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Abstract

Extending prior research on perfectionism and religiosity, the current study investigated their relation among Latter-day Saints (LDS)—also known as Mormons—through a sequential mixed-methods design. An online community sample of 194 LDS members completed the Religiousness Measure–Revised and the Hewitt Multidimensional Perfectionism Scale. Subsequently, six of these participants were interviewed in a qualitative pilot study to further explore how perfectionism manifests among Mormons. Quantitative results indicated significantly greater self-oriented perfectionism compared to other-oriented and socially prescribed perfectionism. Quantitative results also demonstrated significant

positive correlations between religiosity and perfectionism but only for self- and other-oriented perfectionism. Qualitative content analysis indicated further how dimensions of perfectionism manifest in an LDS context. Implications for culturally competent practice and future research are discussed.

Perfection does not exist; to understand it is the triumph of human intelligence; to expect to possess it is the most dangerous kind of madness.

—Alfred de Musset

Be ye therefore perfect, even as your Father which is in heaven is perfect.

—Matthew 5:48

As the United States increasingly diversifies, an unmet cultural demand exists for religiously competent mental health clinicians, as few receive the training necessary to handle religious issues appropriately (Allen & Wang, 2014; Bergin, 1991; Richards & Bergin, 1997). Notwithstanding myriad psychological studies with sundry religious-cultural populations (e.g., Abdel-Khalek, 2011; Cervantes & Parham, 2005; Jackson & Bergeman, 2011; Yeh, Arora, & Wu, 2006; Yeh, Inman, Kim, & Okubo, 2006), little research has been done with Mormon participants (Allen & Wang, 2014).

Mormons, or members of The Church of Jesus Christ of Latter-day Saints (LDS), were first organized in 1830 in New York but were displaced repeatedly due to persecution before settling in Utah in 1847 (Barrett, 1973). Now, Mormons number over 15.8 million worldwide (The Church of Jesus Christ of Latter-day Saints, 2017). With more than 6.5 million members located in the United States, Mormons are the country's fourth-largest religious denomination (Association of Religion Data Archives, 2010; Gallup, 2014).

A key Christian doctrine is Jesus's admonition to "be ye therefore perfect" (Matthew 5:48). Echoed in LDS canon (e.g., "Come unto Christ, and be perfected in him" [Moroni 10:32]), this emphasis on perfection—and Mormons' rigorous standards involving diet, dress, speech, sexual activity, tithing, and service—has led some researchers to recently explore how perfectionism and its sequelae manifest uniquely

among LDS members (Allen & Wang, 2014; Crosby, Bates, & Twohig, 2011; Rasmussen, Yamawaki, Moses, Powell, & Bastian, 2012).

Perfectionism

Although various definitions of perfectionism have been posited, most include (a) impossible or unrealistically high standards, (b) rigid or compulsive pursuit of these standards, and (c) self-worth measured chiefly by the degree to which these standards are attained (Burns, 1980; Shafran & Mansell, 2001). Given these attributions, traditional views of perfectionism have been unsurprisingly negative (Barrow & Moore, 1983; Burns, 1980). Yet, more recent studies with diverse cultures suggest that perfectionism is multifactorial, culturally variant, and related to salient transdiagnostic psychological trajectories, both adaptive and maladaptive (Grzegorek, Slaney, Franze, & Rice, 2004; Rice & Slaney, 2002; Slaney & Ashby, 1996; Stoeber & Otto, 2006; Wang, 2010).

Regarding perfectionism's multidimensionality, Hewitt and Flett (1990) described three orientations: self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism involves setting high *personal* standards (e.g., a young violinist sets a goal to perform a new song without missing any notes). Other-oriented perfectionism entails setting high standards for *others* (e.g., a conductor expects his or her orchestra to perform a composition without error). Finally, socially prescribed perfectionism involves perceiving expectations, imagined or veridical, placed on a person *by* others (e.g., a young violinist feels pressured by family to perform flawlessly). In other words, perfectionistic standards can have internal or external loci and targets (see Figure 1 for a visual representation of this 2 x 2 conceptual framework).

Research suggests that these perfectionistic orientations significantly and differentially affect

		Locus of Perfectionistic Standards	
		Internal	External
Target of Perfectionistic Standards	Internal	Self-Oriented Perfectionism	Socially Prescribed Perfectionism
	External	Other-Oriented Perfectionism	

Figure 1. Conceptual 2 x 2 matrix of the Hewitt Multidimensional Perfectionism Scale (adapted from Smyth, 2001).

psychological adjustment. Namely, self- and other-oriented perfectionism inconsistently correlate with measures of maladjustment (see Smyth, 2001) but positively relate to several aspects of adjustment, including social skills (Flett, Hewitt, & De Rosa, 1996), conscientiousness (Hill, McIntire, & Bacharach, 1997), positive affect (Frost, Lahart, & Rosenblate, 1991), and self-esteem (Flett, Hewitt, Blankstein, & O'Brien, 1991). In contrast, socially prescribed perfectionism is consistently and strongly linked to (a) diminished adjustment, such as lower self-actualization and self-esteem (Flett, Hewitt, Blankstein, & Mosher, 1991; Flett, Hewitt, Blankstein, & O'Brien, 1991), and (b) greater maladjustment, including neuroticism (Hill et al., 1997), procrastination (Flett, Blankstein, Hewitt, & Koledin, 1992), eating disorders (Hewitt, Flett, & Ediger, 1995), depression (Flett et al., 1991; Hewitt, Flett, & Ediger, 1996), anxiety (Hewitt & Flett, 1991), personality disorders (Hewitt & Flett, 1991; Hewitt, Flett, & Turnbull, 1992, 1994), and suicidal ideation (Dean & Range, 1996; Hewitt, Flett, & Weber, 1994).

Despite such findings, most research focuses on a two-factor framework of adaptive and maladaptive perfectionism (e.g., Kim, Chen, MacCann, Karlov, & Kleitman, 2015; Rice & Slaney, 2002; Stoeber & Otto, 2006). Contrary to the historical view that all perfectionism is negative, adaptive perfectionism involves striving to attain high standards but without the intense shame, guilt, and stress that often occur in cases of maladaptive perfectionism when those standards are unmet (Kim et al., 2015; Moate, Gnilka, West, & Bruns, 2016; Ozbilir, Day, & Catano, 2015). True to its name, adaptive perfectionism is associated with positive psychological adjustment and resilience (e.g., life satisfaction, self-esteem, and less anxiety and depression; Ozbilir et al., 2015; Rice & Slaney, 2002).

