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## Multidimensional Perfectionism and the DSM-5 Personality Traits

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### Abstract

Encouraging further research on the dimensional assessment of personality disorders (PDs), Section III of the DSM-5 introduced a hybrid model for the assessment of six PDs employing self-reports on 25 maladaptive personality traits (“DSM-5 personality traits”). Following suggestions that multidimensional perfectionism is an important characteristic across various personality disorders (Ayearst, Flett, & Hewitt, 2012), the present study investigated how personal (self-oriented) and interpersonal (other-oriented and socially prescribed) aspects of perfectionism predicted the DSM-5 personality traits in a sample of 311 university students. Multiple regressions (controlling for the overlap between the different forms of perfectionism) showed that socially prescribed perfectionism positively predicted the traits defining schizotypal, borderline, avoidant, and obsessive-compulsive PD; other-oriented perfectionism positively predicted the traits defining narcissistic PD; and both socially prescribed and other-oriented perfectionism positively predicted the traits defining antisocial PD. In contrast, self-oriented perfectionism positively predicted only one of the four traits defining obsessive-compulsive PD (rigid perfectionism). Showing that multidimensional perfectionism predicted all DSM-5 traits defining the personality disorders of Section III, the findings suggest that future DSM-5 updates may profit from including interpersonal aspects of perfectionism as a diagnostic criterion.

*Keywords:* multidimensional perfectionism; maladaptive personality traits; DSM-5; negative affect; detachment; antagonism; disinhibition; psychoticism

## 1. Introduction

### 1.1. Background

In a critical article addressed to the Personality and Personality Disorders (P&PD) work group of the DSM-5 task force, Ayearst, Flett, and Hewitt (2012) argued that the group did not recognize the importance of multidimensional perfectionism as a defining trait of personality disorders despite evidence suggesting that multidimensional perfectionism is an important characteristic across various personality disorders. The DSM-5 (American Psychiatric Association, 2013) has now been published retaining the categorical approach to the assessment of the 10 personality disorders from the DSM-IV. However, Section III of the DSM-5 introduced a new hybrid model using a dimensional approach to the assessment of six personality disorders employing self-reports on 25 maladaptive personality traits (consecutively referred to as “the DSM-5 personality traits”). Taking up the American Psychiatric Association’s call to further research on this hybrid model, the present research investigated the relationships between multidimensional perfectionism and the DSM-5 personality traits to explore the role that personal and interpersonal aspects of perfectionism play in the traits defining the six personality disorders of the model: schizotypal, borderline, antisocial, avoidant, narcissistic, and obsessive-compulsive personality disorder (PD).

### 1.2. Multidimensional perfectionism and personality disorders

In their article, Ayearst and colleagues (2012) argued that the P&PD work group’s view of the role perfectionism played in personality disorders was too narrow because it considered only “rigid perfectionism” as a defining trait of obsessive-compulsive PD. Rigid perfectionism—defined as “rigid insistence on everything being flawless, perfect, and without errors or faults, including one’s own and others’ performance” (American Psychiatric Association, 2013, p. 780)—however does not acknowledge that perfectionism is a

multidimensional personality characteristic (e.g., Enns & Cox, 2002), which suggests that the unidimensional conceptualization of perfectionism in the DSM-5 is flawed. Moreover, by including “one’s own or others’ performance,” rigid perfectionism confused self-oriented and other-oriented perfectionism; and it completely ignored socially prescribed perfectionism.

According to Hewitt and Flett’s (1991) model of multidimensional perfectionism, it is important to differentiate three forms of perfectionism capturing personal and interpersonal aspects: self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionism comprises internally motivated beliefs that striving for perfection and being perfect are important. Self-oriented perfectionists have exceedingly high personal standards, strive for perfection, expect to be perfect, and are highly self-critical if they fail to meet these expectations. In comparison, other-oriented perfectionism comprises internally motivated beliefs that it is important for others to strive for perfection and be perfect. Other-oriented perfectionists expect others to be perfect, and are highly critical of others who fail to meet these expectations. In contrast, socially prescribed perfectionism comprises externally motivated beliefs that striving for perfection and being perfect are important to others. Socially prescribed perfectionists believe that others expect them to be perfect, and that others will be highly critical of them if they fail to meet these expectations (Hewitt & Flett, 1991, 2004).

