

Chapter 19

Self-oriented Perfectionism and Socially Prescribed Perfectionism Add Incrementally to the Prediction of Suicide Ideation Beyond Hopelessness: A Meta-Analysis of 15 Studies

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The worst death for anyone is to lose the centre of his being, the thing he really is.... Whether by choice or by fate, to retire from what you do—and makes you what you are—is to back up into the grave.

—Ernest Hemingway (Hotchner, 2004, p. 228).

Introduction

In 1954, Ernest Hemingway achieved his lifelong dream—the Nobel Prize for English literature. However, this prestigious award brought him little satisfaction. Seven years later, Hemingway attempted suicide and was admitted to a psychiatric hospital. But Hemingway’s psychiatric admission did little to assuage his suicidal thinking. On the contrary, Hemingway believed the electroshock therapy he received during his hospitalization had robbed him of his ability to write and as such the “centre of his being”. In his own words, in response to a friend trying to convince him that he still had much to live for, Hemingway said, “What does a man

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care for? Staying healthy. Working good. Eating and drinking with friends... I haven't any of them. Do you understand god damn it? None of them" (Rubinstein, 1988, p. 508). And on July 2nd, 1961, two days after being discharged, Hemingway woke up early, put on his red robe, and looked for the key to his hunting cabinet; his fourth wife, Mary Welsh, had hidden the key knowing his suicidal intent. Unfortunately, Hemingway found the key, unlocked his gun cabinet, loaded his favourite shotgun, placed the butt of the gun on the floor, put the cold steel inside his mouth, and then pulled the trigger.

What was it about this remarkably talented and accomplished man that caused his untimely suicide? Was it Hemingway's pervading sense of hopelessness? Hopelessness and suicide go hand in hand (Minkoff, Bergman, Beck, & Beck, 1973)—people beset by suicidal thoughts rarely, if ever, see their future as brimming with hope. In fact, Hemingway once mused that his life was "like being in a Kafka nightmare. I'm bone tired and very beat up emotionally" (Trogon, 2006, p. 273). Alternatively, over 20 years of research implicates perfectionism in suicide (Blatt, 1995; Flett, Hewitt, & Heisel, 2014; O'Connor, 2007). Might Hemingway's rigid need to meet his own and other's perfectionistic standards have contributed to his suicide? We aimed to answer such questions by meta-analysing research on perfectionism, hopelessness, and suicide ideation and testing if self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism predict suicide ideation beyond hopelessness.

What Is Perfectionism?

Hewitt and Flett (1991) conceptualized perfectionism as a multidimensional personality trait composed of three dimensions: self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionism characterizes striving rigidly for perfection and is a double-edged construct. On the one hand, self-oriented perfectionism is sometimes associated with positive characteristics such as conscientiousness (Stoeber, Corr, Smith, & Saklofske, in press) and trait emotional intelligence (Smith, Saklofske, & Yan, 2015a, b). On the other hand, self-oriented perfectionism places people at risk for longitudinal increases in depressive symptoms (Smith, Saklofske, Stoeber, & Sherry, 2016). In contrast, other-oriented perfectionism involves demanding perfection from others (Hewitt & Flett, 1991) and represents a dark form of perfectionism given its relationship with narcissism (Smith et al., 2016a) and other uncaring personality characteristics such as psychopathy (Flett, Hewitt, & Sherry, 2016a, b). Socially prescribed perfectionism characterizes a tendency to perceive others as demanding perfection (Hewitt & Flett, 1991) and consistently shows strong associations with indicators of psychological distress such as depression (Smith, Saklofske, Yan, & Sherry, in press; Smith et al., 2016b; see Flett & Hewitt, 2015 for a review).

To illustrate, consider a prototypical perfectionist—Ernest Hemingway. Hemingway experienced intense self-oriented perfectionism. "Good enough" was

not in Hemingway's repertoire. And as Yolem observed (1971, p. 481), "rather than expectations, he [Hemingway] forged a set of restrictive demands upon himself, a tyrannical and inexorable dialogue which pervaded all areas of his inner worlds".

Hemingway also experienced intense other-oriented perfectionism. He "saw in others those aspects he rejected in himself and often responded to the other person quite vitriolically" (Yalom, 1971). For instance, after learning that his friend, F. Scott Fitzgerald, had modified a short story for a magazine, Hemingway lamented "I had been shocked at this and I said I thought it was whoring...I said that I did not believe anyone could write anything except the very best he could" (Hemingway & Bruccoli, 1986). And when asked what he considered the best intellectual training for a would-be writer, Hemingway replied "Let's say that he should go out and hang himself because he finds that writing well is impossibly difficult. Then he should be cut down without mercy and forced by his own self to write as well as he can for the rest of his life" (Hemingway & Bruccoli, 1986).

