-oriented perfectionism in mothers and siblings, but not other-oriented perfectionism in fathers, peers, or romantic partners, indirectly predicted targets' depressive symptoms through targets' socially prescribed perfectionism. Conversely, indirect effects corresponding to influencers' narcissism were not significant. Investigators are encouraged to continue using multisource designs to test how other-oriented perfectionism in parental and non-parental influencers depresses the recipients of their perfectionistic demands.

Keywords: perfectionism, depression, multisource, social network, mother, sibling

1. Introduction

Hewitt and Flett (1991) conceptualized perfectionism as a multidimensional personality trait composed of three dimensions: self-oriented perfectionism (demanding perfection from the self), other-oriented perfectionism (demanding perfection from other people), and socially prescribed perfectionism (perceiving that other people demand perfection). Socially prescribed perfectionism, and to a lesser extent self-oriented perfectionism, place people at risk for depressive symptoms (Smith et al., 2016b). In contrast, other-oriented perfectionism is an inconsistent predictor of depressive symptoms (Chen, Hewitt, & Flett, 2017).

Nonetheless, though people high on other-oriented perfectionism might not themselves be depressed, they may promote socially prescribed perfectionism, and subsequently depressive symptoms, in other people (Sherry, Mackinnon, & Gautreau, 2016). Put differently, socially prescribed perfectionism's depressing consequences may be a legitimate response to the perfectionistic demands imposed on them by other people. In support, Smith et al. (2017b) reported other-oriented perfectionism in mothers predicted longitudinal increases in daughters' depressive symptoms. Likewise, Smith et al. (2017c) reported the overall level of other-oriented perfectionism in influencers (family members, romantic partners, and peers aggregated) predicted socially prescribed perfectionism in targets (undergraduates). However, whether some influencers' other-oriented perfectionism (e.g., mothers) is more relevant to the socially-prescribed perfectionism-depressive symptom link than other influencers' other-oriented perfectionism (e.g., peers) is unclear.

Indeed, evidence derives primarily from parent-child studies. Vieth and Trull (1999) reported mothers' and fathers' other-oriented perfectionism was not significantly related to socially prescribed perfectionism in students. In contrast, Cook and Kearney (2014) found other-

oriented perfectionism in mothers, but not fathers, predicted socially prescribed perfectionism in children. Similarly, Smith et al. (2017b) reported a small positive relationship between other-oriented perfectionism in mothers and socially prescribed perfectionism in daughters. And congruent with Cook and Kearney (2014), Smith et al. (2017a) reported a non-significant relationship between other-oriented perfectionism in fathers and socially prescribed perfectionism in daughters. As such, other-oriented perfectionism in mothers appears to have a greater impact on offspring's socially prescribed perfectionism than other-oriented perfectionism in fathers. However, only two studies have examined the impact of both parental and non-parental influencers on socially prescribed perfectionism: Perera and Chang (2015) and Smith et al. (2017c).

Perera and Chang (2015) reported that, among European-American undergraduates, the expectations prescribed by parents and the expectations prescribed by teachers predicted socially prescribed perfectionism. Nonetheless, Perera and Chang (2015) relied on targets' *perceptions* of other people's expectations. Smith et al.'s (2017c) multisource study addressed this limitation by asking influencers to report directly on their own other-oriented perfectionism. Yet, Smith et al. (2017c) analyzed all influencers as a single group. Hence, it is unclear if certain influencers' other-oriented perfectionism (e.g., mothers) has stronger ties to targets' socially prescribed perfectionism than other influencers' other-oriented perfectionism (e.g., peers). The relationship between influencers' other-oriented perfectionism and targets' depressive symptoms is also unclear (cf. Smith et al., 2017b). Lastly, other-oriented perfectionism and narcissistic grandiosity overlap substantially (Smith et al., 2016a). As such, research is needed testing the specificity of Smith et al.'s (2017c) findings to other-oriented perfectionism versus narcissistic grandiosity.