Based on a review of empirical research and case studies, Ayearst and colleagues (2012) argued that interpersonal aspects of perfectionism (other-oriented and socially prescribed perfectionism) should play a more important role in the assessment of personality disorders than personal aspects (self-oriented perfectionism). The reason is that self-oriented perfectionism—showing substantial conceptual overlap with rigid perfectionism—has failed to show any unique positive relationships with personality disorders other than obsessive-compulsive PD (except for a *negative* relationship with dependent PD). In contrast, other-

oriented perfectionism has shown unique positive relationships with narcissistic and antisocial PD; and socially prescribed perfectionism has shown unique positive relationships with obsessive-compulsive, schizotypal, borderline, antisocial, avoidant, paranoid, passive-aggressive, and dependent PD (see also Hewitt & Flett, 1991).

### 1.3. DSM-5 personality traits

If Ayearst and colleagues' (2012) analyses are correct, multidimensional perfectionism should also play a role in the six personality disorders of the hybrid model introduced in Section III of the DSM-5 (see 1.1.). Applying this model, clinicians would assess personality disorders based on an individual's self-ratings on the DSM-5 personality traits defining borderline and antisocial PD (each defined by seven traits), schizotypal PD (six traits), avoidant and obsessive-compulsive PD (four traits each), and narcissistic PD (two traits; see Table 1, Column 2 for details). Moreover, following Ayearst and colleagues' analyses, multidimensional perfectionism—and in particular other-oriented and socially prescribed perfectionism—should be expected to show significant unique relationships with the DSM-5 personality traits defining the six personality disorders.

The DSM-5 personality traits are assessed with the Personality Inventory for the DSM-5 (PID-5) developed by members of the P&PD work group (see Krueger, Derringer, Markon, Watson, & Sokol, 2012, for details) and published as an online supplement to the DSM-5 (Krueger, Derringer, Markon, Watson, & Sokol, 2013). The PID-5 is a self-report inventory assessing 25 maladaptive personality traits that are considered facets of five broad trait domains: negative affect, detachment, antagonism, disinhibition, and psychoticism (see Table 1, Column 1 for details). Note that the five domains show close correspondence to the domains of the five-factor model of personality representing maladaptive variants of low emotional stability, low extraversion, low agreeableness, low conscientiousness, and high openness to experience (e.g.,

De Fruyt et al., 2013). Consequently, expectations can also be formulated regarding how the three forms of perfectionism should be related to the DSM-5 personality trait domains (see 1.4.).

#### 1.4. The present study

Against this background, the present study was designed to investigate the relationships of multidimensional perfectionism with the DSM-5 personality traits examining how personal (self-oriented) and interpersonal (other-oriented and socially prescribed) aspects of perfectionism predicted the DSM-5 trait facets and domains in a large sample of university students. Based on Ayearst and colleagues' (2012) analyses, socially prescribed perfectionism was expected to positively predict the DSM-5 traits defining schizotypal, borderline, avoidant, and obsessive-compulsive PD, and other-oriented perfectionism to predict the traits defining narcissistic and antisocial PD. In contrast, there were no clear expectations for self-oriented perfectionism other than the expectation that it would positively predict rigid perfectionism. Moreover, from research on how the three forms of perfectionism are related to the domains of the five-factor model of personality (Hewitt & Flett, 2004; Hill, McIntire, & Bacharach, 1997), self-oriented perfectionism was expected to negatively predict disinhibition (low conscientiousness), other-oriented perfectionism to positively predict antagonism (low agreeableness), and socially prescribed perfectionism to positively predict negative affect (low emotional stability) and detachment (low extraversion).

## 2. Method

### 2.1. Participants

A sample of 311 students (39 male, 272 female) studying at the University of Kent was recruited via the School of Psychology's Research Participation Scheme (RPS). Mean age of students was 19.9 years ( $SD = 4.5$ ). Students volunteered to participate for RPS credits or a £50 raffle (~US \$83). Participants completed all measures online using the School's Qualtrics®

platform which required participants to respond to all questions to prevent missing values. The study was approved by the relevant ethics committee and followed the British Psychological Society's (2009) code of ethics and conduct.