Finally, Hemingway was plagued by socially prescribed perfectionism and perceived severe external pressures to be perfect. He "was so tormented by adverse criticism of his writing that only a foolhardy friend would dare offer anything resembling authentic appraisal" (Yalom, 1971, p. 488). For Hemingway, critics were vultures waiting to strike at the first sign of weakness—they were "men who watch a battle from a high place and then come down to shoot the survivors" (Hemingway & Bruccoli, 1986).

Conceptualizing Suicide Ideation

Suicide ideation involves suicidal thoughts, intents, threats, plans, and other non-physical actions (Kessler, Berglund, Borges, Nock, & Wang, 2005). Each year, approximately 8 million Americans report having suicidal thoughts and nearly 2 million Americans report making plans for suicide (Crosby, Gfroerer, Han, Ortega, & Parks, 2011). Given that suicidal ideations confer risk for completed suicide (Brown, Beck, Steer, & Grisham, 2000; Brown, Steer, Henriques, & Beck, 2005), suicide ideations are considered a major public health concern with wide-reaching consequences (Rudd, 1989).

Perfectionism, Hopelessness, and Suicide Ideation

Over 25 years of theory, case histories, and empirical research implicate perfectionism as a contributing factor in suicide (Baumeister, 1990; Blatt, 1995; Flett et al., 2014; Hassan, Flett, Ganguli, & Hewitt, 2014; Kiamanesh, Dyregrov, Haavind, & Dieserud, 2014; O'Connor, 2007). But, why do perfectionists think more about ending their lives than non-perfectionists? One possibility is hopelessness. Hopelessness—negative expectations concerning the self and the future

(Beck, Weissman, Lester, & Trexler, 1974)—shows consistent links with perfectionism (Flett et al., 2014). And in extreme forms, perfectionism fosters hopelessness due to a sense that perfect performance will only lead others to expect more (Hewitt & Flett, 1991; Flett et al., 2014).

Hopelessness also predicts suicide ideation across clinical (Beck, Steer, Kovacs, & Garrison, 1985; Young et al., 1996) and non-clinical populations (Young et al., 1996). Moreover, hopelessness is a stronger predictor of suicide relative to other established predictors such as depression (Salter & Platt, 1990). For instance, Beck et al. (1985) intensively studied a group of patients hospitalized for suicide ideation, but not for attempts, at the time of admission. During the preceding 10 years, Beck et al. (1985) found that 14 patients from their original sample completed suicide. And hopelessness, but not depression, predicted the eventual suicides.

Hopelessness also pervades Hemingway's work. Part of what makes Hemingway's suicide so troubling is that he lived out the hopeless decline he had foreseen since his early youth. In a semi-autobiographical short story written 25 years prior to his death—*The Snows of Kilimanjaro* (Hemingway, 1961)—Hemingway portrayed himself as the dying hero, Harry, whose success and wealth do little to console him as he is devoured by hyenas. Indeed, Harry bemoans that “He had destroyed his talent himself.... He had destroyed his talent by not using it...by drinking so much that he blunted the edge of his perceptions, by laziness, by sloth, and by snobbery, by pride and by prejudice, by hook and by crook” (Hemingway, 1961). Nevertheless, Hemingway's profound sense of hopelessness paints an incomplete picture of why perfectionists contemplate and sometimes act on suicide.

Perfectionism contains elements that bestow risk for suicide ideation that are neither redundant with, nor fully captured by, hopelessness. Specifically, perfectionists are their own worst critics. And perfectionists like Hemingway are often locked in an endless loop of self-defeating over-striving, in which each new task is yet another opportunity for disappointment. Perfectionists also engage in all-or-none thinking (DiBartolo, Frost, Chang, LaSota, & Grills, 2004; Dunkley & Grilo, 2007; Struman, Flett, Hewitt, & Rudolph, 2009). Things are perfect or imperfect, with no in-between. Consequently, perfectionists typically view setbacks, such as an inability to write, as major catastrophes, which in extreme circumstances are seen as warranting death (Blatt, 1995; Flett et al., 2014; Hewitt, Flett, Sherry, & Caelian, 2006; O'Connor, 2007).

In addition, the stress-diathesis model posits perfectionists are at risk for suicide due to their tendency to experience stressors as more ego-involving and distressing (Hewitt & Flett, 1993, 2002). Hemingway's increasing struggles to write—and to demonstrate his excellence—represented a major achievement stressor for him (Yalom, 1971). Finally, perfectionists like Hemingway struggle to partake in and benefit from stable interpersonal relationships. Indeed, Hemingway famously stated that “the only thing that can spoil a day is people, and if you can keep from making engagements, every day has no limits” (Hemingway & Bruccoli, 1986). And this profound sense of social disconnection often leaves perfectionists feeling isolated, alienated, alone, and suicidal (Flett et al., 2014; Hewitt et al., 2006; Sherry, Mackinnon, & Gautreau, 2015).