1.2. Present study

Against this background, our primary aim was to test the extent to which other-oriented perfectionism in mothers, fathers, siblings, romantic partners, and peers is related to socially prescribed perfectionism and depressive symptoms in targets. Building on extant findings (Cook & Kearney, 2014; Smith et al., 2017a, 2017b), we anticipated other-oriented perfectionism in mothers, but not fathers, would indirectly predict targets' depressive symptoms via targets' socially prescribed perfectionism. Our secondary aim was to test the specificity of our model by substituting narcissistic grandiosity in place of other-oriented perfectionism. However, we lacked a strong empirical basis to formulate expectations regarding how other-oriented perfectionism in siblings, peers, and romantic partners, as well as narcissistic grandiosity in all types of influencers, impacts socially prescribed perfectionism and depressive symptoms in targets.

2. Method

2.1. Participants

We recruited 310 undergraduates from XXX University. Targets provided the email address for five members of their social network (influencers). Of the 1,680 influencers emailed, 794 agreed to participate. Influencers were composed of mothers ($n = 168$), fathers ($n = 102$), siblings ($n = 96$), romantic partners ($n = 85$), peers ($n = 241$; friends and colleagues), and "others" ($n = 102$; e.g., cousins). Influencers categorized as "others" were excluded. The final sample of influencers ($N = 692$) had a mean age of 30.9 years and were predominantly female (64.2%). Because multivariate outliers can distort correlations (Tabachnick & Fidell, 2007), we excluded three targets with a Mahalanobis distance larger than the critical value of $\chi^2(7) = 24.3$, $p < .001$. The final sample of targets ($N = 307$) averaged 20.2 ($SD = 3.6$) years and were primarily female (69.6%). On average, there were 2.2 ($SD = 1.0$) influencers per target. Targets and influencers averaged 5.4 days of contact per week.

2.2. Measures

2.2.1. Perfectionism

Perfectionism was measured using the short-form of Hewitt and Flett's (1991) Multidimensional Perfectionism Scale (HFMPs-SF; Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008). Targets completed the socially prescribed perfectionism subscale (5-items; HFMPs-SF-SPP; e.g., "People expect nothing less than perfection from me"); influencers completed the other-oriented perfectionism subscale (5-items; HFMPs-SF-OOP; e.g., "Everything that others do must be of top-notch quality"). Items were rated from 1 (*strongly disagree*) to 7 (*strongly agree*). The reliability and validity of the HFMPs-SF is established (Hewitt et al., 2008; Stoeber, 2016). Hewitt et al. (2008) reported the HFMPs-SF had strong correlations with the full form scale (.90 for socially prescribed perfectionism and .81 for other-oriented perfectionism).

2.2.2. Narcissistic Grandiosity

Narcissistic grandiosity was assessed using Jonason and Webster's (2010) Dirty Dozen Scale narcissism subscale (DD-N; 4-items; e.g., "I tend to seek prestige or status"). Influencers rated each item from 1 (*not at all*) to 7 (*very much*). Reliability and validity evidence for the DD-N is acceptable (Jonason & Webster, 2010).

2.2.3. Depressive Symptoms

Depressive symptoms were measured using Radloff's (1977) Center for Epidemiological Studies-Depression Scale (CES-D; 20-items; e.g., "I could not shake off the blues"). Targets rated items from 1 (*rarely or none of the time*) to 4 (*most or all of the time*). Evidence suggests the CES-D is a reliable and valid measure of depressive symptoms (Radloff, 1977).

2.2.4. Procedure

A portion of our data is shared with Smith et al. (2017c). Targets completed paper-and-pencil measures and provided the email addresses of five members of their social network (influencers). Influencers were contacted through email and invited to complete measures online. Targets were awarded one credit to use towards a psychology course and influencers were entered into 1-of-20 cash draws for \$20.

3. Results

3.1 Descriptive statistics

Means, standard deviations, Cronbach's alpha, and bivariate correlations are in Table 1. Full information maximum likelihood estimation was used for missing data. Following Cohen's (1992) guidelines for small, medium, and large effects ($r = .10, .30, .50$), mothers' other-oriented perfectionism had a small positive relationship with targets' socially prescribed perfectionism. Similarly, siblings' other-oriented perfectionism had a moderate positive relationship with targets' socially prescribed perfectionism. And targets' socially prescribed perfectionism had a moderate positive relationship with targets' depressive symptoms. Conversely, other-oriented perfectionism in fathers, romantic partners, and peers had non-significant relationships with targets' socially prescribed perfectionism.