## 2.2. Measures

### 2.2.1. *Multidimensional perfectionism*

The 45-item Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 2004) was used to measure self-oriented perfectionism (15 items; e.g., "I demand nothing less than perfection of myself"), other-oriented perfectionism (15 items; "If I ask someone to do something, I expect it to be done flawlessly"), and socially prescribed perfectionism (15 items; "People expect nothing less than perfection from me"). The MPS has demonstrated reliability and validity in numerous studies (see Hewitt & Flett, 2004). Items were presented with the MPS's standard instruction ("Listed below are a number of statements concerning personal characteristics and traits..."), and participants responded on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*).

### 2.2.2. *DSM-5 personality traits*

The 220-item adult version of the Personality Inventory for DSM-5 (PID-5; Krueger et al., 2013) was used to measure the DSM-5 personality traits (in alphabetical order): anhedonia (8 items; e.g., "I don't get as much pleasure out of things as others seem to"), anxiousness (9 items; "I worry about almost everything"), attention seeking (8 items; "I crave attention"), callousness (14 items; "I don't care if my actions hurt other"), deceitfulness (10 items; "I don't hesitate to cheat if it gets me ahead"), depressivity (14 items; "Everything seems pointless to me"), distractibility (9 items; "I am easily distracted"), eccentricity (13 items; "I have several habits that others find eccentric or strange"), emotional lability (7 items; "I get emotional easily, often for very little reason"), grandiosity (6 items; "I'm better than almost everyone else"), hostility (10 items; "I always make sure I get back at people who wrong me"), impulsivity (6 items; "I



feel like I act totally on impulse”), intimacy avoidance (6 items; “I prefer being alone to having a close romantic partner”), irresponsibility (7 items; “I make promises that I don’t really intend to keep”), manipulateness (5 items; “I’m good at conning people”), perceptual dysregulation (12 items; “I can have trouble telling the difference between dreams and waking life”), perseveration (9 items; “I keep approaching things the same way, even when it isn’t working”), restricted affectivity (7 items; “I don’t get emotional”), rigid perfectionism (10 items; “If something I do isn’t absolutely perfect, it’s simply not acceptable”), risk taking (14 items; “I like to take risks”), separation insecurity (7 items; “I can’t stand being left alone, even for a few hours”), submissiveness (4 items; “I do what other people tell me to do”), suspiciousness (7 items; “I suspect that even my so-called ‘friends’ betray me a lot”), unusual beliefs and experiences (8 items; “I have seen things that weren’t really there”), and withdrawal (10 items; “I keep my distance from people”). Although the PID-5 was published only recently, it has demonstrated reliability and validity in a number of studies (see Bagby, 2013). Items were presented with the PID-5’s standard instruction (“This is a list of things different people might say about themselves. We are interested in how you would describe yourself...”), and participants responded on a scale from 0 (*very false or often false*) to 3 (*very true or often true*).

### 2.3. Preliminary analyses

First, it was checked if any participants gave uniform responses and excluded five participants from the analyses who showed zero variance in their responses to the MPS items. Next, scale scores were computed by averaging responses across items. (DSM-5 trait domain scores were computed by averaging the scores from the three facets contributing primarily to the domain; see Table 1, Table Note a.) Because multivariate outliers can severely distort the results of correlation and regression analyses (Tabachnick & Fidell, 2007), a further 13 participants were excluded who showed a Mahalanobis distance larger than  $\chi^2(28) = 56.89, p < .001$

indicating they were outliers. With this, the final sample comprised 293 (37 male, 256 female) participants. Next, it was examined whether the variance–covariance matrices of male and female participants differed by computing a Box’s  $M$  test with gender as between-participants factor. Because this test is highly sensitive to even minor differences, it was tested against a  $p < .001$  significance level (Tabachnick & Fidell, 2007). The test was nonsignificant (Box’s  $M = 691.05$ ,  $F[406, 12465] = 1.19$ ,  $p = .006$ ). Therefore all analyses were collapsed across gender. Finally, the scores’ reliability was examined. All scores displayed satisfactory Cronbach’s alphas  $> .70$  except suspiciousness (alpha = .68).<sup>1</sup> Whereas questionable when used for individual assessment, scores with alphas  $< .70$  are still useful for research purposes (Nunnally & Bernstein, 1994). Hence suspiciousness was retained for further analysis.