Advancing Research on the Incremental Validity of Perfectionism Beyond Hopelessness in the Prediction of Suicide Ideation

Given that hopelessness overlaps with both perfectionism (see Flett et al., 2014) and suicide ideation (Beck, Kovacs, & Weissman, 1979a, b), it is crucial that investigators test which, if any, forms of perfectionism (self-oriented, other-oriented, and socially prescribed perfectionism) explain unique variance in suicide ideation beyond hopelessness. The apparent relationship between perfectionism and suicide ideation may otherwise be merely a statistical artefact stemming from shared variance with the “third variable” of hopelessness.

We now have ample evidence that socially prescribed perfectionism adds incrementally to the prediction of suicide ideation beyond hopelessness (Dean & Range, 1996; Hewitt, Flett, & Weber, 1994; Hewitt et al., 2006). But, due to notable between study inconsistencies and underpowered studies, the explanatory power of other-oriented perfectionism and socially prescribed perfectionism beyond hopelessness remains unclear.

Some research reports other-oriented perfectionism is unrelated to suicide ideation (Hewitt et al., 2014); other research reports other-oriented perfectionism is negatively related to suicide ideation (Blankstein, Lumley, & Crawford, 2007; Hunter & O'Connor, 2003). Similarly, some research reports self-oriented perfectionism is unrelated to suicide ideation (Hewitt, Caelian, Chen, & Flett, 2014), some research suggests self-oriented perfectionism has a positive association with suicide ideation (Flamenbaum & Holden, 2007), and other research contends self-oriented perfectionism serves as a buffer against suicide ideation (Stoeber & Otto, 2006). Moreover, although certain research suggests self-oriented perfectionism predicts suicide ideation beyond hopelessness (Hewitt et al., 1994), this finding does not consistently replicate (e.g. Flamenbaum & Holden, 2007; Hewitt et al., 2014).

In addition, despite evidence correlations do not stabilize until $N \geq 250$ (Schönbrodt & Perugini, 2013), most studies on the incremental validity of self-oriented, other-oriented, and socially prescribed perfectionism, beyond hopelessness, in the prediction of suicide ideation are underpowered (see Table 19.1). Nevertheless, a meta-analytic synthesis of the extant research on perfectionism, hopelessness, and suicide ideation could overcome limitations of small sample sizes and allow an overall conclusion to be reached regarding self-oriented perfectionism's and other-oriented perfectionism's relationships with suicide ideation, after controlling for hopelessness (Borenstein, Hedges, Higgins, & Rothstein, 2009).

Table 19.1 Characteristics of studies included in the meta-analysis

	Sample					Measures			Suicide ideation
	N	Sample type	Mean age	Status	Design	Perfectionism	Hopelessness		
Caelian (2005)	55	Psychiatric ^a	15.5	Dissertation	Cross-sectional	CAPS-SOP CAPS-SPP	HSC	SIQ	
Chen (2012) women time 1	279	Community ^b	58.6	Dissertation	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	HS	SSI	
Chen (2012) men time 1	157	Community ^b	58.6	Dissertation	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	HS	SSI	
Chen (2012) women time 2	279	Community ^b	58.6	Dissertation	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	–	SSI	
Chen (2012) men time 2	157	Community ^b	58.6	Dissertation	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	–	SSI	
Dean and Range (1996)	168	University ^c	21.9	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SBQ	
Dean and Range (1999)	132	Psychiatric ^a	35.5	Article	Cross-sectional	MPS-SOP MPS-SPP	HS	SSI	
Dean and Range (1996)	114	University ^a	24.4	Article	Cross-sectional	MPS-SPP	HS	SSI	
Enns, Cox, Sareen and Freeman (2001) time 1	96	Medical ^d	25.1	Article	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	HS	SIQ	
Enns et al. (2001) time 2	58	Medical ^d	25.1	Article	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	HS	SIQ	

(continued)

Table 19.1 (continued)

		Sample				Measures			
	<i>N</i>	Sample type	Mean age	Status	Design	Perfectionism	Hopelessness	Suicide ideation	
Hewitt et al. (1992)	87	Psychiatric ^a	35.7	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	BDI-H	BDI-SI	
Hewitt et al. (1994) study 1	91	Psychiatric ^a	35.5	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SSI	
Hewitt et al. (1994) study 2	160	University ^c	21.7	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SSI	
Hewitt et al. (1997) women	33	Psychiatric ^a	15.4	Article	Cross-sectional	CAPS-SOP CAPS-SPP	HSC	SIQ	
Hewitt et al. (1997) men	33	Psychiatric ^a	15.4	Article	Cross-sectional	CAPS-SOP CAPS-SPP	HSC	SIQ	
Hewitt et al. (2014)	55	Psychiatric ^a	15.5	Article	Cross-sectional	CAPS-SOP CAPS-SPP	HSC	SIQ	
O'Connor et al. (2007a) sample 1	65	Psychiatric ^a	24.1	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SPS-SI	
O'Connor et al. (2007a) sample 2	61	Psychiatric ^a	24.1	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SPS-SI	
O'Connor et al. (2007b) study 2	151	University ^c	24.0	Article	Longitudinal	MPS-SOP MPS-OOP MPS-SPP	SPS-H	SPS-SI	
Rasmussen et al. (2008) sample 1	17	Psychiatric ^a	38.0	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SPS-SI	