In contrast, maladaptive perfectionism involves a compulsive pursuit of rigid, unrealistic standards that, when unmet, results in significant guilt, self-criticism, and shame (Ashby, Rice, & Martin, 2006; Fedewa, Burns, & Gomez, 2005; Mandel, Dunkley, & Moroz, 2015; Moroz & Dunkley, 2015; Tangney, 2002). Also, maladaptive perfectionists often procrastinate for fear of failure or rejection and rarely feel like they measure up to their own and/ or socially-prescribed standards (Conroy, Kaye, & Fifer, 2007; Ozer, O'Callaghan, Bokszczanin, Ederer, & Essau, 2014; Sagar & Stoeber, 2009). They also tend to project their standards upon others—and then criticize or look down upon those who inevitably fail (Dickinson & Ashby, 2005; Flett, Besser, & Hewitt, 2005). Maladaptive perfectionism has been called a "transdiagnostic process" (Egan, Wade, & Shafran, 2012) because it contributes to many psychological disorders, including depression (Erozkan, Karakas, Ata, & Ayberk, 2011; Grzegorek et al., 2004; Hawley, Ho, Zuroff, & Blatt, 2006; Hewitt et al., 1996), anxiety (Handley, Egan, Kane, & Rees, 2014; Juster et al., 1996; Nepon, Flett, Hewitt, & Molnar, 2011), eating disorders (Egan et al., 2013; Minarik & Ahrens, 1996; Reilly, Stey, & Lapsely, 2016), suicidality (Hamilton & Schweitzer, 2000; Hewitt, Newton, Flett, & Callander, 1997; Slosar, 1999), personality disorders (Hewitt et al., 1992, 1994), sexual

disorders, and obsessive-compulsions (Clavin, Clavin, Gayton, & Broida, 1996; Flett, Hewitt, & Dyck, 1989; Rheaume, Freeston, Dugas, Letarte, & Ladouceur, 1995). Thus, several researchers have recommended targeting maladaptive perfectionism in prevention and treatment (Barrow & Moore, 1983; Egan et al., 2013; Fairweather-Schmidt & Wade, 2015; Riley, Lee, Cooper, Fairburn, & Shafran, 2007).

Most researchers concur that familial relations strongly foster or moderate perfectionism (Flett, Hewitt, Oliver, & Macdonald, 2002; Frost et al., 1991; Shafran & Mansell, 2001). Specifically, parenting that provides little warmth and psychological autonomy may engender maladaptive perfectionism (Chang et al., 2015; Craddock, Church, Harrison, & Sands, 2010; Reilly et al., 2016). Familial relations, roles, and expectations might be particularly salient among minority groups, as African American and Asian American youth generally endorse greater perfectionism—and particularly socially prescribed perfectionism—than their Euro-American peers (Castro & Rice, 2003; Nilsson, Paul, Lupini, & Tatem, 1999).

Although most developmental research on perfectionism has focused on familial factors in childhood, other studies suggest that perfectionism typically decreases during adulthood. For example, Chang (2000) studied differences and similarities of perfectionism between 270 younger adults (M age = 20) and 256 older adults (M age = 46.99). Results indicated that younger adults, on average, were significantly more perfectionistic than older adults—although both age groups experienced equitable perfectionism-related negative outcomes. Similarly, Landa and Bybee (2007) found that younger, current sorority members (M age = 19.85) reported greater perfectionism than older alumnae counterparts (M age = 33.74). More recently, with samples of 107 university students and 289 internet users, Stoeber and Stoeber (2009) found that older ages were consistently related to lower self-oriented and socially prescribed perfectionism. Indeed, the lowest reported levels of self-oriented, other-oriented, and socially prescribed perfectionism have been the oldest-aged samples (M ages > 50; Corrigan, 1997; Kennedy, 1999). Collectively, these findings—despite their correlational, nonlongitudinal nature—imply that perfectionism may wax in early adulthood and then wane with greater age.

In addition to age, religiosity—particularly when tied to orthodox or fundamental ideologies—may keenly affect the development and manifestation of perfectionism (e.g., Bergin, Stinchfield, Gaskin, Masters, & Sullivan, 1988; Helm, Berecz, & Nelson, 2001; Kennedy, 1999; Koltko, 1990). For example, many Christians equate perfection with sinlessness and thereby "set themselves up for failure" since absolute sinlessness is practically, if not doctrinally, impossible (Heise & Steitz, 1991). Similarly, Sorotzkin (1998) posited that "religions . . . that emphasize performance and behavior over belief and attitude" may promote two risk factors for maladaptive perfectionism: excessively critical caregiving and extrinsic versus intrinsic religiosity (Chang et al., 2015; Craddock et al., 2010; Reilly et al., 2016). Yet, religion also may help cultivate adaptive perfectionism by offering high standards and stability (Abdel-Khalek, 2011; Allen & Heppner, 2011; Bergin et al., 1988; Jackson & Bergeman, 2011; Yeh, Arora, et al., 2006; Yeh, Inman, et al., 2006). Indeed, prior research suggests that intrinsic religiosity predicts adaptive perfectionism (Ashby & Huffman, 1999; Steffen, 2014). Thus, the exact relation between religiosity and perfectionism appears highly nuanced—and, given the paucity of research on LDS samples, its manifestation among Mormons remains less understood.

Latter-day Saints and Perfectionism

Notwithstanding this relative lack of examination, an emerging consensus suggests that religious perfectionism is particularly prevalent among Mormons (Crosby et al., 2011; Doty, Lindemann, & Hirsche, 2013; Draper, McGraw, & Sturtevant, 2015; Rasmussen et al., 2012; Richards, Owen, & Stein, 1993; Sanders et al., 2015). For example, Allen and Wang (2014) posited that the majority of college-age Mormons might be perfectionists, since in a sample of 267 primarily college-aged LDS participants, 77% qualified as perfectionists. Notwithstanding this problematic generalization (as most Mormons are not young adults living in a highly concentrated, faith-based LDS community in

the southwestern United States), most of the study's identified perfectionists were adaptive (61%) rather than maladaptive perfectionists (39%). Notably, the former reported significantly more intrapersonal and interpersonal religiosity (i.e., cognitive and behavioral religious commitment, respectively) compared to nonperfectionistic peers. These adaptive perfectionists also reported significantly less anxiety and depression and significantly higher self-esteem and satisfaction than both maladaptive perfectionists and nonperfectionists in the sample. Furthermore, high levels of maladaptive perfectionism predicted more severe anxiety and depression, even when controlling for religiosity and age—the latter of which negatively correlated with maladaptive perfectionism and religiosity (i.e., scrupulosity).