### 3. Results

#### 3.1. Multidimensional perfectionism

First, the bivariate correlations between the three forms of perfectionism were examined. In line with previous studies (Hewitt & Flett, 2004), the three forms showed significant positive correlations: Self-oriented perfectionism (SOP) showed a correlation of  $r = .43$  with both other-oriented perfectionism (OOP) and socially prescribed perfectionism (SPP); and OOP and SPP showed a correlation of  $r = .36$ , all  $ps < .001$ .

#### 3.2. Multidimensional perfectionism and the DSM-5 personality traits

Next, the bivariate correlations between the three forms of perfectionism and the DSM-5 personality trait were examined regarding facet and domain scores. In addition, because the three forms of perfectionism showed significant overlap (see 3.1.), multiple regressions with SOP, OOP, and SPP entered simultaneously were computed to examine their unique relationships in predicting the domain and facet scores. Table 1 shows the bivariate correlations and the semipartial correlations from the multiple regressions including the  $R^2$  values (indicating the

percentage of variance in the scores explained by multidimensional perfectionism).

All three forms of perfectionism showed significant correlations with the DSM-5 personality trait domains and facets. Moreover, the three forms together explained between 15% and 25% variance in the domain and between 5% and 44% variance in the facet scores. However, as was expected, there were marked differences in the pattern of significant relationships the three forms showed with the domains and facets, particularly when the semipartial correlations—controlling for the overlap between the three forms and thus showing their unique relationships—were regarded.

### *3.2.1. Negative affect*

Whereas SOP and SPP showed a positive bivariate correlation with the negative affect domain score, only SPP showed a positive semipartial correlation. In contrast, SOP showed a nonsignificant correlation, and OOP a negative correlation. Regarding the negative affect facets, only SPP showed positive semipartial correlations with all facets (including the reverse-scored facet of restricted affectivity which was unexpected; see 4.2.) whereas SOP showed nonsignificant correlations. OOP showed a positive correlation with hostility, but negative correlations with anxiousness, separation insecurity, and submissiveness. Consequently, only SPP was a consistent positive predictor of negative affect showing unique positive relationships with the domain score and all facets.

### *3.2.2. Detachment*

The same held for detachment. Whereas all forms of perfectionism showed a positive bivariate correlation with the detachment domain score, only SPP showed a positive semipartial correlation. Regarding the detachment facets, only SPP showed positive semipartial correlations with all facets whereas SOP showed nonsignificant correlations and OOP showed a negative correlation with anhedonia and depressivity. Consequently, only SPP was a consistent positive

predictor of detachment showing unique positive relationships with the domain score and all facets.

### *3.2.3. Antagonism*

In contrast to negative affect and detachment, it was OOP (and not SPP) that played the main role in the prediction of antagonism, as was expected. Whereas all three forms of perfectionism showed a positive bivariate correlation with the antagonism domain score, only OOP showed a positive semipartial correlation. Regarding the antagonism facets, only OOP showed positive semipartial correlations with all facets whereas SPP showed positive correlations with callousness and deceitfulness only, and SOP showed negative correlations with attention seeking, callousness, and deceitfulness. Consequently, only OOP was a consistent positive predictor of antagonism showing unique positive relationships with the domain score and all facets.

### *3.2.4. Disinhibition*

As expected, SOP showed a negative bivariate and semipartial correlation with the disinhibition domain score. In contrast, SPP showed positive correlations whereas OOP showed a nonsignificant bivariate and a positive semipartial correlation. Regarding the disinhibition facets, only SOP showed negative semipartial correlations with all facets. In contrast, OOP and SPP showed positive semipartial correlations with impulsivity and irresponsibility. Moreover, OOP showed a positive correlation with risk taking whereas SPP showed positive correlations with distractibility and rigid perfectionism. Consequently, only SOP was a consistent negative predictor of disinhibition showing unique negative relationships with the domain score and all facets. (Note that rigid perfectionism is a reverse-scored indicator of disinhibition.) In contrast, OOP and SPP showed unique positive relationships with the domain score and selected facets.