(continued)

Table 19.1 (continued)

Sample		Measures					
N	Sample type	Mean age	Status	Design	Perfectionism	Hopelessness	Suicide ideation
23	Psychiatric ^a	38.0	Article	Cross-sectional	MPS-SOP MPS-OOP MPS-SPP	HS	SPS-SI
161	Psychiatric ^a	33.7	Article	Cross-sectional	MPS-SPP	BHS	SPS-SI
152	Psychiatric ^a	12.9	Article	Cross-sectional	CAPS-SOP CAPS-SPP	RSD-SH	intent ^e

N total number of participants, *status* publication status of the study, CAPS Flett et al. (2016a) child-adolescent perfectionism scale, MPS Hewitt and Flett's (1991) multidimensional perfectionism scale, SOP self-oriented perfectionism, OOP other-oriented perfectionism, SPP socially prescribed perfectionism, HSC Kazdin et al. (1986) hopelessness scale for children, SIQ Reynolds' (1987) suicidal ideation questionnaire, HS Beck et al. (1974) hopelessness scale, SSI Beck et al.'s (1988) scale for suicidal ideation, SBQ Linehan's (1981) suicidal behavior questionnaire, BDI-H Beck's (1967) depression inventory item-2 (hopelessness), BDI-SI Beck's (1967) depression inventory item-9 (suicidal intent), SPS-SI Cull and Gill's (1982) suicide probability scale suicide ideation subscale, SPS-H Cull and Gill's (1982) suicide probability scale hopelessness subscale, BHS Beck and Steer's (1988) Beck hopelessness scale, RSD-SH ratings of social disconnection: social hopelessness subscale (see Roxborough et al. 2012)

^aPsychiatric patients
^bCommunity adults
^cUniversity undergraduates
^dMedical students
^eParticipants asked "How likely is it that you will attempt suicide someday?"
 Source Authors

The Present Study

Are self-oriented, other-oriented, and socially prescribed perfectionism associated with suicide ideation beyond hopelessness? Do only certain perfectionism dimensions predict suicide ideation? We aimed to answer these contentiously debated questions by meta-analysing extant research on perfectionism, hopelessness, and suicide ideation.

Extensive research indicates perceived external pressures to be perfect confer risk for suicide ideation (e.g. Baumeister et al., 1990; Blatt, 1995; Flett et al., 2014; Hewitt et al., 2014; O'Connor, 2007). And evidence indicates socially prescribed perfectionism adds incrementally to the prediction of suicide ideation beyond hopelessness (Dean & Range, 1996; Hewitt et al., 1994; Hewitt et al., 2006). Building on prior research, we hypothesized that, after controlling for hopelessness, socially prescribed perfectionism's relationships with suicide ideation would remain significant. However, we considered our investigation into other-oriented perfectionism's and self-oriented perfectionism's relationships with suicide ideation, after controlling for hopelessness, to be exploratory, as this topic is largely unstudied.

Method

Selection of Studies

We conducted a rigorous literature search using PsycINFO, Medline, Web of Science, and Proquest Dissertations and Theses using the Boolean search terms "perfect*" and "suicide*". This search yielded 100 studies from PsycINFO, 122 studies from Medline, 226 studies from Web of Science, and 38 studies from ProQuest. Both the first and the second authors reviewed abstracts of all studies from this search, selecting studies meeting inclusion criteria. Studies were included that (a) contained data on trait perfectionism (Hewitt & Flett, 1991), hopelessness, and suicidal ideation. Included articles were also (b) in English and (c) reported an effect size, enough information for computing an effect size, or this information was obtained from a study author. Finally, included studies (d) were published journal articles or dissertations. This literature search resulted in 15 studies for inclusion. On 7 August 2016, we terminated search strategies and started data reduction and analysis.

Coding of Studies

The first and the second authors coded each study based on eight characteristics: sample size, sample type, design, year of publication, publication status, measure

used to assess perfectionism, measure used to assess hopelessness, and measure used to assess suicidal ideation.

Meta-Analytic Procedures

Meta-analysis, using random effects models, was conducted using comprehensive meta-analysis software (Borenstein, Hedges, Higgins, & Rothstein, 2005). We used random effect models, over fixed effect models, as the 15 included studies varied widely in design. We weighted mean effects by sample size following Hunter and Schmidt's (1990) recommendations. Furthermore, to test whether perfectionism is associated with suicide ideation, after controlling for hopelessness, we computed semi-partial correlations by imputing bivariate correlation matrices into Mplus (Muthén & Muthén, 2009).