Other studies with LDS participants have also found significant relations among perfectionism, religiosity, and mental health. For instance, Sanders et al. (2015), with a sample of 898 students attending a LDS university, provided evidence that the type of religiosity (i.e., intrinsic or extrinsic) rather than perfectionism may relate to greater well-being, because higher intrinsic religiosity significantly predicted better psychological adjustment (e.g., greater self-esteem and less anxiety, depression, and obsessive-compulsiveness) rather than perfectionism. Using a similar if smaller sample of LDS college students, Crosby et al. (2011) found that adaptive and maladaptive perfectionism respectively predicted intrinsic and extrinsic religiosity among Mormons. Also, their results indicated that psychological rigidity or inflexibility might mediate the relation between maladaptive or extrinsic religiosity and maladaptive perfectionism. More recently, Allen, Wang, and Stokes (2015) found that caregivers' maladaptive perfectionism moderated the positive correlation between LDS college students' scrupulosity (i.e., excessive fear of sinning or morally transgressing) and shame.

More germane to counseling, Rasmussen et al. (2012) sampled LDS college students to test the relations among (a) intrinsic and extrinsic religiosity, (b) adaptive and maladaptive perfectionism, and (c) attitudes towards seeking mental health services. Their results indicated that higher levels of perfectionism predicted worse attitudes towards mental health services. At the same time, intrinsic religiosity positively predicted adaptive perfectionism and help-seeking—but only from religious, nonsecular services. In other words, these findings suggest that Mormons who most need psychological aid (i.e., maladaptive perfectionists with high extrinsic religiosity) may be the least likely to seek mental health services.

Even when LDS clients do obtain professional counseling, maladaptive, religiously embedded perfectionism reportedly drives and aggravates many of their presenting problems, including anxiety, depression, obsessive-compulsions, and self-injury (Doty et al., 2013; Draper et al., 2015; Richards et al., 1993). Attempting to target this transdiagnostic problem, Richards et al. (1993) conducted a pilot study of LDS religiously-themed imagery, discussions, and bibliotherapy (e.g., sermons by Mormon church leaders with themes of acceptance and grace) in a group of 21 LDS clients struggling with perfectionism. Quantitative pre-post intervention results indicated that treatment participants had significant improvements in depression, perfectionism, self-esteem, and overall well-being. Informal, subjective post-treatment evaluations provided by participants also supported treatment acceptability and efficacy. Although this study lacked experimental control and intent-to-treat analyses, these results still offer preliminary evidence that Mormons with maladaptive perfectionism and its theorized sequelae can be treated successfully with religiously and culturally tailored counseling.

However, salient issues remain unanswered. First, the above studies (save for Allen et al., 2015) exclusively sampled young college students, making generalizability to other Mormons in the United States (much less other countries) unlikely—especially given prior evidence that perfectionism may decrease in adulthood (e.g., Allen & Wang, 2014; Chang, 2000; Landa & Bybee, 2007; Stoeber & Stoeber, 2009). Second, no known study has yet examined self-oriented, other-oriented, and socially prescribed perfectionism and their relations to religiosity in Mormons. Such a study may help clarify the extent to which LDS perfectionistic standards and their targets are primarily external or internal in nature and the degree to which religiosity is related to said internality or externality. Third, all known research

on LDS perfectionism has used solely quantitative methods. Given the unique benefits of qualitative research methods (e.g., richer, more holistic, and more flexible analysis of both anticipated and unanticipated themes; Anderson, 2010; Rahman, 2017), Allen and Wang (2014) recommended investigating LDS perfectionism qualitatively—particularly with older Mormons. To address these research gaps and recommendations, the current paper examined the relations among religiosity and self-oriented, other-oriented, and socially prescribed perfectionism in Mormons through a sequential mixed-methods design. Specifically, the following hypotheses and research questions were tested:

H_1: *Among Mormon adults, an increase in age will correlate negatively with perfectionism.*

H_2: *Among Mormons, religiosity will correlate positively with overall perfectionism and its measured factors: self-oriented, other-oriented, and socially prescribed perfectionism.*

RQ_1: *Do Mormons report significant quantitative differences between their reports of self-oriented, other-oriented, and socially prescribed perfectionism (i.e., to what extent do Mormons report external versus internal loci or targets of perfectionistic standards)?*

RQ_2: *How do Mormons qualitatively interpret perfectionism through a religious perspective?*

RQ_3: *When Mormons are interviewed about religious standards, to what extent do they discuss themes related to self-oriented, other-oriented, or socially prescribed perfectionism and their adaptive and maladaptive sequelae?*

METHODS

STUDY 1: ONLINE QUESTIONNAIRE AND QUANTITATIVE ANALYSIS

Participants. One hundred and ninety-four active LDS participants completed an anonymous online survey on religiosity and perfectionism. Participation was open to all self-identified adults (age 18 or older) who (a) were LDS, (b) had internet access, and (c) had proficiency in English sufficient to complete the survey. Participants' ages ranged from 18 to 76 years

($M = 28.13$; $SD = 11.82$). Most participants self-identified as Caucasian (92.1%) women (62.9%) who were raised in the LDS denomination (92%), and all identified themselves as active members of the LDS church. See Table 1 for full sample demographics.

Measures. The survey included the Hewitt Multidimensional Perfectionism Scale and the Religiousness Measure–Revised to respectively assess perfectionism and religiosity.

Hewitt Multidimensional Perfectionism Scale (HMPS). Designed to measure multiple facets of perfectionism, the 45-item HMPS (Hewitt & Flett, 1989, 1991) was used to measure perfectionism. Respondents rated each item on a 7-point Likert scale of agreement (1 = *Absolutely disagree* to 7 = *Absolutely agree*). Higher scores indicate greater perfectionism. Beyond providing an overall measure of perfectionism, the HMPS includes three subscales (15 items each): Self-Oriented (e.g., *I set very high standards for myself; I must always be successful at school and work*), Other-Oriented (e.g., *Everything that others do must be of top-notch quality; I can't be bothered with people who won't strive to be better themselves*), and Socially Prescribed Perfectionism (e.g., *The people around me expect me to succeed at everything I do; my family expects me to be perfect*). Prior studies demonstrate the HMPS's acceptable internal consistency, test-retest reliability, concurrent validity, and acceptability among clinical, subclinical, and community samples (Hewitt & Flett, 1991; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). For the current sample, the HMPS's internal reliability for its total scale and subscales was, respectively, excellent (α = .91) and acceptable to excellent (self-oriented: α = .88, other-oriented: α = .75, socially prescribed: α = .90).