### *3.2.5. Psychoticism*

The relationships that the three forms of perfectionism showed with psychoticism were similar to those with disinhibition. Both OOP and SPP showed positive bivariate and semipartial correlations with the psychoticism domain score. In contrast, SOP showed a nonsignificant bivariate correlation and a negative semipartial correlation. Regarding the psychoticism facets, only SPP showed positive semipartial correlations with all facets. (OOP merely showed a positive correlation with unusual beliefs and experiences.) In contrast, SOP showed negative semipartial correlations with all facets. Consequently, only SPP was a consistent positive predictor of psychoticism showing unique positive relationships with the domain score and all facets.

#### **4. Discussion**

##### **4.1. The present findings**

The aim of the present study was to investigate the relationships of multidimensional perfectionism with the DSM-5 personality traits introduced in Section III of the DSM-5 as part of a new hybrid model employing a dimensional approach to the assessment of six personality disorders. Using correlation and regression analyses to examine how personal (self-oriented) and interpersonal (other-oriented and socially prescribed) aspects of perfectionism predicted the DSM-5 trait facets and domains, the study found only the two interpersonal forms of perfectionism to be consistent positive predictors. Regarding the domains, socially prescribed perfectionism positively predicted negative affect, detachment, disinhibition, and psychoticism, and other-oriented perfectionism predicted antagonism. Moreover and more importantly, regarding the facets, socially-prescribed and other-oriented perfectionism positively predicted all DSM-5 personality traits defining the hybrid model's six personality disorders. When the overlap of the three forms of perfectionism was controlled for, socially prescribed perfectionism positively predicted all six traits defining schizotypal PD (restricted affectivity, suspiciousness,

withdrawal, eccentricity, perceptual dysregulation, unusual beliefs and experiences), six of the seven traits defining borderline PD (anxiousness, emotional lability, hostility, separation insecurity, depressivity, impulsivity), five of the seven traits defining antisocial PD (hostility, deceptiveness, callousness, impulsivity, irresponsibility), all four traits defining avoidant PD (anxiousness, anhedonia, intimacy avoidance, withdrawal), and all four traits defining obsessive-compulsive PD (rigid perfectionism, perseveration, intimacy avoidance, restricted affectivity). In addition, other-oriented perfectionism positively predicted both traits defining narcissistic PD (attention seeking, grandiosity). Moreover, other-oriented perfectionism positively predicted all seven traits defining antisocial PD (the five that socially prescribed perfectionism predicted plus manipulateness and risk taking). In contrast, self-oriented perfectionism positively predicted only one of the four traits defining obsessive-compulsive PD (rigid perfectionism).

The present findings demonstrate that perfectionism is not only an important characteristic of obsessive-compulsive PD, but plays a role across various personality disorders. With this, the findings provide support for Ayearst and colleagues' (2012) analyses confirming that the DSM-5's view of perfectionism—seeing perfectionism to play a role only in obsessive-compulsive PD in the form of rigid perfectionism—is too narrow. Moreover, the findings support Ayearst and colleagues' analyses by showing that the interpersonal aspects of perfectionism (other-oriented and socially prescribed perfectionism) play a more important role in personality disorders than the personal aspects of perfectionism (self-oriented perfectionism). In line with Ayearst and colleagues' analyses and previous findings (e.g., Hewitt & Flett, 1991), the present findings suggest that socially prescribed perfectionism plays a role in schizotypal, borderline, and avoidant PD whereas other-oriented perfectionism plays a role in narcissistic PD. Moreover, they suggest that socially prescribed perfectionism and other-oriented perfectionism both play a role in antisocial PD, not only other-oriented perfectionism.

In contrast, self-oriented perfectionism seems to play a role only in obsessive-compulsive PD. Moreover, it seems to play a limited role because it only predicted one of the four DSM-5 personality traits defining obsessive-compulsive PD (viz. rigid perfectionism)<sup>2</sup> whereas socially prescribed perfectionism positively predicted all four traits. Instead, self-oriented perfectionism—showing unique negative relationships with the DSM-5 trait domains and facets of disinhibition and psychoticism—appeared to be a factor predicting the *absence* of schizotypal, borderline, and antisocial PD which suggests that self-oriented perfectionism is an ambivalent form of perfectionism that also has positive aspects (cf. Stoeber & Childs, 2010).