Description of Studies

Our search yielded 15 studies and 20 samples containing relevant effect size data (see Table 19.1). The total number of participants pooled across samples was 2089. Included studies were made available between 1992 and 2014, with a median year of 2006. Relevant data was obtained from 13 journal articles and two dissertations. There were four university samples, 13 psychiatric samples, one sample of medical students, and two samples of community adults. Sample size varied between 17 and 229, with an average of 104.5 (SD = 65.7). The mean age of participants was 28.7 (SD = 13.1).

Measures

Perfectionism. Perfectionism was assessed using two measures: Hewitt and Flett's (1991) multidimensional perfectionism scale (MPS) and Flett et al.'s (2016a, b) child-adolescent perfectionism scale (CAPS).

Hopelessness. Hopelessness was assessed using six measures: Cull and Gill's (1982) suicide probability scale hopelessness subscale (SPS-H); Beck and Steer's (1988) Beck hopelessness scale (BHS); Beck et al. (1979a, b) Beck depression inventory hopelessness item (BDI-HS); Beck et al. (1974) hopelessness scale (HS);

Kazdin et al. (1986) hopelessness scale for children (HSC); and Roxborough et al. (2012) ratings of social disconnection social hopelessness scale (RDS-SH).

Suicide Ideation. Suicide ideation was assessed using five measures: Beck’s (1967) depression inventory item-9 (suicidal intent; BDI-SI); Beck, Steer, and Rainieri’s (1988) scale for suicidal ideation (SSI); Cull and Gill’s (1982) suicide probability scale suicidal ideation subscale (SPS-SI); Linehan’s (1981) suicidal behaviour questionnaire (SBQ); and Reynolds’ (1987) suicidal ideation questionnaire (SIQ) (Table 19.2).

Table 19.2 Relationships between perfectionism dimensions, hopelessness, and suicidality

	Covariate	Outcome	Self-oriented perfectionism		
			SOP, HOPE	HOPE, S	SOP, S
Caelian (2005)	HSC	SIQ	-.14	.70	.15
Chen (2012) men time 1	HS	SSI	.03	.36	.09
Chen (2012) women time 1	HS	SSI	.25	.57	.05
Dean and Range (1996)	HS	SBQ	.03	.31	.07
Dean and Range (1999)	HS	SSI	.10	.59	-.01
Enns et al. (2001) T1	HS	SIQ-time 1	.20	.09	.13
Enns et al. (2001) T2	HS	SIQ-time 2	.20	.13	.10
Hewitt et al. (1992)	BDI-H	BDI-SI	-.14	.46	.10
Hewitt et al. (1994) study 1	HS	SSI	.16	.64	.17
Hewitt et al. (1994) study 2	HS	SSI	-.05	.49	.22
Hewitt et al. (1997) men	HSC	SIQ	-.20	.53	-.03
Hewitt et al. (1997) women	HSC	SIQ	.37	.74	-.05
Hewitt et al. (2014)	HSC	SIQ	-.14	.70	.15
O’Connor et al. (2007a) sample 1	BHS	SPS-SI	.03	.50	.07
O’Connor et al. (2007a) sample 2	BHS	SPS-SI	-.24	.48	.05
O’Connor et al. (2007b) study 2	SPS-H	SPS-SI	.25	.67	.11
Rasmussen et al. (2008) sample 1	BHS	SPS-SI	.03	.08	.38
Rasmussen et al. (2008) sample 2	BHS	SPS-SI	-.03	.75	.12
Roxborough et al. (2012)	RSD-SH	SPS-SI	.08	.34	.10
	Covariate	Outcome	Other-oriented perfectionism		
			OOP, HOPE	HOPE, S	OOP, S
Chen (2012) men time 1	BHS	SSI	.04	.36	.10
Chen (2012) women time 1	BHS	SSI	.08	.59	-.09
Dean and Range (1996)	HS	SBQ	.03	.31	-.03
Enns et al. (2001) T1	HS	SIQ-time 1	-.07	.13	.10
Enns et al. (2001) T2	HS	SIQ-time 2	-.07	.15	.03
Hewitt et al. (1992)	BDI-H	BDI-SI	-.13	.43	-.14
Hewitt et al. (1994) study 1	HS	SSI	-.08	.68	.15

(continued)

Table 19.2 (continued)