3.2. Path analysis

We tested if other-oriented perfectionism in mothers, fathers, siblings, romantic partners, and peers indirectly predicted targets' depressive symptoms via targets' socially prescribed perfectionism using path-analysis with full maximum likelihood estimation in AMOS 7.0 (Arbuckle, 2006). The significance of indirect effects was tested using bias-corrected bootstrapping with 20,000 resamples (Shrout & Bolger, 2002). Standardized effect sizes were calculated using the Sobel test (P_M ; Sobel, 1982). Aside from chi-square, model fit was evaluated

using the root mean squared error of approximation (RMSEA) and the comparative fit index (CFI). RMSEA values of .05 or below indicate close model fit; CFI values in the range of .95 or above suggest good model fit (Kline, 2015). A chi-square difference test (i.e., $\Delta\chi^2$) was used for model comparison.

Our model (see Figure 1) had good fit: $\chi^2(5) = 1.80$, $p = .876$, RMSEA = .000, 90% CI (.000, .039), CFI = 1.00. As anticipated, the indirect effect of mothers' other-oriented perfectionism on targets' depressive symptoms via targets' socially prescribed perfectionism was significant: $B = 0.78$, $\beta = .08$ (90% CI, .02, .14), $P_M = 2.63$ ($p = .008$), $SE = .04$. Similarly, though exploratory, the indirect effect of siblings' other-oriented perfectionism on targets' depressive symptoms via targets' socially prescribed perfectionism was significant: $B = .93$, $\beta = .09$ (90% CI, .01, .18), $P_M = 2.62$ ($p = .011$), $SE = .07$. Constraining the path from mothers' other-oriented perfectionism to targets' socially prescribed perfectionism to be equal to the path from siblings' other-oriented perfectionism to targets' socially prescribed perfectionism did not result in a significant loss of fit: $\Delta\chi^2(1) = 0.09$, $p = .764$. All other indirect effects were non-significant ($p < .05$). Similarly, when direct effects were added, all direct effects were non-significant ($p < .05$).

Specificity was tested by substituting narcissism in place of other-oriented perfectionism in Figure 1. Model fit was good: $\chi^2(5) = 6.51$, $p = .260$, RMSEA = .031 90% CI (.00, .09), CFI = .947. However, all indirect effects corresponding to influencers' narcissism were non-significant ($p < .05$). Results suggest other-oriented perfectionism, but not narcissism, in mothers and in siblings contributes to socially-prescribed perfectionism in targets and, in turn, to depressive symptoms in targets.

4. Discussion

Whether certain influencers' other-oriented perfectionism is more relevant to the socially prescribed perfectionism-depressive symptoms link as compared to other influencers' other-oriented perfectionism was unclear. Our multisource study addressed this gap in knowledge. As expected, other-oriented perfectionism in mothers indirectly predicted targets' depressive symptoms via a small positive association with targets' socially prescribed perfectionism. This finding complements research implicating demanding mothers in targets' socially prescribed perfectionism (Cook & Kearney, 2014) and targets' depressive symptoms (Smith et al., 2017b).

Consistent with prior findings, fathers' other-oriented perfectionism was not significantly related to targets' socially prescribed perfectionism (Cook & Kearney, 2014; Smith et al., 2017a). This may stem from our targets being primarily daughters (69.6%), and daughters having stronger relationships with mothers (Vieth & Trull, 1999). Alternatively, the number of fathers included in our sample ($N = 102$) was small and we may have lacked the power needed to detect the impact of fathers' other-oriented perfectionism on targets' socially prescribed perfectionism. Regardless, consistent with Perera and Chang (2015), the pressures experienced by people high on socially prescribed perfectionism appear to not be "just about parents" (p. 31). Rather, our results showed that having siblings high on other-oriented perfectionism was tied to feeling pressures to be perfect and, in turn, a small increase depressive symptoms. This aligns with the broader literature suggesting antagonistic behavior and bullying in siblings place people at risk for depressive symptoms (Bowes, Wolke, Joinson, Lereya, & Lewis, 2014).

In contrast, other-oriented perfectionism in peers and in romantic partners was unrelated to socially prescribed perfectionism and depressive symptoms in targets. Similarly, narcissism in mothers, fathers, siblings, peers, and romantic partners was not significantly related to socially prescribed perfectionism in targets. As such, mothers and siblings who demand perfection from

others, but not mothers and siblings with an grandiose sense of superiority, appear to contribute to the external pressures and depressive symptoms experienced by targets.

4.1. Limitations and future directions

The design of our study was cross-sectional, precluding us from addressing questions of causality. Future studies should test whether our model replicates when influencers' other-oriented perfectionism, targets' socially prescribed perfectionism, and targets' depressive symptoms are assessed at separate time points (Cole & Maxwell, 2003). Also, targets may not have provided us with the contact information for the influencers they perceived as most demanding. Future studies could address this by selecting informers independently of the targets' preference (Leising, Erbs, & Fritz, 2010). Additionally, targets were predominantly female and future studies might profit from using gender-balanced samples that allow for gender difference tests. Furthermore, research is needed testing the generalizability of our findings in more ethnically diverse samples and clinical samples. Indeed, our findings may not generalize to more severe forms of depression. Lastly, research testing whether the observed sibling effects generalize across brothers and sisters is needed.

4.2. Concluding remarks

Mothers and siblings who demand perfection from others appears to be tied to other people legitimately feeling intense external pressures to be perfect—feelings that are depressogenic. Investigators seeking to understand why socially prescribed perfectionists get depressed are encouraged to use multi-source designs that take dysfunctional mother and sibling relationships into account.

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Table 1

Means, standard deviations, Cronbach's alpha, and bivariate correlations

Variable	1	2	3	4	5	6	7	8	9	10	11	12
Influencers												
1. Mothers' other-oriented perfectionism	—											
2. Fathers' other-oriented perfectionism	.11	—										
3. Siblings' other-oriented perfectionism	.18	-.02	—									
4. Partners' other-oriented perfectionism	.01	-.07	-.06	—								
5. Peers' other-oriented perfectionism	-.08	-.01	.06	-.16	—							
6. Mothers' narcissism	.34***	.15	.02	.14	.01	—						
7. Fathers' narcissism	.05	.19	.12	-.03	-.30***	.10	—					
8. Siblings' narcissism	-.03	-.13	.32***	.39*	.14	.05	.21	—				
9. Partners' narcissism	-.20	.20	.02	.37**	.24*	.01	.25	.18	—			
10. Peers' narcissism	-.21**	-.04	-.16	.00	.36***	-.05	-.13	.25*	.11	—		
Targets												
11. Socially prescribed perfectionism	.25***	-.09	.30***	.08	.06	.15	-.06	.10	.02	-.05	—	
12. Depressive symptoms	-.03	-.04	.04	-.09	.02	-.04	.00	.11	-.06	.10	.32***	—
<i>M</i>	20.1	22.4	21.7	21.8	20.1	14.2	17.3	20.2	20.7	19.6	19.5	31.0
<i>SD</i>	5.8	5.1	5.1	5.7	5.3	7.0	6.6	8.2	6.6	6.7	6.2	10.2
Cronbach's alpha (α)	.78	.79	.75	.79	.73	.85	.85	.87	.79	.82	.79	.72

Note. Full-information maximum likelihood estimation used for missing data.* $p < .05$; ** $p < .01$; *** $p < .001$.