Furthermore, the present findings confirm that it is important to consider multidimensional conceptions of perfectionism including personal and interpersonal aspects when regarding perfectionism's relationships with clinically relevant characteristics and processes (Hewitt, Flett, Besser, Sherry, & McGee, 2003). Moreover, the findings confirm views that perfectionism is a transdiagnostic characteristic playing a role across various disorders (Egan, Wade, & Shafran, 2011). However, when it comes to personality disorders, it is mainly the interpersonal aspects of perfectionism, particularly those indicated by socially prescribed perfectionism, that are transdiagnostic (cf. Ayearst et al., 2012). Finally, by showing that other-oriented perfectionism explained unique variance in the DSM-5 personality traits positively predicting the trait domain of antagonism and the trait facets defining narcissistic and antisocial PD, the present findings confirm that other-oriented perfectionism—which tends to be disregarded in the current debate over the clinical relevance of multidimensional perfectionism due to its ambivalent theoretical status (e.g., Enns & Cox, 2002; Stoeber & Otto, 2006)—is an important form of perfectionism that makes a unique contribution in explaining individual differences in normal and maladaptive personality characteristics (see also Stoeber, in press).

#### 4.2. Limitations and future studies

The present study has a number of limitations. First, some findings were not predicted and need to be replicated in future studies. In particular, the positive correlation between socially prescribed perfection and restricted affectivity was unexpected because socially prescribed perfectionism usually shows significant positive correlations with negative affect (Hewitt & Flett, 2004) and—if restricted affectivity is a reverse-scored indicator of negative affect (Krueger et al., 2012)—a negative correlation would have been expected. Second, the study used a university student sample that was predominantly female. Whereas previous research on the DSM-5 traits has used similar samples (e.g., De Fruyt et al., 2013), future studies need to investigate if the present findings replicate in student samples with a larger percentage of males, community samples, and clinical samples. Third, the present study examined multidimensional perfectionism following Hewitt and Flett's (1991) model. Although this is one of the most widely-used models in research on multidimensional perfectionism, there are other models (e.g., Frost, Marten, Lahart, & Rosenblate, 1990; Hill et al., 2004; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Whereas future studies may profit from extending the present research to these other models, it is important to note that Hill et al.'s (2004) is the only other model considering other-oriented perfectionism and, in the present study, other-oriented perfectionism was a unique positive predictor of antagonism and the traits defining narcissistic and antisocial PD.

#### 4.3. Conclusion

Despite these limitations, the findings from the present study—representing the first study examining the relationships of multidimensional perfectionism and the DSM-5 personality traits—make a significant contribution to our understanding of how personal and interpersonal aspects of perfectionism contribute to the maladaptive personality traits that play a key role in the dimensional assessment of personality disorders. Confirming the analyses of Ayearst and colleagues (2012), the present findings indicate that, like previous versions of the DSM, the



DSM-5's view on perfectionism is too narrowly focused on rigid perfectionism as a defining characteristic of obsessive-compulsive PD and ignores the role that other forms and aspects of perfectionism, particularly interpersonal aspects, play across the various personality disorders. Consequently, future updates of the DSM-5 personality disorder criteria may profit from going beyond rigid perfectionism and take multidimensional perfectionism into account.

#### Footnotes

<sup>1</sup>Means, standard deviations, and Cronbach's alphas of all variables are available upon request.

<sup>2</sup>In addition, this relationship may be inflated as four of the ten PID-5 items measuring rigid perfectionism contain the word "perfect" or "perfection."