	Covariate	Outcome	Other-oriented perfectionism		
			OOP, HOPE	HOPE, S	OOP, S
Hewitt et al. (1994) study 2	HS	SSI	.02	.48	.22
O'Connor et al. (2007a) sample 1	BHS	SPS-SI	-.01	.50	.04
O'Connor et al. (2007a) sample 2	BHS	SPS-SI	-.03	.47	-.12
O'Connor et al. (2007b) study 2	SPS-H	SPS-SI	.16	.69	.07
Rasmussen et al. (2008) sample 1	BHS	SPS-SI	.28	.06	.09
Rasmussen et al. (2008) sample 2	BHS	SPS-SI	-.07	.74	-.13
	Covariate	Outcome	Socially prescribed perfectionism		
			SPP, HOPE	HOPE, S	SPP, S
Caelian (2005)	HSC	SIQ	.11	.67	.12
Chen (2012) men	BHS	SSI	.29	.33	.10
Chen (2012) women	BHS	SSI	.41	.54	.09
Dean and Range (1996)	HS	SBQ	.32	.27	.14
Dean and Range (1999)	HS	SSI	.48	.63	-.08
Dean and Range (1996)	HS	SSI	.45	.73	.21
Enns et al. (2001) T1	HS	SIQ-time 1	.21	.06	.30
Enns et al. (2001) T2	HS	SIQ-time 2	.21	.08	.35
Hewitt et al. (1992)	BDI-H	BDI-SI	.17	.40	.31
Hewitt et al. (1994) study 1	HS	SSI	.35	.65	.05
Hewitt et al. (1994) study 2	HS	SSI	.28	.42	.23
Hewitt et al. (1997) men	HSC	SIQ	.27	.42	.40
Hewitt et al. (1997) women	HSC	SIQ	.56	.74	-.03
Hewitt et al. (2014)	HSC	SIQ	.11	.67	.11
O'Connor et al. (2007a) sample 1	BHS	SPS-SI	.43	.51	-.01
O'Connor et al. (2007a) sample 2	BHS	SPS-SI	.32	.43	.12
O'Connor et al. (2007b) study 2	SPS-H	SPS-SI	.36	.64	.16
Rasmussen et al. (2008) sample 1	BHS	SPS-SI	.02	.09	.08
Rasmussen et al. (2008) sample 2	BHS	SPS-SI	.10	.73	.17
Rasmussen et al. (2012)	BHS	Intent ^a	.16	.61	.21
Roxborough et al. (2012)	RSD-SH	SPS-SI	.27	.33	.09

SOP self-oriented perfectionism, *OOP* other-oriented perfectionism, *SPP* socially prescribed perfectionism, *HOPE* hopelessness, *S* suicide ideation, *HSC* Kazdin et al.'s (1986) hopelessness scale for children, *SIQ* Reynolds' (1987) suicidal ideation questionnaire, *HS* Beck et al.'s (1974) hopelessness scale, *SSI* Beck et al.'s (1988) scale for suicidal ideation, *SBQ* Linehan's (1981) suicidal behavior questionnaire, *BDI-H* Beck's (1967) depression inventory item-2 (hopelessness), *BDI-SI* Beck's (1967) depression inventory item-9 (suicidal intent), *SPS-H* Cull and Gill's (1982) suicide probability scale hopelessness subscale, *SPS-SI* Cull and Gill's (1982) suicide probability scale suicide ideation subscale, *BHS* Beck and Steer's (1988) Beck hopelessness scale, *RSD-SH* ratings of social disconnection social hopelessness (see Roxborough et al. 2012)

^aParticipants asked "How likely is it that you will attempt suicide someday?"

Source Authors

Results

Overall Effect Sizes

Weighted mean effect sizes between perfectionism dimensions and suicidal ideation, after controlling for hopelessness, are in Table 19.3. Following Cohen’s (1992) guidelines for small, medium, and large effects ($r = 0.10, 0.30, 0.50$, respectively), self-oriented and socially prescribed perfectionism had small positive relationships with suicide ideation, after controlling for hopelessness. Other-oriented perfectionism’s relationship with suicide ideation, after controlling for hopelessness, was non-significant. Results suggest self-oriented and socially prescribed perfectionism are neither redundant with, nor fully captured by, hopelessness.

Discussion

Although the incremental validity of socially prescribed perfectionism beyond hopelessness in the prediction of suicide ideation is clear (Dean & Range, 1996; Hewitt et al., 1994, 2006), the explanatory power of self-oriented and other-oriented perfectionism in the prediction of suicide ideation beyond hopelessness is unclear. Our chapter addressed these important gaps in knowledge by meta-analysing self-oriented perfectionism’s, other-oriented perfectionism’s, and socially prescribed

Table 19.3 Summary of effect sizes for the relationship between perfectionism dimensions, hopelessness, and suicidal ideation