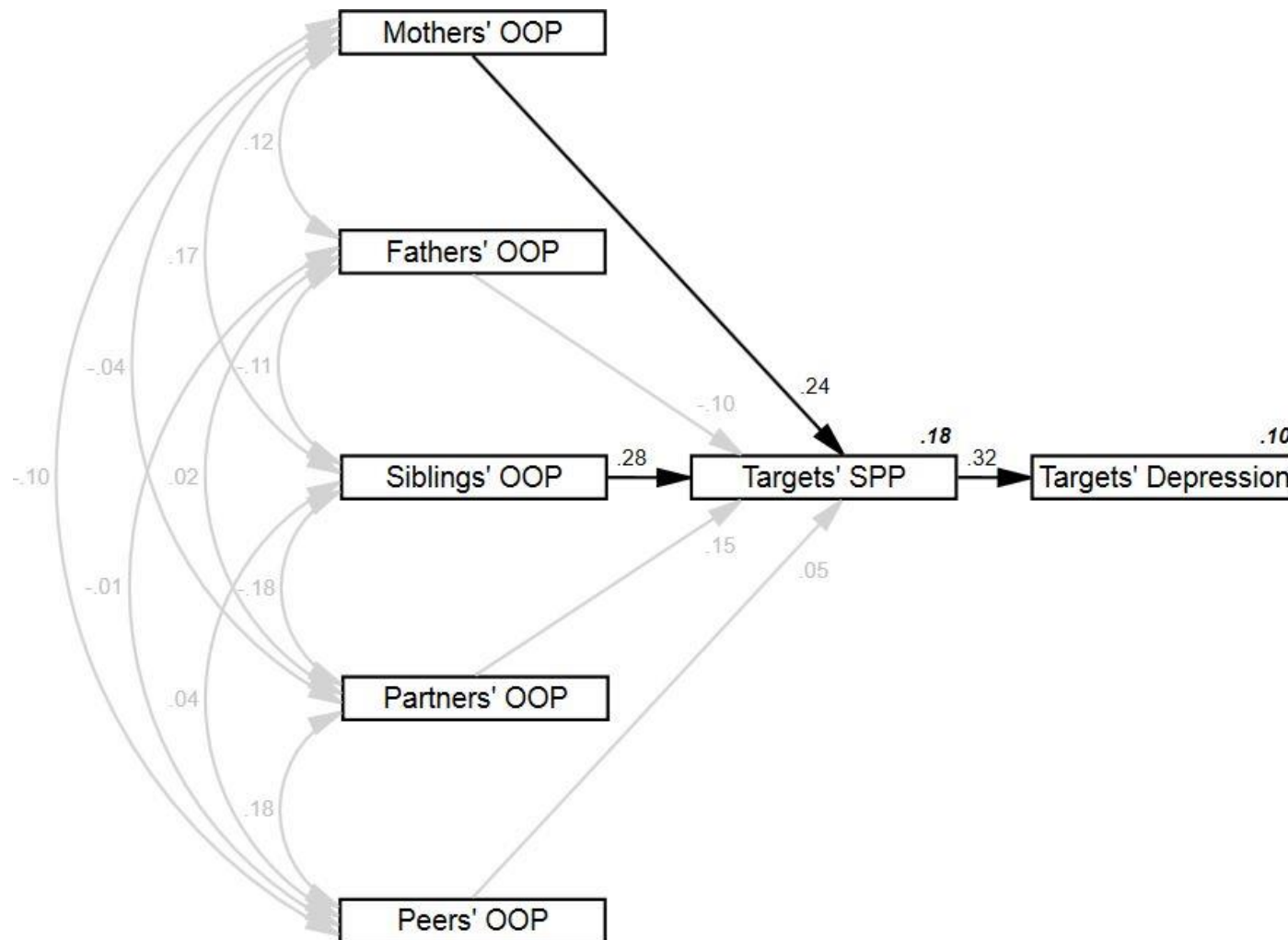


Figure 1. **OOP** = other-oriented perfectionism; **SPP** = socially-prescribed perfectionism. Non-significant correlations ($p > .05$) are represented by double-headed grey arrows. Non-significant direct effects ($p > .05$) are represented by single-headed grey arrows. Significant direct effects ($p < .05$) are represented by single-headed black arrows. The amount of variance explained by exogenous variables is represented by bolded numbers. Estimates are standardized.