Religiousness Measure–Revised (RM–R). Based on the Religiousness Measure (Sethi & Seligman, 1993), which was originally developed and validated to measure religiosity, the RM–R is an 18-item questionnaire specifically revised to measure religiosity among Mormons. More specifically, items ask respondents to rate, on a 7-point scale, the frequency of LDS-specific religious practices (e.g., *How often do you attend church? How often do you read holy scripture?*), the degree to which they believe in LDS-specific beliefs (e.g., *Do you believe there are miracles?*), and the influence these beliefs have on particular behaviors (e.g., *How much do your*

religious beliefs influence the way you dress?). Consistent with the original RM (Sethi & Seligman, 1993), the RM–R had good internal reliability with the current sample (α = .82).

Procedure. Participants were recruited through generic social media (e.g., Facebook, Reddit) and then directed to an online anonymous survey. Once participants accessed the survey, they completed a digital consent form, a brief demographics questionnaire (i.e., age, gender, race/ethnicity, and membership status in the LDS church), and then the HMPS and RM–R. At the survey's end, participants were given the option to contact a researcher to conduct a follow-up interview (see below). All procedures for both studies were approved by the Institutional Review Board at Utah Valley University.

Analysis. Paired *t*-tests were conducted to determine whether participants' self-oriented, other-oriented, and socially prescribed perfectionism significantly differed. To assess whether religiosity and perfectionism varied as a function of participants' age and reported categorical demographics (i.e., gender, race, ethnicity, LDS convert/raised), correlations and *t*-tests, respectively, were computed. Partial correlations between religiosity and overall and subscale perfectionism scores were then conducted, controlling for demographic variables identified in the previous analyses.

Study 2: Follow-Up Qualitative Interviews and Content Analysis

Participants. Participants included six adults from the prior quantitative study who self-identified as active LDS members and consented to be interviewed by one of the researchers. Interviewed participants identified primarily as Caucasian (83%) men (66%) raised in the LDS denomination (92%). Ages ranged from 20 to 55 years (*M* = 27.5; *SD* = 13.53; see Table 1).

Procedure. One researcher conducted all six individual interviews over the phone using a structured interview. Eight standardized questions (see Table 2) assessed participants' views on perfectionism and standards in a LDS religious context consistent with prior research (Allen et al., 2015; Doty et al., 2013; Draper et al., 2015; Richards et al., 1993). The interviewer transcribed each interview (each interview lasted 20–40 minutes).

Analysis. Transcripts were qualitatively analyzed using Marshall and Rossman's (2016) procedure for thematic analysis. Consistent with best practice recommendations (e.g., Hruschka et al., 2004; Mays & Pope, 2000; Rothman et al., 2009), multiple coders (i.e., the original interviewer and another researcher with multistudy experience in qualitative content analysis) (a) independently reviewed the transcripts to identify, define, and record specific instances of themes, and (b) subsequently met to assess intersubjectivity (i.e., convergence). Initially, results converged on 77% of 483 instances. To increase convergence, the coders mutually created a list of defined themes. Then, they independently reanalyzed the data. These results achieved an 85% convergence (i.e., "good agreement"; Journal of the American Medical Association, 2002; Miles & Huberman, 1994). The coding team collectively resolved the remaining disagreements by discussion.

Results

Quantitative Results

Differences in perfectionism. Mean overall perfectionism was 179.14 (*SD* = 34.73). Participants generally endorsed significantly more self-oriented perfectionism (*M* = 68.04; *SD* = 15.14) than other-oriented (*M* = 55.51; *SD* = 11.43; $t(193) = 12.95$, $p < .001$, $d = .93$) or socially prescribed perfectionism (*M* = 55.59; *SD* = 16.63; $t(193) = 11.62$, $p < .001$, $d = .78$). Other-oriented and socially prescribed perfectionism did not significantly differ, $t(193) = -.06$, $p = .95$, $d = -.01$ (see Table 3), indicating that participants' perfectionistic standards were predominately internal rather than external in locus and focus.

To further contextualize these results, post hoc independent *t*-tests were conducted, comparing the level of self-oriented, other-oriented, and socially prescribed perfectionism endorsed by the current LDS online sample and by other previously published samples that also completed the HMPS (i.e., Corrigan, 1997; Hewitt & Flett, 1991; Kennedy, 1999; Smyth, 2001; see Table 4). Given the number of comparisons (i.e., 15), a Bonferroni correction was made to correct for inflated Type I error rate (i.e., $[\alpha = 0.05]/[m = 15] = 0.003$). Results indicated that the current sample's

levels of perfectionism did not significantly differ from the HMPS's original validation samples of college students and psychiatric patients but did significantly differ from other samples, particularly those samples with significantly older (i.e., Ms > 52 years) religious participants (i.e., non-LDS Christian clergy, Catholic sisters).

Specifically, the current LDS online sample, on average, endorsed self-oriented perfectionism more than past samples of Midwestern secular university students and employees (M = 54.13; SD = 13.04, t(405) = 9.95, p < .001, d = .98), non-LDS Christian clergy (M = 60.89; SD = 14.55, t(700) = 5.76, p < .001, d = .48), and Catholic sisters (M = 45.34; SD = 11.88, t(736) = 21.18, p < .001, d = 1.67). Similarly, the current sample generally reported significantly more other-oriented perfectionism than did non-LDS Christian clergy (M = 48.85; SD = 13.28, t(700) = 6.17, p < .001, d = .54) and Catholic sisters (M = 35.86; SD = 9.78, t(736) = 22.95, p < .001, d = 1.84). Finally, the current sample, on average, endorsed socially prescribed perfectionism more frequently than prior samples of Midwestern secular university students and employees (M = 49.10; SD = 13.83, t(405) = 4.29, p < .001, d = .42) and Catholic sisters (M = 27.41; SD = 11.25, t(736) = 26.16, p < .001, d = 1.98). Otherwise, perfectionism scores between the current and past samples did not significantly differ (see Tables 5–7 for full results).

Relations between religiosity and perfectionism. The current sample, on average, self-reported high levels of religiosity (M = 87.64; SD = 10.98). Age was the only measured demographic variable that significantly related to religiosity and perfectionism. As predicted, older participants generally endorsed lower overall perfectionism (r = -.25, p < .001) and religiosity (r = -.15, p = .04). Further, age had a similarly negative, small, and statistically significant relation to all three types of perfectionism: self-oriented (r = -.25, p < .001), other-oriented (r = -.22, p = .002), and socially prescribed (r = -.15, p = .04).