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Table 1

*Self-Oriented (SOP), Other-Oriented (OOP), and Socially Prescribed Perfectionism (SPP): Bivariate and Semipartial Correlations With the DSM-5 Personality Traits*

DSM-5 personality traits	Section III PDs	Multiple regressions						
		Bivariate correlations			Semipartial correlations			
		SOP	OOP	SPP	SOP	OOP	SPP	R <sup>2</sup>
<b>Domains<sup>a</sup></b>								
Negative affect		.14**	.03	.44***	.00	-.13*	.43***	.21***
Detachment		.19**	.17**	.50***	-.03	.00	.45***	.25***
Antagonism		.13*	.39***	.21***	-.07	.34***	.10	.16***
Disinhibition		-.21***	.07	.22***	-.35***	.11*	.32***	.17***
Psychoticism		.00	.18*	.36***	-.20***	.11*	.36***	.17***
<b>Facets</b>								
<b>Negative affect</b>								
Anxiousness†	BPD, AVPD	.22***	.07	.51***	.04	-.13*	.48***	.28***
Emotional lability†	BPD	.10	.05	.28***	-.01	-.04	.27***	.08***
Separation insecurity†	BPD	.01	-.07	.26***	-.05	-.15**	.31***	.10***
Hostility	BPD, ASPD	.14*	.29***	.31***	-.06	.20***	.23***	.14***
Perseveration	OCPD	.16**	.14*	.47***	-.04	-.02	.44***	.22***
Restricted affectivity (R)	STPD, OCPD	.15*	.20***	.37***	-.04	.08	.31***	.14***
Submissiveness	—	.10	-.17**	.24***	.09	-.29***	.28***	.14***
<b>Detachment</b>								
Anhedonia†	AVPD	.08	.03	.46***	-.08	-.10*	.48***	.24***
Intimacy avoidance†	AVPD, OCPD	.14*	.16**	.32***	-.02	.05	.27***	.11***
Withdrawal†	AVPD, STPD	.23***	.21***	.47***	.02	.04	.39***	.22***

[Table 1 continued]

Suspiciousness	STPD	.17**	.25***	.53***	-.09	.09	.47***	.29***
Depressivity	BPD	.08	-.03	.52***	-.08	-.19***	.56***	.33***
Antagonism								
Callousness	ASPD	.04	.30***	.23***	-.15**	.27***	.17***	.13***
Deceitfulness†	ASPD	.04	.27***	.23***	-.14*	.23***	.18**	.11***
Manipulativeness†	ASPD	.14*	.40***	.18**	-.05	.36***	.06	.17***
Attention seeking	NPD	-.04	.18**	.08	-.14*	.20***	.07	.05***
Grandiosity†	NPD	.21***	.40***	.13*	.04	.34***	-.03	.16***
Disinhibition								
Irresponsibility†	ASPD	-.15*	.14*	.24***	-.31***	.16**	.29***	.16***
Impulsivity†	ASPD, BPD	-.21***	.10	.08	-.31***	.17**	.15**	.11***
Risk taking	ASPD, BPD	-.13*	.17**	.05	-.20***	.26***	.05	.08***
Rigid perfectionism (R)	OCPD	.64***	.31***	.42***	.48***	.01	.16***	.44***
Distractibility†	—	-.16**	-.01	.23***	-.27***	-.01	.32***	.13***
Psychoticism								
Eccentricity†	STPD	-.02	.14*	.29***	-.19***	.10	.31***	.12***
Perceptual dysregulation†	STPD	-.01	.14*	.37***	-.20***	.08	.39***	.17***
Unusual beliefs and experiences†	STPD	.07	.22***	.30***	-.11*	.15**	.26***	.12***

Note.  $N = 293$ . Multiple regressions with SOP, OOP, and SPP as predictors entered simultaneously.  $R^2 =$  % of variance in DSM-5 personality trait explained. † = facet contributing to the respective domain score (see Table Note a). (R) = facet for which lower scores (“lack of”) indicate higher domain scores: lack of restricted affectivity indicates negative affect, lack of rigid perfectionism indicates disinhibition. Section III PDs (DSM-5 Section III personality disorders): ASPD = antisocial PD, AVPD = avoidant PD, BPD = borderline PD, NPD = narcissistic PD, OCPD = obsessive-compulsive PD, STPD = schizotypal PD.

<sup>a</sup>Domain scores are the average of the three facets contributing primarily to the domain (Krueger et al., 2013): negative affect = mean(anxiousness, emotional lability, separation insecurity); detachment = mean(anhedonia, intimacy avoidance, withdrawal); antagonism = mean(deceitfulness, grandiosity, manipulateness); disinhibition = mean(distractibility, impulsivity, irresponsibility); psychoticism = mean(eccentricity, perceptual dysregulation, unusual beliefs and experiences).

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .