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Multidimensional Sexual Perfectionism

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ABSTRACT

Perfectionism is a multidimensional personality characteristic that can affect all areas of life. This article presents the first systematic investigation of multidimensional perfectionism in the domain of sexuality exploring the unique relationships that different forms of sexual perfectionism show with positive and negative aspects of sexuality. A sample of 272 university students (52 male, 220 female) completed measures of four forms of sexual perfectionism: self-oriented, partner-oriented, partner-prescribed, and socially prescribed. In addition, they completed measures of sexual esteem, sexual self-efficacy, sexual optimism, sex life satisfaction (capturing positive aspects of sexuality) and sexual problem self-blame, sexual anxiety, sexual depression, and negative sexual perfectionism cognitions during sex (capturing negative aspects). Results showed unique patterns of relationships for the four forms of sexual perfectionism, suggesting that partner-prescribed and socially prescribed sexual perfectionism are maladaptive forms of sexual perfectionism associated with negative aspects of sexuality whereas self-oriented and partner-oriented sexual perfectionism emerged as ambivalent forms associated with positive and negative aspects.

KEY WORDS: perfectionism; sexuality; anxiety; depression; sexual problems.

INTRODUCTION

Perfectionism is characterized by striving for flawlessness and setting exceedingly high standards for performance accompanied by tendencies for overly critical self-evaluations and concerns about negative evaluations by others (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Perfectionism is a common personality characteristic that may affect all areas of life, including romantic relationships (Stoeber & Stoeber, 2009). However, there is one important area in which perfectionism has not yet been systematically explored: sexuality.

Research has shown that sex is important to both men and women worldwide, whether they are young or old (Gott & Hinchliff, 2003; Mulhall, King, Glina, & Hvidsten, 2008; Smith et al., 2011). Hence, it comes as a surprise that perfectionism in this area of life has been largely unexplored and sexual perfectionism—perfectionism directed at sexuality—has been given only scant attention in research on sexuality and sexual behavior, even though individual researchers pointed to the importance of sexual perfectionism over 30 years ago. Quadland (1980) found that erectile dysfunction in men was associated with beliefs that they always must perform perfectly in sex. Eidelson and Epstein (1982) described sexual perfectionism as a cognitive distortion involving the belief that one must be the perfect sexual partner, so they included a one-dimensional scale measuring sexual perfectionism in their Relationship Belief Inventory capturing dysfunctional relationship beliefs.

However, since the 1980s, theory and research on perfectionism has made considerable progress, and it is now recognized that perfectionism has many faces and is best conceptualized as a multidimensional and multifaceted characteristic (Benson, 2003; Hewitt, Flett, Besser, Sherry, & McGee, 2003; for a review, see Enns & Cox, 2002). Multidimensional *sexual* perfectionism, however, has so far received only little attention. Hence, the present research aimed to provide a first systematic investigation of multidimensional sexual perfectionism and

the unique relationships that different forms of sexual perfectionism show with positive and negative aspects of sexuality.

Multidimensional Perfectionism

According to Hewitt and Flett's (1991) influential model of multidimensional perfectionism, perfectionism has personal and social aspects and three forms of perfectionism can be differentiated: self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism captures a person's beliefs that striving for perfection and being perfect are important and is characterized by having internally motivated perfectionistic expectations for oneself. In contrast, other-oriented perfectionism captures beliefs that it is important that others meet one's high standards for performance and is characterized by imposing one's own perfectionistic standards onto others and having perfectionistic expectations of others. Finally, socially prescribed perfectionism captures beliefs that high standards are expected by others and that acceptance by others is conditional on fulfilling these standards and is characterized by individuals' perceptions that others impose perfectionistic standards onto them and have perfectionistic expectations they must fulfill (Enns & Cox, 2002; Hewitt & Flett, 1991, 2004).

Research has found that the three forms of perfectionism are positively correlated: people who are high in one form of perfectionism also tend to be high in the other two forms (Hewitt & Flett, 2004). Still, the forms have different qualities and show differential relationships with key variables of psychological adjustment and maladjustment. Of the three forms, only socially prescribed perfectionism represents an exclusively maladaptive form of perfectionism. Socially prescribed perfectionism has shown positive correlations with indicators of psychological maladjustment such as negative affect, self-blame, depression, and anxiety (particularly social anxiety); and it has shown negative correlations with indicators of psychological adjustment such as self-esteem, optimism, and satisfaction with life (Blankstein, Lumley, & Crawford, 2007;

Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Gilbert, Durrant, & McEwan, 2006; Hewitt & Flett, 1991, 2004; Nepon, Flett, Hewitt, & Molnar, 2011; Stoeber & Stoeber, 2009; Trumpeter, Watson, & O'Leary, 2006).

In contrast, self-oriented perfectionism and other-oriented perfectionism are ambivalent forms of perfectionism. On the one hand, both have shown positive correlations with indicators of psychological maladjustment. For example, self-oriented perfectionism has shown positive correlations with anxiety and depression (Hewitt & Flett, 1991, 2004); and other-oriented perfectionism has shown positive correlations with problematic interpersonal qualities such as hostility, blaming others, and antagonism (Hewitt & Flett, 1991, 2004; Hill, McIntire, & Bacharach, 1997). On the other hand, self-oriented and other-oriented perfectionism have shown positive correlations with indicators of psychological adjustment. For example, self-oriented perfectionism has shown positive correlations with positive affect, self-efficacy, self-esteem, and a sense of purpose in life (Chang, 2006; Mills & Blankstein, 2000; Molnar, Reker, Culp, Sadava, & DeCourville, 2006; Seo, 2008; Trumpeter et al., 2006), and other-oriented perfectionism has shown positive correlations with mastery in personal projects, job engagement, and test performance (Childs & Stoeber, 2010; Flett, Blankstein, & Hewitt, 2009; Hewitt & Flett, 2004).

Dyadic Perfectionism

Regarding the two social forms of perfectionism in Hewitt and Flett's (1991) model, other-oriented and socially prescribed perfectionism, research has shown that they also play an important role in dyadic perfectionism, that is, perfectionism in dyadic relationships (e.g., couples engaged in a romantic relationship or married couples) in the form of partner-oriented and partner-prescribed perfectionism (Habke, Hewitt, & Flett, 1999; Haring, Hewitt, & Flett, 2003; Stoeber, 2012). Partner-oriented perfectionism is other-oriented perfectionism where the partner represents the "other" of "other-oriented"; hence it captures perfectionistic expectations

towards the partner. Partner-prescribed perfectionism is socially prescribed perfectionism where the partner represents the “socially” of “socially-prescribed”; hence it captures perceived perfectionistic expectations coming from the partner.

Studies investigating partner-oriented and partner-prescribed perfectionism in dyadic relationships indicate that, like socially prescribed perfectionism, partner-prescribed perfectionism is a maladaptive characteristic associated with a range of negative relationship qualities in university students and married couples. For example, university students high in partner-prescribed perfectionism reported lower relationship satisfaction in their romantic relationships than students low in partner-prescribed perfectionism (Stoeber, 2012). Also in married couples, spouses high in partner-prescribed perfectionism reported lower relationship satisfaction than spouses low in partner-prescribed perfectionism. Moreover, they reported lower marital happiness, dyadic adjustment, and sexual satisfaction (Habke et al., 1999; Haring et al., 2003).

In comparison, the findings for partner-oriented perfectionism are less clear. In married couples, partner-oriented perfectionism did not show any significant relationships with relationship satisfaction, marital happiness, dyadic adjustment, or sexual satisfaction (Habke et al., 1999; Haring et al., 2003). In university students, however, partner-oriented perfectionism showed both positive and negative relationships: Two studies found partner-oriented perfectionism to show positive correlations with relationship satisfaction (Lopez, Fons-Scheyd, Morúa, & Chaliman, 2006; Shea, Slaney & Rice, 2006) whereas one study found negative correlations with relationship satisfaction and longterm commitment (Stoeber, 2012). Hence, like other-oriented perfectionism, partner-oriented perfectionism seems to be an ambivalent form of perfectionism associated with both adjustment and maladjustment.

Multidimensional Sexual Perfectionism

Combining the aspects of Hewitt and Flett's (1991) model with the perspectives of dyadic perfectionism, Snell (1997, 2011a) developed a multidimensional model of sexual perfectionism and a self-report measure to capture the different forms of sexual perfectionism the model proposed: the Multidimensional Sexual Perfectionism Questionnaire (MSPQ). The MSPQ differentiated four forms of sexual perfectionism: self-oriented, partner-oriented, partner-prescribed, and socially prescribed. Self-oriented sexual perfectionism captures perfectionistic standards and expectations that are applied to oneself (sample item: "I have very high perfectionistic goals for myself as a sexual partner"). Partner-oriented sexual perfectionism captures perfectionistic standards and expectations directed at one's partner (sample item: "I expect my sexual partner to try to be perfectionistic when it comes to sex"). Partner-prescribed sexual perfectionism captures beliefs that one's partner imposes perfectionistic standards and expectations on oneself (sample item: "My partner demands nothing less than perfection of me as a sexual partner"). Socially prescribed sexual perfectionism captures the beliefs that society and people in general impose perfectionistic sexual standards and expectations on oneself ("Most people in society expect me to always be a perfect sexual partner").¹

Snell's multidimensional model of sexual perfectionism and the MSPQ represent an important contribution to theory, research, and assessment of sexual perfectionism. First, the model recognizes that sexuality is an important domain of life in which—like in any other domain of life—people can be perfectionistic. Second, the MSPQ provides for a multidimensional assessment of sexual perfectionism capturing personal, dyadic, and social aspects of sexual perfectionism. Third, by differentiating partner-prescribed and socially-prescribed sexual perfectionism, the model allows to compare people's beliefs about the sexual standards and expectations they perceive their partner has of them versus beliefs about the sexual standards and expectations they perceive society and people have in general.

Unfortunately, multidimensional sexual perfectionism is still largely unexplored. The reason is that so far research on Snell's multidimensional model of sexual perfectionism is restricted to two unpublished studies (Snell, 1996; Snell & Rigdon, 1995) whose findings were later made available on Snell's webpage (Snell, 2001; Snell & Rigdon, 2001). In the first study, Snell and Rigdon (2001) investigated university students regarding three aspects of sexual awareness: sexual monitoring (concern with others' impressions of one's sexuality), sex-appeal consciousness (alertness to others' perception that one is "sexy"), and sexual assertiveness (acting in an independent, self-reliant fashion concerning one's sexuality). Analyzing male and female correlations separately, Snell and Ridgen found that self-oriented sexual perfectionism showed positive correlations with sexual monitoring in both genders whereas the other three forms of sexual perfectionism showed positive correlations only in females. Moreover, partner-oriented sexual perfectionism showed positive correlations with sex-appeal consciousness in both genders whereas self-oriented and partner-oriented sexual perfectionism showed positive correlations with sexual assertiveness only in females.

In the second study, Snell (2001) investigated female university students examining attachment with their sexual partner and self-reported sexual attitudes and behaviors. Regarding attachment, all four forms of sexual perfectionism showed negative correlations with secure attachment and positive correlations with preoccupied, fearful, and dismissing attachment (except socially prescribed sexual perfectionism which showed a nonsignificant correlation with preoccupied attachment). Regarding sexual behaviors and attitudes, self-oriented sexual perfectionism showed a positive correlation with the number of sexual partners participants had. In addition, self-oriented and partner-prescribed sexual perfectionism showed positive correlations with feeling comfortable and satisfied with one-night stands. However, partner-prescribed sexual perfectionism also showed a positive correlation with feeling pressured for sex.

Moreover, partner-prescribed sexual perfectionism showed positive correlations with feeling guilty after sex as did partner-oriented and socially prescribed sexual perfectionism.

Methodological Limitations

The findings of the two studies (Snell, 2001; Snell & Rigdon, 2001) represent an important first step in exploring multidimensional sexual perfectionism because they indicate that different forms of sexual perfectionism are differentially associated with positive and negative characteristics, attitudes, and behaviors relating to people's sexuality and sexual relationships. However, it is unclear what to make of these associations, the more as the authors provided no conclusions to their findings except that further research with the MSPQ would be beneficial and help increase our understanding of people's sexual behaviors (Snell & Ridgen, 2001). Moreover, the studies have a number of methodological limitations leaving important questions unanswered. First, neither study used the original version of the MSPQ (Snell, 1997), but instead used a revised version that included reverse-coded items (see Snell, 2011a). As a consequence, the socially prescribed sexual perfectionism scores in Snell and Rigdon's (2001) study showed a reliability (Cronbach's alpha) of only .37, which is clearly unacceptable if we regard .70 as the lower threshold for satisfactory reliability (Nunnally & Bernstein, 1994). Hence, the findings on socially prescribed sexual perfectionism the two studies report were obtained with an unreliable measure which renders them questionable. Second, Snell (2001) investigated only female students. Thus, it is unclear if the study's findings generalize to male students. Third, whereas Snell and Rigdon (2001) investigated both male and female students, they computed and reported all correlations for males and females separately. This analytic strategy, however, is unnecessary if males and females do not show different variance-covariance matrices (see Method) and only increases statistical error because all relationships are analyzed twice (once for the male and once for the female subsample) and has reduced statistical

power compared to analyses using the full sample.

Finally, and most importantly, both studies examined only bivariate correlations of the different forms of sexual perfectionism, but did not investigate their unique relationships by computing, for example, multiple regressions. This, however, would be important because Snell and Rigdon (2001) found significant overlap between the four forms of sexual perfectionism (intercorrelations ranged from .31 to .67) which suggests that some forms of sexual perfectionism may have shown certain correlations only because of their overlap with other forms of sexual perfectionism.

The Present Study

Against this background, the aim of the present study was to provide a first systematic investigation of multidimensional sexual perfectionism exploring the unique relationships the different forms of sexual perfectionism show with positive and negative aspects of how people perceive their sexuality. Regarding positive aspects, we examined sexual esteem, sexual self-efficacy, sexual optimism, and sex life satisfaction. Regarding negative aspects, we examined sexual problems, self-blame, sexual anxiety, and sexual depression. In addition, we examined negative perfectionism cognitions during sex, that is, thoughts that may pop into people's heads regarding the pursuit of perfection and concern over mistakes while having sex.

Because research on multidimensional sexual perfectionism has been restricted to two studies which leave many open questions (Snell, 2001; Snell & Rigdon, 2001), the present study was largely exploratory. However, from research on multidimensional and dyadic perfectionism, some expectations could be formulated. First, because research found self-oriented, other-oriented, and partner-oriented perfectionism to be ambivalent forms of perfectionism, we also expected self-oriented and partner-oriented sexual perfectionism to be ambivalent forms of sexual perfectionism showing both positive and negative relationships with positive and negative

aspects of sexuality. In contrast, we expected partner-prescribed and socially prescribed sexual perfectionism to be maladaptive forms of sexual perfectionism showing only positive relationships with negative aspects of perfectionism (and negative relationships with positive aspects of sexuality). Moreover, from research on multidimensional perfectionism cognitions (Kobori & Tanno, 2005; Stoeber, Kobori, & Tanno, 2010), we expected self-oriented, partner-prescribed, and socially prescribed sexual perfectionism to show positive relationships with negative perfectionism cognitions during sex regarding the pursuit of perfection, but only partner-prescribed and socially prescribed sexual perfectionism to show positive relationships with concern over mistakes cognitions. Finally, based on previous findings from research on multidimensional perfectionism demonstrating that the overlap between different forms of perfectionism may obscure the differential pattern of unique relationships these forms have with positive and negative characteristics, processes, and outcomes (Hill, Huelsman, & Araujo, 2010; Stoeber & Otto, 2006), we expected the pattern of relationships to be more differentiated when the overlap between the four forms of sexual perfectionism was controlled for and unique relationships were examined by means of multiple regressions.

METHOD

Participants and Procedure

A sample of 272 students (52 male, 220 female) was recruited at the authors' university using the School of Psychology's research participation scheme. Mean age of students was 20.0 years ($SD = 3.4$; range: 18-45 years). Using the categories from the university's equal opportunity monitoring form, students indicated their ethnicity as White (81%), Asian (6%), Black (5%), mixed race (6%), and other (2%). Students completed all measures online using the School's secure Qualtrics® system. Students volunteered to participate in the study for extra course credit. The study was approved by the School's ethic committee and followed the British

Psychological Society's (2009) code of ethics and conduct.

Measures

Sexual Perfectionism

To measure sexual perfectionism, we used the original version of the MSPQ (Snell, 1997) capturing self-oriented, partner-oriented, partner-prescribed, and socially prescribed sexual perfectionism with 6 items each (see Appendix). Participants responded to all items on a scale from 0 (*disagree*) to 4 (*completely agree*).

Sexuality

To measure positive and negative aspects of how participants perceived their sexuality, we used the Multidimensional Sexual Self-Concept Questionnaire (Snell, 2011b) capturing sexual self-efficacy (5 items; e.g., "I have the ability to take care of any sexual needs and desires that I may have"), sexual optimism (5 items; e.g., "I expect that the sexual aspects of my life will be positive and rewarding in the future"), sexual problem self-blame (5 items; e.g., "I would be to blame if the sexual aspects of my life were not going very well"), and sexual anxiety (4 items; "I feel anxious when I think about the sexual aspects of my life") with participants responding on a scale from 0 (*not at all characteristic of me*) to 4 (*very characteristic of me*). Moreover, we used the Sexuality Scale (Snell & Papini, 1989) to capture sexual esteem (10 items; e.g., "I would rate my sexual skill quite highly") and sexual depression (10 items; e.g., "I am depressed about the sexual aspects of my life") using the same response scale as for the MSPQ. Finally, we used the sex life satisfaction subscale of the Extended Satisfaction With Life Scale (Alfonso, Allison, Rader, & Gorman, 1996) to capture participants' satisfaction with their sex life (5 items; e.g., "In most ways my sex life is close to my ideal") with participants responding on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*).

Negative Perfectionism Cognitions During Sex

To measure negative perfectionism cognitions while having sex, we used two scales from the Multidimensional Perfectionism Cognitions Inventory-English (Stoeber et al., 2010) capturing pursuit of perfection (5 items; e.g., “I can’t feel satisfied unless things are done perfectly”) and concern over mistakes (5 items; e.g., “I feel miserable if I make a mistake”) and adapted the instructions to assess perfectionism cognitions during sex. Participants were told that the items described thoughts about perfectionism that sometimes pop into people’s heads and that they should indicate how frequently, if at all, they had these thoughts during sex, responding on a scale from 1 (*never*) to 4 (*always*).

Preliminary Analyses

Data Screening

First, we checked if there were participants who gave uniform answers to all questions and excluded one participant from the analyses who showed zero variance in her answers to all items on sexuality and negative perfectionism cognitions during sex. Next, we computed scale scores for each participant by summing answers across items.² Because multivariate outliers can severely distort the results of correlation and regression analyses, we inspected the scores for multivariate outliers. Five participants showed scores with a Mahalanobis distance larger than the critical value of $\chi^2(13) = 34.53, p < .001$ (Tabachnick & Fidell, 2007) and were excluded from the further analyses. With this, our final sample comprised 266 participants (51 male, 215 female).

Gender Differences

To examine possible gender differences in the relationships between the variables, we conducted two tests. First, we computed a MANOVA with gender as a between-subjects factor and the 13 scale scores as dependent variables, which yielded a significant overall effect of gender, $F(13, 252) = 2.45, p < .001$. Follow-up ANOVAs, however, found only one significant

mean difference: male participants showed higher levels of socially prescribed sexual perfectionism ($M = 9.33$, $SD = 5.00$) than female participants ($M = 7.46$, $SD = 4.95$), $F(1, 264) = 5.88$, $p < .05$. Second, we tested whether the variance–covariance matrices of male and female participants differed using Box’s M test. Because this test is extremely sensitive, differences were tested at the $p < .001$ level (Tabachnick & Fidell, 2007). Box’s M was nonsignificant with $M = 124.74$, $F(91, 26685) = 1.24$, $p = .062$ indicating that the matrices did not differ. Consequently, data were collapsed across gender.

Reliability

Finally, we inspected the reliability (internal consistency) of all scale scores by computing Cronbach’s alphas. As Table 1 shows, all scores showed satisfactory alphas ($\alpha \geq .80$) except sexual optimism which showed a marginally satisfactory alpha ($\alpha = .69$).

RESULTS

Bivariate Correlations

First, we computed bivariate correlations between all variables to examine whether the four forms of sexual perfectionism—self-oriented, partner-oriented, partner-prescribed, and socially prescribed sexual perfectionism—showed different relationships with positive and negative aspects of sexuality and the frequency of negative perfectionism cognitions during sex (see Table 1).

As expected, self-oriented and partner-oriented sexual perfectionism displayed a pattern of correlations suggesting they were ambivalent forms of sexual perfectionism. Both showed positive correlations with sexual esteem (a positive aspect of sexuality) and sexual problem self-blame (a negative aspect). In addition, partner-oriented sexual perfectionism also showed a positive correlation with sexual self-efficacy (a positive aspect). Unexpectedly, partner-prescribed sexual perfectionism displayed the same pattern of correlations as self-oriented sexual

perfectionism showing positive correlations with sexual esteem and sexual problem self-blame, suggesting that partner-prescribed sexual perfectionism was also an ambivalent form of sexual perfectionism. Only socially prescribed perfectionism displayed a different (and unique) pattern, suggesting it was maladaptive. As expected, socially prescribed perfectionism showed positive correlations with sexual problem self-blame and sexual anxiety (both negative aspects) and a negative correlation with sexual optimism (a positive aspect).

Unexpectedly, none of the four forms of sexual perfectionism showed any significant positive or negative correlations with sexual self-efficacy, sex life satisfaction, and sexual depression. In contrast, all four showed positive correlations with negative perfectionism cognitions during sex regarding both the pursuit of perfection and concern over mistakes.

It is important to note, however, that the four forms of sexual perfectionism displayed high intercorrelations ($.55 \leq rs \leq .70$), indicating that there was significant overlap between them—students who showed elevated levels in one form of sexual perfectionism tended to show elevated levels in the other forms as well—which may have inflated some significant relationships while suppressing others (cf. Hill et al., 2010). Consequently, we next computed multiple regressions controlling for the overlap between the different forms of sexual perfectionism.

Multiple Regressions

Because there was a significant overall effect of gender with male students reporting higher socially prescribed sexual perfectionism (see Preliminary Analyses), we computed hierarchical regression analyses controlling for gender in Step 1 before simultaneously entering the four forms of sexual perfectionism in Step 2. Table 2 shows the results of Step 2 of the regression analyses. As expected, once the overlap between the four forms of sexual perfectionism was controlled for, further significant relationships emerged. Moreover, each form

of sexual perfectionism now displayed a unique pattern of relationships.

Self-oriented sexual perfectionism showed positive relationships with sexual esteem, sexual self-efficacy, and sex life satisfaction and a negative relationship with sexual depression whereas the positive relationship with sexual problem self-blame it showed in the bivariate correlations (cf. Table 1) was reduced to nonsignificance, suggesting that the overlap with other, more maladaptive forms of sexual perfectionism was responsible for this relationship. However, self-oriented sexual perfectionism still displayed significant positive relationships with negative perfectionism cognitions during sex regarding both the pursuit of perfection and concern over mistakes.

Partner-oriented sexual perfectionism showed a similar pattern of relationships as self-oriented sexual perfectionism regarding positive aspects of sexuality, as was expected from the bivariate correlations. Like self-oriented sexual perfectionism, partner-oriented sexual perfectionism showed positive relationships with sexual esteem and sexual self-efficacy. However, the regression analyses also revealed some unique relationships. First, partner-oriented sexual perfectionism showed a positive relationship with sexual optimism (whereas self-oriented perfectionism showed a nonsignificant relationship). Second, partner-oriented sexual perfectionism showed a negative relationship with sexual anxiety (whereas self-oriented sexual perfectionism showed a negative relationship with depression). Finally, and most importantly, partner-oriented perfectionism showed a negative relationship with negative perfectionism cognitions during sex regarding concern over mistakes (whereas self-oriented sexual perfectionism showed a positive relationship).

Partner-prescribed sexual perfectionism showed only one significant relationship in the multiple regressions, namely, a positive relationship with sexual problem self-blame. This suggested that the overlap with the other forms of sexual perfectionism was responsible for the

positive bivariate correlations that partner-prescribed sexual perfectionism showed with sexual esteem and negative perfectionism cognitions during sex. Moreover, note that the positive relationship with sexual problem self-blame was unique. Partner-prescribed sexual perfectionism was the only form of sexual perfectionism that showed a significant relationship with sexual problem self-blame in the multiple regressions.

Socially prescribed sexual perfectionism also showed a unique pattern of relationships in the multiple regressions. Regarding positive aspects of sexuality, it showed negative relationships with sexual esteem and sexual optimism. Regarding negative aspects, it showed positive relationships with sexual anxiety and sexual depression. In addition, like self-oriented sexual perfectionism, socially prescribed sexual perfectionism showed positive relationships with negative perfectionism cognitions during sex regarding both the pursuit of perfection and concern over mistakes, corroborating the pattern found in the bivariate correlations that socially prescribed sexual perfectionism is an exclusively maladaptive form of sexual perfectionism.

DISCUSSION

The aim of the present study was to provide a first systematic investigation of multidimensional sexual perfectionism exploring the unique relationships of four different forms of sexual perfectionism—self-oriented, other-oriented, partner-prescribed, and socially prescribed sexual perfectionism—with positive aspects of people’s sexuality (sexual esteem, sexual self-efficacy, sexual optimism, sex life satisfaction) and negative aspects (sexual problem self-blame, sexual anxiety, sexual depression, negative perfectionism cognitions during sex). The study found that multidimensional sexual perfectionism showed significant relationships with all aspects of people’s sexuality, but the different forms of sexual perfectionism showed unique patterns of relationships suggesting that some forms of sexual perfectionism are ambivalent whereas others are exclusively maladaptive.

Self-Oriented Sexual Perfectionism

As expected, self-oriented sexual perfectionism was found to be an ambivalent form of sexual perfectionism in both the bivariate correlations and the multiple regressions. On the one hand, it showed positive relationships with sexual esteem, sexual self-efficacy, sexual optimism, and sex life satisfaction and a negative relationship with sexual depression. On the other hand, it showed positive relationships with sexual problem self-blame. Moreover, regarding negative perfectionism cognitions during sex, self-oriented sexual perfectionism showed positive relationships not only with pursuit of perfection cognitions (which was expected) but also with concern over mistakes cognitions (which was not). The reason why self-oriented sexual perfectionism was more maladaptive than expected may be that self-oriented perfectionism not only entails perfectionistic strivings, but also beliefs about the importance of *being* perfect (Campbell & Di Paula, 2002; Stoeber & Childs, 2010). Consequently, people high in self-oriented sexual perfectionism may not only be striving for perfection, but may also be concerned about not achieving perfection. Therefore, they may—like people high in socially prescribed sexual perfectionism—worry about failing to be a perfect sex partner, as indicated by the high correlations that self-oriented sexual perfectionism showed with concern over mistakes cognitions during sex.

Partner-Oriented Sexual Perfectionism

A different pattern emerged for partner-oriented sexual perfectionism. As expected, partner-oriented sexual perfectionism also was an ambivalent form of sexual perfectionism in all analyses. On the one hand, it showed positive relationships with sexual esteem, sexual self-efficacy, and sexual optimism and a negative relationship with sexual anxiety. On the other hand, it showed positive relationships with sexual problem self-blame and negative perfectionism cognitions during sex regarding the pursuit of perfection and concern over mistakes. However,

there were some notable differences to self-oriented sexual perfectionism. Regarding the bivariate correlations, all positive correlations with the positive aspects of sexuality were slightly larger, and all negative correlations with negative aspects slightly smaller than those of self-oriented sexual perfectionism. Moreover, differently from self-oriented sexual perfectionism, partner-oriented sexual perfectionism showed a negative relationship with concern over mistakes cognitions during sex once the overlap with the other forms of sexual perfectionism was controlled for, suggesting that having perfectionistic expectations of others (instead of oneself) may serve as a buffer against sexual anxiety and concern over mistakes. If I expect my partner to be a perfect sex partner (but do not have such expectations for myself), there is no need to be anxious and concerned.

Whereas these findings suggests that having perfectionistic sexual standards and expectations for one's partner is "better" than having perfectionistic standards and expectations for oneself, it is unclear how self- and partner-oriented perfectionism would have compared if the study had taken an interpersonal perspective, included the students' sexual partner, and investigated how students' sexual perfectionism affected their partner's sexual well-being. Research on multidimensional and dyadic perfectionism has shown that other-oriented and partner-oriented perfectionism can have negative effects when the quality of interpersonal relationships is regarded. In the present study, however, all positive and negative aspects of sexuality we examined were mainly self-focused. Partner-oriented sexual perfectionism may be positive for oneself, but negative for one's partner.

Partner-Prescribed Sexual Perfectionism

In line with the previous findings on multidimensional sexual perfectionism (Snell, 2001; Snell & Rigdon, 2001), partner-prescribed sexual perfectionism emerged as an ambivalent form of sexual perfectionism when bivariate correlations were regarded because it showed not only

positive correlations with negative aspects of sexuality (sexual problem self-blame, negative perfectionism cognitions during sex), but also a positive correlation with a positive aspect (sexual esteem). However, when multiple regressions were conducted controlling for the overlap with the other forms of sexual perfectionism, the positive relationship with sexual self-esteem disappeared. Instead, partner-prescribed sexual perfectionism was the only form of sexual perfectionism that predicted sexual problem self-blame, suggesting that partner-prescribed sexual perfectionism is a maladaptive form of sexual perfectionism, as was expected from research on multidimensional and dyadic perfectionism.

Socially Prescribed Sexual Perfectionism

In contrast, all relationships that socially prescribed sexual perfectionism showed were as expected because it showed only positive relationships with negative aspects of sexuality (and negative relationships with positive aspects). In the bivariate correlations, students high in socially prescribed sexual perfectionism showed higher levels of sexual preoccupation, sexual problem self-blame, and sexual anxiety and lower levels of sexual optimism than students low in socially prescribed sexual perfectionism. Moreover, students high in socially prescribed sexual perfectionism reported a higher frequency of negative perfectionism cognitions during sex regarding both the pursuit of perfection and concern over mistakes. In addition, when the overlap with the other (more ambivalent) forms was controlled for, socially prescribed sexual perfectionism additionally displayed a positive relationship with sexual depression and a negative relationship with sexual optimism.

The findings provide support for Snell's (1997) model and measure of multidimensional sexual perfectionism and his decision to differentiate partner-prescribed and socially prescribed sexual perfectionism because they indicate that socially prescribed sexual perfectionism is a more maladaptive form of sexual perfectionism than partner-prescribed sexual perfectionism

showing stronger and more consistent unique associations with problematic aspects of sexuality. Harnessing beliefs that society and people in general have perfectionistic sexual standards and expectations for oneself appears to be more dysfunctional than harnessing beliefs that one's sexual partner has such standards and expectations. As to reasons why socially prescribed sexual perfectionism emerged as more maladaptive than partner-prescribed sexual perfectionism, we can only speculate. One possibility is that the belief that one's sexual partner has perfectionistic expectations—while associated with self-blame for sexual problems—is less threatening than the belief that society in general expects one to be a perfect sexual partner. The sexual partner is a concrete person one can communicate and “negotiate” with, if one believes he or she expects one to be a perfect sex partner (which may or may not be true), whereas society is an abstract concept and, if one believes that society and people in general expect one to be a perfect sex partner, there is no one who can verify (or falsify) these irrational and dysfunctional beliefs.

Finally it is important to note that both forms of sexual perfectionism characterized by beliefs that others expect one to be perfect (partner-prescribed and socially prescribed sexual perfectionism) were clearly more maladaptive than the two forms of sexual perfectionism characterized by personal expectations (self-oriented and other-oriented sexual perfectionism), which emerged as ambivalent forms of sexual perfectionism associated with positive and negative aspects of sexuality. One possible explanation for this is that people may feel they have more control over their own expectations than over others' expectations, which may serve as a protective factor against sexual anxiety and sexual depression, whereas one has less control over the partner's expectations and no control over the expectations (one believes) society and people in general have. This may explain why self-oriented and other-oriented sexual perfectionism showed negative relationships with sexual anxiety and sexual depression, whereas socially prescribed sexual perfectionism showed positive relationships with sexual anxiety and sexual

depression, once the overlap between the different forms of perfectionism was controlled for and unique relationships were examined.

Limitation and Future Studies

As the present study was the first to explore multidimensional perfectionism examining the unique relationships of the different forms of sexual perfectionism, it had a number of limitations. First, the study was largely exploratory. Hence, future research needs to replicate the findings before firm conclusions about the degree of maladaptiveness and ambivalence of the different forms of sexual perfectionism can be drawn. In particular, it would be important to explore what role multidimensional sexual perfectionism plays in frequent sexual problems such as male erectile dysfunction and male and female orgasmic difficulties (Simons & Carey, 2001). Second, the student sample was predominantly female. Whereas this is representative of the gender distribution in psychology, future studies would profit from including students from subjects with more male students (e.g., mathematics) to increase statistical power for finding potential gender differences while preserving representativeness (see Dickinson, Adelson, & Owen, 2012). Third, the study was cross-sectional. Consequently, the findings from the correlation and regression analyses should not be interpreted in a temporal or causal sense. Future studies need to employ longitudinal designs to explore the temporal and possibly causal pathways between the variables of the present study (cf. Taris, 2000). Fourth, like the previous two studies on multidimensional sexual perfectionism (Snell, 2001; Snell & Rigdon, 2001), the present study was conducted with university students. As a result, it is unclear to what degree the findings generalize to other adults such as young adults not participating in higher education or older adults (30 years and above) who have more experience with sexuality in long-term sexual relationships and may have different expectations and standards. Therefore, future studies would profit from going beyond university samples and investigating multidimensional perfectionism in

community samples.

Finally, the present study relied solely on self-reports. While self-reports represent a reliable and valid method to capture people's beliefs about themselves and others and gain insights into areas of people's private lives that are not easily observable such as sexuality (Paulhus & Vazire, 2007), future studies may want to include additional data not coming from self-reports. In particular, it would be useful to include data from participants' sexual partner. This would not only provide observer reports which could be used to validate the self-reports. More importantly, including participants' sexual partner would also allow for the investigation of dyadic sexual perfectionism by examining the effects that one partner's sexual perfectionism (particularly partner-oriented and partner-prescribed sexual perfectionism) has on the partner's sexuality and sexual perfectionism (cf. Stoeber, 2012).

Conclusion

Despite these limitations, the present findings make an important contribution to the study of sexual perfectionism, providing a first investigation of the unique relationships that multidimensional sexual perfectionism shows with positive and negative aspects of sexuality and negative perfectionism cognitions during sex. The findings indicate that, like general perfectionism, sexual perfectionism has many faces and is best conceptualized as a multidimensional and multifaceted characteristic. Regarding four different forms of sexual perfectionism—self-oriented, partner-oriented, partner-prescribed, and socially prescribed sexual perfectionism—the present study found that different forms of sexual perfectionism show different patterns of associations suggesting that not all forms of sexual perfectionism are exclusively maladaptive and dysfunctional, but some forms are ambivalent and associated with both positive and negative aspects of sexuality. Hence, multidimensional sexual perfectionism is a personality characteristic that researchers investigating individual differences in sexuality and

sexual behavior may want to pay more attention to in future studies.

Footnotes

¹Note that, in Snell's model, partner-oriented sexual perfectionism is called "partner-directed sexual perfectionism," and partner-prescribed sexual perfectionism is called "self-directed sexual perfectionism from one's partner." Moreover, Snell's model included a fifth form of sexual perfectionism—called "partner's self-oriented sexual perfectionism"—capturing people's beliefs about their partner's self-oriented sexual perfectionism (e.g., "My partner sets very high, perfectionistic goals for herself [himself] as a sexual partner"). However, this form has no correspondence in previous theory and research on multidimensional and dyadic perfectionism. More importantly, it is doubtful that people's beliefs about others' self-oriented perfectionism should be regarded as a form of perfectionism. Hence partner's self-oriented sexual perfectionism was disregarded in the present research.

²The way we set up the online questionnaire in Qualtrics® required participants to respond to all items before they could move to the next page. Consequently there were no missing data.

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Table 1

Bivariate Correlations

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
Sexual perfectionism (SP)													
1. Self-oriented SP													
2. Partner-oriented SP	.55***												
3. Partner-prescribed SP	.67***	.70***											
4. Socially prescribed SP	.67***	.55***	.68***										
Sexuality													
<i>Positive aspects</i>													
5. Sexual esteem	.17**	.24***	.12*	.05									
6. Sexual self-efficacy	.11	.13*	.01	-.01	.46***								
7. Sexual optimism	-.03	.01	-.11	-.19**	.46***	.37***							
8. Sex life satisfaction	.04	-.01	-.07	-.09	.54***	.32***	.47***						
<i>Negative aspects</i>													
9. Sexual problem self-blame	.33***	.27***	.37***	.36***	-.29***	.00	-.24***	-.18**					
10. Sexual anxiety	.05	-.04	.08	.17**	-.68***	-.30***	-.51***	-.54***	.31***				
11. Sexual depression	.00	.04	.11	.15	-.64***	-.36***	-.60***	-.78***	.28***	.69***			
Negative perfectionism cognitions during sex													
12. Pursuit of perfection	.53***	.33***	.46***	.48***	-.09	.04	-.12	-.07	.37***	.25***	.16**		
13. Concern over mistakes	.43***	.13*	.32***	.39***	-.25***	.00	-.18**	-.08	.42***	.34***	.19***	.76***	
<i>M</i>	12.46	7.45	8.00	7.82	23.03	12.11	13.37	23.18	9.68	5.15	12.36	10.69	11.74
<i>SD</i>	5.11	4.78	4.49	5.00	8.35	4.03	3.15	8.59	4.10	4.47	7.93	3.34	3.75
Cronbach's alpha	.86	.87	.84	.88	.93	.88	.69	.96	.80	.95	.89	.85	.86

Note. $N = 266$.

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

Table 2

Multiple Regressions: Standardized Regression Coefficients and Variance Explained

Dependent variable	Sexual perfectionism (SP)				ΔR^2
	Self-oriented	Partner-oriented	Partner-prescribed	Socially prescribed	
Sexuality					
<i>Positive aspects</i>					
Sexual esteem	.21*	.30***	-.09	-.22*	.09***
Sexual self-efficacy	.21*	.22*	-.18	-.16	.05**
Sexual optimism	.17	.17*	-.14	-.29**	.06**
Sex life satisfaction	.20*	.06	-.14	-.14	.03
<i>Negative aspects</i>					
Sexual problem self-blame	.08	.00	.20*	.16	.15***
Sexual anxiety	-.10	-.22*	.12	.28**	.06**
Sexual depression	-.23*	-.07	.14	.25**	.05*
Negative perfectionism cognitions during sex					
Pursuit of perfection	.36***	-.06	.15	.16*	.31***
Concern over mistakes	.34***	-.27***	.13	.23**	.24***

Note. $N = 266$. All multiple regressions controlled for gender. ΔR^2 = percentage of variance explained after controlling for gender.

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

APPENDIX

Multidimensional Sexual Perfectionism Questionnaire (Snell, 1997): Scales and Items

Self-Oriented Sexual Perfectionism

I have very high perfectionistic goals for myself as a sexual partner.

I set very high standards for myself as a sexual partner.

I must always be successful as a sexual partner.

One of my goals is to be a “perfect” sexual partner.

I always feel the need to be a “perfect” sexual partner.

I always pressure myself to be the best sexual partner in the world.

Partner-Oriented Sexual Perfectionism

I expect my sexual partner to try to be perfectionistic when it comes to sex.

I expect my partner to always be a top-notch and competent sexual partner.

My partner should never let me down when it comes to my sexual needs.

I cannot stand for my partner to be less than a satisfying sexual partner.

I expect nothing less than perfectionism from my sexual partner.

I will appreciate my partner only if she/he is a perfect sexual lover.

Partner-Prescribed Sexual Perfectionism

My partner demands nothing less than perfection of me as a sexual partner.

My partner expects me to be a perfect sexual partner.

My partner always wants me to sexually please him/her.

My partner pressures me to be a perfect sexual partner.

My sexual partner has very high perfectionistic goals for me as a sexual partner.

In order for my partner to appreciate me, I have to be a perfect sexual lover.

Socially Prescribed Sexual Perfectionism

Most people in society expect me to always be a perfect sexual partner.

If I am “perfect” as a sexual partner, then society will consider me to be a good partner.

Most people expect me to always be an excellent sexual partner.

I have to be a perfect sexual partner in order for most people to regard me as okay.

In order for people to accept me, I have to be the greatest sex partner in the world.

Most people expect me to be perfectionistic when it comes to sex.