Variable	<i>k</i>	<i>N</i>	r^+	95% CI	Q_T	I^2 (%)
Self-oriented perfectionism						
$r^{SOP, HOPE}$	19	1873	0.08*	[0.01, 0.14]	36.24***	50.32
$r^{HOPE, SI}$	19	1873	0.50***	[0.42, 0.58]	89.05	79.79
$r^{SOP, SI}$	19	1873	0.10***	[0.05, 0.14]	8.26	0.00
Other-oriented perfectionism						
$r^{OOP, HOPE}$	13	1413	0.04	[-0.01, 0.09]	8.00	0.00
$r^{HOPE, SI}$	13	1413	0.46***	[0.35, 0.56]	66.16	81.85
$r^{OOP, SI}$	13	1413	0.05	[-0.01, 0.11]	15.85	24.30
Socially prescribed perfectionism						
$r^{SPP, HOPE}$	21	2148	0.31***	[0.25, 0.36]	31.68*	36.87
$r^{HOPE, SI}$	21	2148	0.50***	[0.42, 0.59]	118.04	83.06
$r^{SPP, SI}$	21	2148	0.15***	[0.10, 0.19]	24.17	17.26

k number of studies, *N* total number of participants in the *k* samples, r^+ weighted mean *r*, *CI* confidence interval, Q_T measure of heterogeneity of effect sizes, I^2 percentage of heterogeneity, *HOPE* hopelessness, *SI* suicide ideation, *SOP* self-oriented perfectionism, *OOP* other-oriented perfectionism, *SPP* socially prescribed perfectionism

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Source Authors

perfectionism's relationships with suicide ideation, after controlling for hopelessness. Findings derived from 15 studies with 20 samples involving 2089 participants revealed that, after controlling for hopelessness, both self-oriented and socially prescribed perfectionism displayed small, positive relationships with suicide ideation. In contrast, other-oriented perfectionism's relationship with suicide ideation, after controlling for hopelessness, was non-significant.

Self-Oriented Perfectionism

Does rigidly and harshly demanding perfection of the self protect against suicide ideation, as some authors suggest (Stoeber & Otto, 2006)? We clearly answer “no” to this question. Our findings are incongruent with conceptualizations of self-oriented perfectionism as a “resiliency” factor that buffers against suicide ideation. On the contrary, our findings corroborate research suggesting there is little about self-oriented perfectionism that is healthy, adaptive, positive, or advisable (Blasberg, Hewitt, Flett, Sherry, & Chen, 2016; Greenspon, 2000; Sherry, Hewitt, Sherry, Flett, & Graham, 2010; Smith et al., 2016b). Infact, we now have a large body of evidence suggesting people high on self-oriented perfectionism think more about suicide and are at risk for depressive symptoms (Smith et al., 2016b), eating disorders (Castro-Fornieles et al., 2007), poor health (Molnar, Flett, Sadava, & Colautti, 2012), and early mortality (Fry & Debats, 2009).

What is it about self-oriented perfectionism that makes people want to die? Striving for perfection is a means without an end (Greenspon, 2000). Self-oriented perfectionists invest so heavily in being perfect that they lose sight of why they were striving to be perfect in the first place (e.g. to garner the love, approval, and admiration of others). Self-oriented perfectionist's self-worth is also shaky (DiBartolo et al., 2004; Dunkley & Grilo, 2007; Sturman et al., 2009)—self-oriented perfectionists are only satisfied when everything in their lives suggests they are perfect; when life events inevitably suggest they are not perfect, suicide ideation follows.

Perfection is also elusive. And self-oriented perfectionists perceive a high frequency of failures and a low frequency of successes (Flett et al., 2014). Moreover, as Yalom (1971) sagely noted, “when the idealized image is severe and unattainable...tragic consequences follow: the individual cannot in real life approximate the superhuman scope of the idealized image, reality eventually intrudes, and he realizes a discrepancy between what he wants to be and what he is”. And perceiving a discrepancy between the actual self and the ideal self is unpleasant and can lead to consideration of suicide as a means of escaping aversive self-awareness (Baumeister, 1990). Additionally, perfection is in the eye of the beholder. What one person considers perfect, another considers riddled with flaws. As such, striving for perfection sets people up for failure as it is rarely clear whether one's performance is perfect or imperfect.

Striving for perfection also puts self-oriented perfectionists in no-win situations. Specifically, self-oriented perfectionists believe they are either acceptable or worthless. Thus, if such people fall short of their own lofty goals, then they have failed; but if they manage to meet their goals, they experience no satisfaction as they have merely done what they expected (Burns, 1980). Moreover, as per the stress-diathesis model (Hewitt & Flett, 1993), self-oriented perfectionists are at an increased risk for suicide ideation due to a tendency to experience achievement-related stressors (e.g. an inability to write) as more ego-involving and distressing (Békés et al., 2015; Hewitt & Flett, 2002).

Given our findings that self-oriented perfectionism predicts suicide ideation beyond hopelessness, and given evidence that suicide ideation predicts suicide completion (Brown et al., 2000, 2005), we strongly encourage researchers and clinicians to cease the improper, and possibly lethal, mislabelling of self-oriented perfectionism as “adaptive” (e.g. Slaney, Rice, Mobley, Trippi, & Ashby, 2001; Stoeber & Otto, 2006). Failure to heed this recommendation could lead seriously distressed self-oriented perfectionists to slip through the cracks (see Flett & Hewitt, 2013). Self-oriented perfectionists are fixated on maintaining an image of invulnerability (Hewitt et al., 2003) and often hide their distress from others, as disclosing it would be an open admission of failure (Flett & Hewitt, 2013). Hence, self-oriented perfectionists sometimes conceal suicide ideations from others and kill themselves seemingly without warning (Flett et al., 2014).

Other-Oriented Perfectionism

As in prior studies (e.g. Hewitt et al., 2014), other-oriented perfectionism’s relation with suicide ideation was non-significant. Thus, although other-oriented perfectionists elicit distress in other people (Nealis, Sherry, Sherry, Stewart, & Macneil, 2015), other-oriented perfectionists themselves do not appear to suffer greater suicide ideation. One possible explanation for this finding is that other-oriented perfectionist’s tendency to externalize blame and distress may act as a buffer against suicide ideation (Blankstein et al., 2007; Hunter & O’Connor, 2003). Alternatively, building on research supporting a link between other-oriented perfectionism and narcissism (Smith et al., 2016b), rather than elevated suicide ideation, other-oriented perfectionists may have elevated homicidal ideation (Flett et al., 2016).

Socially Prescribed Perfectionism

As hypothesized, and in line with prior research (Dean & Range, 1996, 1994; Hewitt et al., 2006), findings revealed socially prescribed perfectionism added incrementally to understanding suicide ideation beyond hopelessness. As earlier research

suggests, people with high socially prescribed perfectionism think, feel, relate, and behave in ways that engender suicide ideation. Specifically, black-and-white thinking causes socially prescribed perfectionists to interpret failures as monumental catastrophes that, in extreme circumstances, are seen as warranting death (Blatt, 1995; Flett et al., 2014; Hewitt et al., 2006). As well, socially prescribed perfectionists agonize over perceived failures, as they view their social world as pressure-filled, judgemental, and unyielding (Smith et al., 2016b).

Socially prescribed perfectionism also leads to suicide ideation by predisposing a subjective sense of disappointing others. And, in accordance with the stress-diathesis model (Hewitt & Flett 1993, 2002), socially prescribed perfectionists are prone to suicide ideation due to a tendency to perceive interpersonal stressors (e.g. romantic break-ups) as more ego-involving and distressing (Hewitt & Flett, 2002). Similarly, according to the social disconnection model of suicide, socially prescribed perfectionists struggle to benefit from and partake in stable, harmonious, and meaningful interpersonal relationships (Hewitt et al., 2006; Sherry et al., 2015). And this profound sense of social disconnection leaves many socially prescribed perfectionists feeling isolated, alienated, and suicidal.

Limitations of the Overall Literature

Summarizing limitations within the existing literature points towards areas requiring explication, thereby providing direction to advance the field of study. We found most research on perfectionism, hopelessness, and suicide ideation is cross-sectional. This is problematic, as cross-sectional designs are unable to address directionality. Consequently, although results indicate self-oriented and socially prescribed perfectionism are associated with suicide ideation beyond hopelessness, there remains much to be learned. For instance, are self-oriented and socially prescribed perfectionism an antecedent of suicide ideation, a consequence of suicide ideation, or both? Additionally, all included studies used mono-source designs. Mono-source designs are problematic when studying personality traits such as perfectionism that can involve self-presentational biases (Sherry, Nealis, Macneil, Stewart, Sherry, & Smith, 2013). Thus, future research could advance this literature by moving beyond reliance on cross-sectional designs and augmenting self-reports with informant reports.

Limitations of the Present Study

Limitations in the existing literature on perfectionism, hopelessness, and suicide ideation translate into limitations in the present study. Included studies were composed primarily of Caucasian samples from Canada, the USA, and the UK. Accordingly, our results may have limited generalizability to more ethnically

diverse samples. In addition, future research should investigate the incremental validity of perfectionism beyond hopelessness and other established predictors of suicide ideation, such as depression. As well, although there was sufficient research to investigate the extent to which perfectionism dimensions predict suicide ideation beyond hopelessness, there was insufficient research to evaluate the extent to which perfectionism dimensions predict suicide attempts beyond hopelessness. Furthermore, we studied perfectionism as conceptualized by Hewitt and Flett (1991). Future research might consider investigating the extent to which our findings replicate using alternative measures of perfectionism, such as Smith, Saklofske, Stoeber, and Sherry's (2016) Big Three Perfectionism Scale. Finally, future research should incorporate the present findings into an integrative model that explains how and why perfectionism combines with other constructs (e.g. hopelessness) to predict suicide ideation.

Concluding Remarks

Our meta-analysis of 15 studies (involving 20 samples and 2089 participants) represents the most stringent test of the perfectionism–suicide ideation link to date. Findings add substantially to the perfectionism literature by demonstrating that self-oriented perfectionism's and socially prescribed perfectionism's relationships with suicide ideation are not merely due to overlap with hopelessness. Consequently, our results build upon, extend, and lend credence to case histories and theoretical accounts suggesting perceived internal and external pressures to be perfect make people want to die.

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Note: Studies marked with an asterisk were included in the present meta-analysis

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