Partial correlations assessed the relative significance, strength, and valence of relations between religiosity and overall self-oriented, other-oriented, and socially prescribed perfectionism, controlling for age. As predicted, results indicated a small, positive,

statistically significant partial correlation between religiosity and overall perfectionism (r = .21, p < .01). However, religiosity was not significantly related to all three measured subtypes of perfectionism. Instead, religiosity had a small, positive partial correlation with self-oriented (r = .29, p < .001) and other-oriented perfectionism (r = .27, p < .001); whereas, the relation between religiosity and socially prescribed perfectionism was nonsignificant (r = -.01, p = .88). Table 8 summarizes these results.

Qualitative Results

Five major thematic categories emerged from the qualitative interviews: (a) religious interpretations of perfection, (b) role of commandments in perfection, (c) positive experiences associated with obeying commandments, (d) negative experiences associated with disobeying commandments, and (e) social expectations.

Religious interpretations of perfection. Overall, participants interpreted perfection through a notably religious perspective. Specifically, the majority of participants defined perfection as being "sinless." This sinlessness was further clarified by participants as being achieved by (a) avoiding "mistakes" or "errors," and (b) being forgiven of one's sins through consistent repentance and divine grace (e.g., "*Being perfect in repentance*"). Relatedly, they viewed perfection as either a process (e.g., "*It means always changing to be better*") or an outcome (e.g., "*I think of it more as an end goal we are working towards*"). Although a few participants stated that perfection is socially prescribed (e.g., "*Perfection is doing every single thing the way everyone thinks you should be doing it*"), most stated that perfection is ultimately defined and prescribed by divinity rather than it being a personal or social construction or imperative ("*I feel like the commandment 'Be ye therefore perfect' means to be like the way God and Christ are, and that is the way people should be*").

Role of commandments in perfection. Related to a divinely demonstrated and determined perfection, all six participants indicated that perfection essentially requires obedience to the commandments taught by the LDS church. Once again, the sample alternatively described commandments as being perfection's destination (e.g., "*Commandments are a*

goal of somewhere you want to get"), the path to that destination (e.g., *"They're the way we reach perfection, faith, and joy"*), or indicators of how one is progressing along the path (e.g., *"Commandments are landmarks that help us follow God," "They're a way to gauge how I'm doing in my life,"* or *"They play a big role in how I evaluate myself* [and] *see if there are things that are lacking"*). Despite this general agreement as well as differences in emphasis, most interviewees described obedience to God's commandments as the sole way to experience not only perfection but also happiness and joy (e.g., *"I feel that the only way we can actually experience God's joy is by keeping the commandments. . . . By keeping the commandments we are happy"*). Also, all six participants described commandments as playing a "big" or "fundamental" role in their personal efforts to be perfect on a day-to-day basis (e.g., *"I first think about* [obeying commandments] *before I do anything. For me that is what I base my actions on; if it doesn't fall in line* [with the commandments] *then I'll try my best not to do them"*). Interestingly, when asked what commandments were the most personally important, the interviewees' responses varied, although the most frequent answer mentioned the commandment to love God and others (e.g., *"The first one that pops into my head is 'love one another,' because for me at times I can be a judgmental person"*).

Positive experiences associated with obeying commandments. Not surprisingly given the above comments, all six participants reported enhanced confidence, joy, peace, and overall life satisfaction when they have obeyed LDS commandments. One participant instantiated this theme of obedience to commandments providing "godly confidence," spiritual connectedness, and "moral boosts" as follows:

> [Obeying the commandments] allows me to kneel down and ask God anything. Here I am. It is not a notion that I qualify. It is that I am at peace with where I am. I can petition [God]. I can commune with [God]. I can when I mess up too, but inside I feel like I can have a higher level of intimacy with God in my prayers when I am successful in keeping [the commandments].

Another subtheme that repeatedly emerged is that missions (i.e., 18–24 months of full-time LDS missionary service during young adulthood) were time periods of profound obedience to church commandments and current sources of confidence, pride, inspiration, and fulfillment (e.g., *"The mission helped me realize that I lived a certain life, and I don't want to abandon that. I don't want to plateau. I want to improve and keep going"*).

Negative experiences associated with disobeying commandments. Mirroring the universally shared feelings of joy, happiness, confidence, and fulfillment associated with keeping religious commandments, interviewees consistently described experiencing negative emotions (e.g., sadness, shame, guilt) after disobeying commandments. Some described psychosomatic symptoms following religious transgressions (e.g., *"For me it is like a sickness. I get physically sick when I make those kinds of mistakes"*); other reactions involved severe self-criticism (e.g., *"Utter loathing of myself; I felt like a sack of dust and just utter trash," "*[After disobeying commandments, I] *don't feel human,"* or *"I felt worthless"*). Once again, a subtheme emerged among those who had served missions, who are known colloquially among Mormons as returned missionaries or RMs. Specifically, RMs described experiencing greater shame for post-mission transgressions because missionaries and RMs were held to higher moral standards than those who had not served missions. For instance, one RM stated:

> I feel that as a missionary you learn to view Christ in a way you've never seen before and understand His atonement. I think when you break commandments when you get home, it's like taking that knowledge and tossing it away. Like you make a mistake, you take what you know to be true, those experiences, that love that you had experienced, and kicked it under the bus.

When asked what commandment they felt worst for disobeying, all interviewees—RMs and non-RMs alike—reported a commandment related to sexuality (e.g., masturbation, viewing pornography, premarital intercourse).

Social expectations. Interviewees reported a range of social reactions to others' moral behaviors. However, the most common response was being inspired by others' "righteous" examples. They also reported feeling joy, pride, and trust towards such people (e.g., *"But when I see good people doing good, I look up to them. I follow their examples. I have some role models,"* or *"I have a healthy respect for those people. I*

look up to them. I have a deep appreciation and gratitude because we are not alone in this world").

In regard to reactions to others who violated interviewees' personal standards, responses bifurcated largely. Specifically, half of the sample reported projecting their standards onto those around them—and then becoming upset when their peers transgressed those standards (e.g., "*I get annoyed and frustrated,*" or "*I would get frustrated* [and] *wouldn't trust them*"). This projection of standards and negative reaction to violators of those standards was particularly stronger for RMs (e.g., "*We went out, we taught people. We made commitments out there. They are hypocrites. I try not to* [judge], *but in the moment, it is quite difficult*"). Indeed, the only mention of socially prescribed perfectionism came from RMs speaking of their unique cultural-religious expectations (e.g., "*I'm scared that those who I had taught on my mission will look down on me,*" or "*What gets me the most is the expectations on RMs. It gives me confidence to overcome but also discouragement. There is an ideal image of the RM. People get caught up in that and may not feel successful*").

At the same time, the other half of the interviewees denied projecting their standards on others (i.e., other-oriented perfectionism). Instead, they reported nonjudgmental compassion towards those who violated LDS commandments (e.g., "*I have compassion. I have . . . deep love for them. I think, who am I to judge this person?*"). This sentiment was repeated by an interviewee who described his feelings for a cousin raised outside of the LDS faith who had embraced relatively antithetical values:

> I look at [her], and I see myself. She lives the complete opposite of any teachings of the LDS faith and does things that I wouldn't be proud of if I did. But when I look at her, I don't feel shame, and I'm not ashamed. . . . I just see myself, and see myself in the exact same shoes as she is and know there is always hope.

When interviewees were asked about parental reactions to childhood or adolescent adherence—and lack thereof—to religious commandments, nearly all participants reported positive experiences. More specifically, most interviewees reported that their parents were proud and happy when they kept commandments (e.g., "*Proud, that's probably the best word; proud, and not even a selfish proud, like they're*

proud of what they taught me, and proud that they were able to teach me well enough so I could . . . gain my own testimony of our religion"). Most also reported that their parents showed them unconditional love and support if and when they as youth or adults disobeyed commandments (e.g., "*I know that when I do the right things, my parents are proud, but they are not going to love me less if I don't, and they will be there to help. And if I fail to keep the commandments they are not going to treat me differently*"). Some also reported that their parents expressed disappointment but never anger (e.g., "*I never saw anger ever, just major disappointment,*" or "*My dad, he was really disappointed, but he would never yell*"). Some also reported that their parents' trust in them was often connected to their relative adherence to religious commandments (e.g., "*They would always trust me a lot more, a lot more* [if I kept the commandments]").

Discussion

Although prior studies with Mormon participants (i.e., predominately young undergraduate students) reported high levels of perfectionism (Allen & Wang, 2014; Crosby et al., 2011; Richards et al., 1993), participants from our quantitative sample endorsed relatively normative levels of perfectionism—at least for their general age (which was older than other LDS perfectionism samples but still largely in the late twenties). Compared to significantly older religious samples (Corrigan, 1997; Kennedy, 1999), the current sample typically reported higher levels of self-oriented, other-oriented, and socially prescribed perfectionism. Moreover, consistent with Allen and Wang's (2014) findings and our hypothesis, age correlated negatively with all three forms of perfectionism as well as religiosity within the sample. Collectively, these quantitative results provide further evidence that perfectionism, both internal and external, decreases during adulthood for Mormons, as it seems to do for non-Mormons (Chang, 2000; Landa & Bybee, 2007; Stoeber & Stoeber, 2009). These results suggest that previous findings of perfectionism in primarily young LDS college students may not generalize to older LDS populations.

Additionally, our sample endorsed significantly more self-oriented perfectionism than other-oriented and

socially prescribed perfectionism. These quantitative results suggest that perfectionistic standards among active LDS members may be predominately internal rather than external in both locus and focus. Indeed, both before and after controlling for age, high LDS religiosity related to self- and other-oriented perfectionism but not socially prescribed perfectionism. Beyond replicating prior evidence that higher LDS religiosity predicts greater perfectionism (Crosby et al., 2011), these quantitative results further evince that devout Mormons may be more intrinsically versus externally or socially motivated to follow strict religious standards, and they may expect others to do likewise. Given prior manifold positive associations between (a) self- and other-oriented perfectionism and adjustment and between (b) socially prescribed perfectionism and maladjustment (see Smyth, 2001 for a review), these results echo earlier findings by Allen and Wang (2014) that perfectionism in active Mormons is more—but not solely—likely to be adaptive rather than maladaptive.

Qualitative results support and expand these findings. Identified themes highlighted different dimensions of LDS perfectionism, including religiously embedded interpretations of perfection and the role of commandments. Although interviewees generally described high internalized standards in line with self-oriented perfectionism, nearly all interviewees stated that perfection is *externally* prescribed—but by God rather than society. In addition to generally agreeing on a divinely rather than personally or socially prescribed perfection, interviewees predominately defined perfection in a religious context, namely as sinlessness through continued effort, perpetual repentance, and divine grace. Interpretations diverged, however, concerning whether perfection is a spiritual process or destination. Yet, all agreed that obedience to religious commandments is essential to what it means to be perfect, if not the *only* way to experience happiness and peace. For most interviewees, obedience to church commandments was the standard against which they judged their self-worth. Unsurprisingly, all reported intense shame, guilt, and self-loathing when they disobeyed a commandment—particularly a sexual one. In the context of counseling, these beliefs can create perfectionistic downward spirals if LDS clients interpret depression or anxiety as consequences of sin and consequently sink further into depression or anxiety as they self-critically ruminate and impugn their self-worth.

Nevertheless, this perfectionistic emphasis on commandments was not universally dysfunctional. Maladaptive perfectionism foremost entails discrepancy (i.e., dispositional dissatisfaction with personal performance even when goals are met). Yet, all interviewees reported satisfaction, peace, joy, confidence, and resilience when they obeyed commandments—which aligns with identified benefits of adaptive perfectionism for both Mormons (Allen & Wang, 2014; Sanders et al., 2015) and non-Mormons (Ozbilir et al., 2015; Rice & Slaney, 2002).

Also, results demonstrated that most interviewees had relatively stable patterns of adaptive flexibility or maladaptive rigidity, regardless of whether they were describing intrinsic or extrinsic moral expectations. This was particularly evident regarding perfectionistic expectations of LDS returned missionaries (RMs)—an unanticipated theme that has not otherwise been identified or explored by past research. Results indicated that the religious-cultural context of RMs is double-edged, as RMs reported both increased confidence and resilience as well as social pressure, scrupulosity, and shame. Future research should investigate whether this finding replicates and extends to others who (a) hold or previously held notable ecclesiastical authority or responsibility (e.g., LDS bishops) or who (b) have recently progressed through a major religious-cultural milestone (e.g., priesthood ordination, temple endowments, marriage). Studies might examine whether such status differentially affects distinct kinds of perfectionism (e.g., self-, other-, socially prescribed).

Also noteworthy is what *did not* emerge in the interviews. Despite specific queries about previously identified familial pressures related to LDS perfectionism (Allen et al., 2015), none of the interviewees described their caregivers as formatively influencing perfectionism. Similarly, they reported that their families did not overly criticize, use shame to motivate, or deny praise or impinge on psychological autonomy. Instead, nearly all interviewees described their families as loving, supportive, and kind, even when their families were aware of their religious transgressions. These results, while contrary to prior

findings on familial-transmitted perfectionism (Chang et al., 2015; Craddock et al., 2010; Reilly et al., 2016), are nonetheless congruent with the quantitative study's results as devout Mormons tended not to significantly experience or recognize adverse societal pressure or socially prescribed perfectionism. Future studies might examine this finding's admittedly precarious generalizability, particularly with less active or former Mormons or Mormons from ethnic/racial minorities for whom social prescriptions might be more pronounced (Castro & Rice, 2003; Nilsson et al., 1999).

Collectively, these findings highlight several implications for culturally competent counseling with Mormons. Namely, clinicians and clients alike should recognize that perfectionism is a multidimensional, religiously contextualized construct whose locus and targets can be internal or external with adaptive or maladaptive sequelae. For instance, counselors might help clients differentiate between high standards and discrepancy and then learn how the former can promote psychosocial adjustment whereas the latter generally leads to negative outcomes. Furthermore, services might best assist LDS clients by helping them (a) maintain rather than lower high values-congruent standards, and (b) reduce perfectionistic cognitions and behaviors related to discrepancy (e.g., negative automatic thoughts, psychological inflexibility). This second treatment goal might be particularly salient for LDS clients with extrinsic religiosity, cognitive inflexibility, or prior missionary service or high ecclesiastical authority or responsibility. Based on present results, returned missionaries may be at particular risk for religiously embedded socially prescribed perfectionism and other-oriented perfectionism exclusive to other returned missionaries. At the same time, counselors should consider that religiosity, at least when intrinsic, tends to be psychologically protective rather than parlous for most Mormons (Allen & Wang, 2014; Sanders et al., 2015) and other religious groups (Abdel-Khalek, 2011; Jackson & Bergeman, 2011; Yeh, Arora et al., 2006).

Findings from this study also call attention to future avenues of research. For example, this study used the oldest known LDS sample to study perfectionism, but

participants were on average still in their late twenties. Future studies might specifically sample older, highly religious Mormons and examine—quantitatively or qualitatively—how perfectionism manifests in these contexts since age otherwise has predicted lower perfectionism and religiosity. Conversely, researchers might study perfectionistic orientations in *younger* LDS samples, such as precollege teenagers, who have different religiously embedded and socially prescribed standards (e.g., waiting to date until age sixteen, preparing to receive the higher priesthood order).

Relatedly, current and prior results indicate that the relation between age and perfectionism, though significant, is small. Ergo, other factors beyond age likely determine changes in adult perfectionism. Furthermore, current and past studies have relied upon correlational or cross-sectional designs; no known study has longitudinally assessed changes in perfectionism across adulthood. Thus, it is unknown whether age-related decreases in perfectionism are continuous or discontinuous and, if the latter, when and why those stages occur. For example, age may be a proxy variable for certain developmental events or stages (e.g., college graduation, marriage, parenthood, and retirement) that may alter perfectionistic standards. If so, unique LDS standards on personal and familial development (e.g., eternal marriage) may moderate the relations between these stages and perfectionism.

Apart from further investigating the relations between perfectionism, age, and developmental milestones, researchers might examine how perfectionism among LDS individuals manifests across domains (e.g., work, parenting, academics, church service), as prior evidence suggests that perfectionism can significantly vary across domains such that individuals may be perfectionistic in one sphere of life but not necessarily in other spheres (Dunn, Gotwals, & Dunn, 2005; Mitchelson & Burns, 1998). Among secular non-Mormon samples, perfectionism has self-reportedly manifested most frequently in professional and academic domains and to a much lesser extent in personal relationships, housework, parenting, recreational pursuits, athletics, and religious life (Slaney & Ashby, 1996; Stoeber & Stoeber, 2009). Among active LDS populations, perfectionism may affect different domains or their relative ranking (e.g.,

perfectionism may be more prevalent in parenting given LDS religious beliefs about eternal families). Alternatively, domains affected by perfectionism might vary based on gender (Slaney & Ashby, 1996) due to LDS-specific gender roles, even if overall levels of perfectionism remain equivalent across genders.

Additionally, future research might clarify and augment clinical recommendations by explicitly assessing relations between perfectionistic orientations and previously identified variables of interest (e.g., intrinsic/extrinsic religiosity, scrupulosity, cognitive flexibility, ecclesiastical history). Researchers might utilize clinical as well as community samples with greater diversity in age, ethnicity/race, and geography—as social pressures in LDS-dense areas like Utah are likely more distinct than in regions, both within and outside the United States, with fewer Mormons. For example, Mormons outside LDS-dense areas may experience lower levels of nonfamilial socially prescribed perfectionism since there are fewer Mormon peers who might know and expect adherence to high religious standards. At the same time, they might experience more perfectionistic familial standards due to heightened parental concerns of societal influences that may contradict LDS teachings and practices. Such Mormons may also be less likely to project high religious or perfectionistic standards on non-LDS peers while concurrently having more perfectionistic standards for their few Mormon peers. Consequently, future studies on LDS perfectionism might purposefully sample these populations to empirically test these and other clinically relevant hypotheses, as the generalizability of current and prior findings to more diverse LDS and non-LDS religious populations is unknown.

Similarly, the current qualitative study and its results must be considered preliminary and interpreted very cautiously due to the study's small sample and selection biases (e.g., online recruitment, convenience sampling). Larger more rigorously selected samples are needed to enhance the transferability or generalizability of these results. Nevertheless, the current paper's findings and proposals highlight future directions, pursuant to providing more culturally competent and efficacious mental health services for Mormons and other religious groups.

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Table 1

Sample Demographics for Study 1 and Study 2

	Range	M	SD	n	%
Study 1 sample					
Age	18–76	28.13	11.82		
Gender					
Women				122	63
Men				72	37
Ethnicity					
Non-Hispanic/Latino				185	95
Hispanic/Latino				9	5
Race					
Caucasian				179	92
Asian/Pacific Islander				4	2
Native/American Indian				4	2
African-American				2	1
Other				5	3
Raised as a Latter-day Saint					
Yes				178	92
No				15	8
Study 2 sample					
Age	20–55	27.5	13.53		
Gender					
Women				2	44
Men				4	66
Ethnicity					
Non-Hispanic/Latino				5	83
Hispanic/Latino				1	17
Race					
Caucasian				5	83
Asian/Pacific Islander				0	0
Native/American Indian				0	0
African-American				0	0
Other				1	17
Raised as a Latter-day Saint					
Yes				5	83
No				1	17

Note. Study 1 N = 194; Study 2 N = 6.

Table 2

Qualitative Interview Questions

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1. What does the phrase "be ye therefore perfect" mean to you?

2. What role do commandments play in your efforts to become perfect?

3. In your mind, what are some of the most important commandments to keep?

4. How do you feel when you keep commandments?

5. How do you feel when you break commandments?

6. When you lived at home with your caregiver(s), what were your caregivers' reaction(s) to keeping and

   breaking commandments?

7. How do you view others who keep the commandments (or at least appear to)?

8. How do you view others who do not keep the commandments?

Table 3

Sample Differences in Self-Oriented, Other-Oriented, and Socially Prescribed Perfectionism

	M	SD	t	p	d
Self-oriented perfectionism	68.04	15.14	12.95	< .001	.93
Other-oriented perfectionism	55.51	11.43			
Self-oriented perfectionism	68.04	15.14	11.62	< .001	.78
Socially prescribed perfectionism	55.59	16.63			
Other-oriented perfectionism	55.51	11.43	-0.06	.95	-.01
Socially prescribed perfectionism	55.59	16.63			

Note. n = 194, df = 193, Two-tailed t-tests.

Table 4

Comparison Samples with Self-Oriented, Other-Oriented, and Socially Prescribed Perfectionism

Study	Sample	N	M age	Self-Oriented		Other-Oriented		Socially Prescribed	
				M	SD	M	SD	M	SD
Hewitt & Flett (1991)	Students[a]	1,106	21	68.00	14.95	57.94	11.74	53.62	13.85
	Patients[b]	263	36	69.90	18.03	55.23	13.45	58.18	15.53
Corrigan (1997)	Clergy[c]	508	53	60.89	14.55	48.85	13.28	54.30	10.42
Kennedy (1999)	Catholic sisters[d]	544	61	45.34	11.88	35.86	9.78	27.41	11.25
Smyth (2001)	Students and employees[e]	213	22	54.13	13.04	56.09	11.19	49.10	13.83

Note. [a] = undergraduate students at York University, [b] = psychiatric patients at Brockville Psychiatric Hospital, [c] = ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, *n* = 33; Episcopal priests from the Colorado/Wyoming dioceses, *n* = 155; United Method Church ministers from Rocky Mountain Conference, *n* = 151; Presbyterian Church USA ministers from Colorado presbyteries, *n* = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, *n* = 92); [d] = Catholic sisters in mid-Atlantic US, [e] = Marquette University undergraduate students (*n* = 189) and employees (*n* = 24).

Table 5

Differences in Self-Oriented Perfectionism between Current and Past Samples

	M	SD	t	df	p	d
LDS online sample[a]	68.04	15.14	0.04	1,298	.972	.00
York University students[b]	68.00	14.95				
LDS online sample[a]	68.04	15.14	1.17	455	.245	-.11
Psychiatric patients[c]	69.90	18.03				
LDS online sample[a]	68.04	15.14	9.95	405	< .001*	.98
Marquette University students[d]	54.13	13.04				
LDS online sample[a]	68.04	15.14	5.76	700	< .001*	.48
Non-LDS Christian clergy[e]	60.89	14.55				
LDS online sample[a]	68.04	15.14	21.18	736	< .001*	1.67
Catholic sisters[f]	45.34	11.88				

Note. [a] = 194 Latter-day Saints, [b] = 1,106 college students at York University (Hewitt & Flett, 1991), [c] = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), [d] = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), [e] = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, n = 33; Episcopal priests from the Colorado/Wyoming dioceses, n = 155; United Method Church ministers from Rocky Mountain Conference, n = 151; Presbyterian Church USA ministers from Colorado presbyteries, n = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, n = 92; Corrigan, 1997), [f] = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).
* = p < .003 (two-tailed, Bonferroni correction).

Table 6

Differences in Other-Oriented Perfectionism between Current and Past Samples

	M	SD	t	df	p	d
LDS online sample[a]	55.51	11.43	2.67	1,298	.008	-.21
York University students[b]	57.94	11.74				
LDS online sample[a]	55.51	11.43	0.23	455	.815	.02
Psychiatric patients[c]	55.23	13.45				
LDS online sample[a]	55.51	11.43	0.52	405	.606	-.05
Marquette University students[d]	56.09	11.19				
LDS online sample[a]	55.51	11.43	6.17	700	< .001*	.54
Non-LDS Christian clergy[e]	48.85	13.28				
LDS online sample[a]	55.51	11.43	22.95	736	< .001*	1.84
Catholic sisters[f]	35.86	9.78				

Note. [a] = 194 Latter-day Saints, [b] = 1,106 college students at York University (Hewitt & Flett, 1991), [c] = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), [d] = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), [e] = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, n = 33; Episcopal priests from the Colorado/Wyoming dioceses, n = 155; United Method Church ministers from Rocky Mountain Conference, n = 151; Presbyterian Church USA ministers from Colorado presbyteries, n = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, n = 92; Corrigan, 1997), [f] = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).
* = p < .003 (two-tailed, Bonferroni correction).

Table 7

Differences in Socially Prescribed Perfectionism between Current and Past Samples

	M	SD	t	df	p	d
LDS online sample[a]	55.59	16.63	1.77	1,298	.077	.13
York University students[b]	53.62	13.85				
LDS online sample[a]	55.59	16.63	1.71	455	.088	-.16
Psychiatric patients[c]	58.18	15.53				
LDS online sample[a]	55.59	16.63	4.29	405	< .001*	.42
Marquette University students[d]	49.10	13.83				
LDS online sample[a]	55.59	16.63	1.23	700	.220	.09
Non-LDS Christian clergy[e]	54.30	10.42				
LDS online sample[a]	55.59	16.63	26.16	736	< .001*	1.98
Catholic sisters[f]	27.41	11.25				

Note. [a] = 194 Latter-day Saints, [b] = 1,106 college students at York University (Hewitt & Flett, 1991), [c] = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), [d] = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), [e] = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, *n* = 33; Episcopal priests from the Colorado/Wyoming dioceses, *n* = 155; United Method Church ministers from Rocky Mountain Conference, *n* = 151; Presbyterian Church USA ministers from Colorado presbyteries, *n* = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, *n* = 92; Corrigan, 1997), [f] = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).
* = *p* < .003 (two-tailed, Bonferroni correction).

Table 8

Partial Correlations between Religiosity and Perfectionism Controlling for Age

Scale	M	SD	1	2	3	4
1. Religiosity (*RM–R*)	87.64	10.98	–			
2. Perfectionism (*HMPS–Total*)	179.13	34.73	21*	–		
3. Self-oriented	68.04	15.14	29**	.87**	–	
4. Other-oriented	55.51	11.43	27**	.67**	.49**	–
5. Socially prescribed	55.58	16.62	·.01	.82**	.55**	.26**

Note: RM–R = Religiousness Measure–Revised, *HMPS* = Hewitt Multidimensional Perfectionism Scale.
n = 194, *df* = 191, * = *p* < .01 (two-tailed), ** = *p* < .001 (two-tailed).