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# Multidimensional Perfectionism and Sexual Difficulties Among Adult Couples: A Dyadic Cross-Sectional and Longitudinal Study

Noémie Viens , Frédéric Langlois , and Marie-Pier Vaillancourt-Morel 

Department of Psychology, Université du Québec à Trois-Rivières

## ABSTRACT

The multidimensional model of perfectionism includes three dimensions: Self-oriented perfectionism (SOP), other-oriented perfectionism (OOP), and socially prescribed perfectionism (SPP). Although previous research has identified significant cross-sectional associations between perfectionism and sexual function, these studies predominantly focused on women without examining the links between the different dimensions of perfectionism and various indicators of sexual difficulties among both members of a couple. This study aimed to address this gap by examining the dyadic associations between perfectionism dimensions, sexual function, partner-focused sexual desire, and sexual distress, both cross-sectionally (T1) and longitudinally (T2) over one year. The secondary aim of the study was to explore the moderating role of gender on these associations. A sample of 308 cohabiting adult couples completed online questionnaires assessing participants' three dimensions of perfectionism, partner-focused sexual desire, sexual function and sexual distress. Path analyses using the Actor-Partner Interdependence Model (APIM) revealed that SOP was positively associated with individuals' own partner-focused sexual desire at T1 and T2. In contrast, SPP was negatively associated with individuals' own sexual function at T1 and positively associated with their own sexual distress at T1 and T2. A moderation analysis revealed that men's SPP was related to their partner's higher sexual distress at T1. The results underscore the importance of considering perfectionism dimensions in clinical assessments and interventions for couples experiencing sexual difficulties and problematic perfectionist behaviors.

Perfectionism is a personality trait characterized by excessively high standards, a tendency to engage in critical evaluations of the self and others, as well as a fear of mistakes or negative evaluations (Burns, 1980; Frost et al., 1990; Hewitt & Flett, 1991). Thus, perfectionism is a multidimensional construct that involves both personal and interpersonal components (Hewitt & Flett, 1991). Recognized as an enduring vulnerability, perfectionism may contribute to the development and maintenance of a wide range of personal difficulties, such as psychological distress, anxious and depressive symptoms as well as psychological disorders (Callaghan et al., 2024; Hewitt & Flett, 1991). Perfectionism is also related to interpersonal challenges, including in romantic relationships, as it is related to higher interpersonal problems, lower long-term commitment and lower relationship and sexual satisfaction (Habke et al., 1999; Lopez et al., 2006; Stoeber, 2012; Stoeber et al., 2021). However, the scientific literature on the association between perfectionism and sexual difficulties in couples remains understudied. Given that 40% of women and 28% of men experience a sexual problem (Rosen et al., 2018), with 10% reporting associated sexual distress (Mitchell et al., 2013) and that sexual difficulty is one of the most common reasons for seeking couple therapy (Emond et al., 2024), there is a need to investigate how

less documented personality traits, such as perfectionism, may relate to couples' sexual difficulties.

The handful of studies on the perfectionism-sexuality link have been mostly cross-sectional and focused almost exclusively on sexual function, suggesting that multidimensional perfectionism is related to lower sexual function, including pain, lower arousal and greater lubrication difficulties (Aghamohammadian et al., 2014; Lam & Hewitt, 2018; Stoeber & Harvey, 2016). However, these studies have neglected the broader relationship context in which sexual activities usually occur by sampling individuals, regardless of their relationship status, rather than couples. As such, they have failed to investigate how the different dimensions of multidimensional perfectionism may relate to each partner's sexual life. This study used a longitudinal dyadic design to examine how the different perfectionist traits of both romantic partners may relate to their sexual difficulties, including sexual function, and without neglecting other important aspects of sexual experience, such as sexual distress and partner-focused sexual desire. Given that perfectionism has been on the rise over the years (Curran & Hill, 2019) and that sexual difficulties among men, women and gender diverse individuals may result from an emphasis on performance (Bockaj et al., 2024; Pyke, 2020; Stoeber & Harvey, 2016), it appears particularly relevant to test this association.

### **Multidimensional Perfectionism**

Hewitt and Flett's (1991) multidimensional model of perfectionism suggests that perfectionist behaviors may be directed toward oneself (self-oriented perfectionism), toward others (other-oriented perfectionism) or may be attributed to one person from their social environment (socially-prescribed perfectionism). This model is of particular relevance to the study of couples' sexuality, as it distinguishes between the personal and interpersonal aspects of perfectionism. At the intra-personal level, individuals characterized with high levels of SOP aim for excessively high personal standards and tend to engage in self-critical and rigorous evaluation of their performances. At the interpersonal level, those high in OOP rather impose their standards of performance on others, by critically evaluating their performances. In contrast, individuals with high levels of SPP tend to perceive that others, including romantic partners, demand perfection from them and evaluate their performances harshly.

While there seems to be a consensus within the scientific literature on perfectionism about the maladaptive nature of SPP, SOP and OOP are generally painted as ambivalent dimensions, associated with both positive and negative outcomes (Klibert et al., 2005; Kluck et al., 2016; Stoeber, 2012; Stoeber et al., 2017). For instance, although SOP shows non-significant to weak associations with interpersonal problems compared to SPP (Stoeber et al., 2021), studies have shown that it may not be purely adaptive, notably due to its link with indicators of psychological distress, such as anxiety or depression (Callaghan et al., 2024; Klibert et al., 2005). Yet, some authors have argued that when the overlap with SPP is controlled for, SOP is mostly adaptive, as per its positive association with psychological adjustment outcomes (Klibert et al., 2005; Stoeber & Gaudreau, 2017). As for OOP, associations were found with antisocial and narcissist personality traits (Stoeber, 2015; Stoeber et al., 2021), such that authors have proposed that projecting one's expectations onto others could act as a protective shield against perfectionistic thoughts about the self (Stoeber et al., 2013). Thus, although this dimension does not appear to be linked to an individual's functioning, several authors have proposed that it could have a negative impact on others – including romantic partners – who inevitably suffer from the pressure and unrealistic demands placed on them (Kluck et al., 2016; Stoeber et al., 2013, 2021).

### **Perfectionism and Sexual Difficulties in Adults**

Engaging in sexual activities with an intimate partner can be particularly challenging for perfectionistic individuals, especially with contemporary social norms that place more and more emphasis on sexual performance (Carvalho & Nobre, 2011). Several authors have suggested that the affects and dysfunctional thought patterns associated with perfectionism may interfere with an individual's sexual life (Carvalho & Nobre, 2011; McCabe & Connaughton, 2014; Nobre & Pinto-Gouveia, 2008). One model that could explain the role of perfectionism on the development of sexual difficulties is the cognitive-affective model of sexual dysfunction (Nobre & Pinto-Gouveia, 2008, 2009). This model suggests

that individuals' cognitive self-schemas and sexual beliefs may distract them from the pleasurable experience of sexual activity by provoking disagreeable thoughts and affects during sexual activities. Thus, perfectionists who tend to exhibit an incompetence self-schema as well as sexual beliefs related to sexual performance could experience more fear of failure related thoughts as well as negative affect, like shame or anxiety, which could distract them from erotic cues and negatively affect their sexual life.

Most studies that have investigated the link between perfectionism and sexuality have been cross-sectional and mostly focused on sexual function (desire, arousal, orgasm, pain overall satisfaction, intercourse satisfaction; Rosen et al., 2000; Rosen et al., 1997). Quadland (1980) was one of the first authors to identify a positive association between perfectionistic thinking and sexual dysfunction in men. Similarly, one study among infertile women showed that all three dimensions of multidimensional perfectionism were associated with lower sexual functioning (Aghamohammadian et al., 2014). However, other authors have argued that SPP was the strongest predictor of lower sexual function (sexual arousal) among a sample of undergraduate women (Lam & Hewitt, 2018). In another study among adult women, focusing specifically on sexual perfectionism, results of multivariate regression analysis showed that self-oriented sexual perfectionism was related to higher sexual function (desire, arousal and lubrication), partner-oriented sexual perfectionism was related to lower sexual satisfaction, and partner-prescribed sexual perfectionism, but not socially-prescribed sexual perfectionism, was related to lower sexual function (pain, arousal and lubrication; Stoeber & Harvey, 2016). However, only partner-prescribed sexual perfectionism was still significantly related to lower arousal and lubrication three to six months later, which suggests that this dimension is the most detrimental to the sexual functioning of women over time (Stoeber & Harvey, 2016).

Empirical evidence on the association between perfectionism and other indicators of sexual difficulties is lacking. To our knowledge, only two studies have investigated the link between perfectionism and sexual distress. Although sexual distress is often referred to as the experience of distress about one's sexual problems (Fischer & Træen, 2022), the present study defines this construct as the experience of negative feelings (e.g., frustration, anxiety, shame) about one's sexual life and sexual relationships (Santos-Iglesias et al., 2018). Pavanello Decaro et al. (2024) found that other-oriented sexual perfectionism was not significantly associated with sexual distress in a sample of men. On the other hand, Dunkley et al. (2019) found a positive association between general perfectionism and sexual distress among undergraduate women. Sexual distress is an important component of overall sexual well-being and is required for any diagnosis of sexual dysfunction (American Psychiatric Association, 2022; Santos-Iglesias et al., 2020), making it an essential component to consider when assessing sexual difficulties.

As for the sexual desire of perfectionist individuals, the only available data has been obtained through measures of sexual function. These studies have found that higher scores on all perfectionist dimensions were associated with greater sexual desire (Dunkley et al., 2019; Kluck et al., 2016; Stoeber &

Harvey, 2016; Stoeber et al., 2013). However, none of these authors provided an interpretation with regards to these results. Low sexual desire is the most frequent sexual problem (Quinn-Nilas et al., 2018) and the most frequent motive for seeking couple therapy (Emond et al., 2024; Péloquin et al., 2019), which suggests a need to further investigate its association with perfectionism in couples.

To our knowledge, all past studies on the perfectionism-sexuality link, with the exception of one on sexual satisfaction (Habke et al., 1999) have focused on samples of individuals regardless of their relationship status. Given that sexuality more frequently occurs with the same partner in romantic relationships (Dewitte, 2014), it may be more affected by the personality traits of each partner. People high in OOP and SPP tend to report greater struggle in their romantic relationships which may also negatively affect their sex lives (Hewitt et al., 2017). The social disconnection model of perfectionism (PSDM; Hewitt et al., 2006, 2017) explains that these individuals tend to engage in negative social thoughts and behaviors (e.g., hostility, critical behavior, intimacy avoidance, poor coping skills, perception of rejection) that may foster social disconnection with others (Stoeber et al., 2017). In turn, partners may also respond negatively to the negative interpersonal behaviors of their perfectionist partner by using similar interaction styles or coping strategies (Haring et al., 2003). This evidence suggests that the interpersonal dimensions of perfectionism could interfere with both partners' sexual life, yet only one study has explored the association with partners' sexual outcomes. Among a sample of 74 heterosexual couples, women's other-oriented perfectionism was related to their own and their male partner's lower sexual satisfaction (Habke et al., 1999). The present study expanded on this previous cross-sectional dyadic study that focused only on sexual satisfaction by investigating the link between perfectionism and multiple indicators of sexual difficulties, using a dyadic cross-sectional and one-year longitudinal design.

## Aims and Hypotheses

The first objective of this study was to examine, in adult couples, the associations between an individual's perfectionism and three indicators of their own and their partner's sexual difficulties: sexual function, partner-focused sexual desire, and sexual distress. First, with regards to actor effects, we hypothesized that a person's SOP would be associated with their own higher sexual function, higher partner-focused sexual desire and lower sexual distress (lower levels of sexual difficulties), cross-sectionally and one year later. Second, a person's OOP would not be significantly associated with their own sexual function, partner-focused sexual desire or sexual distress, cross-sectionally and one year later. Third, a person's SPP would be associated with their own lower sexual function, lower partner-focused sexual desire and higher sexual distress (higher levels of sexual difficulties), cross-sectionally and one year later. Since this study is the first to document the associations between one's own perfectionism and a partner's sexual difficulties, no hypothesis was proposed with regards to partner effects. Also, as most studies on the link between perfectionism and sexuality have mainly

focused on samples of women (Dunkley et al., 2019; Kluck et al., 2016; Stoeber & Harvey, 2016), it appeared necessary to investigate if perfectionism relates differently to the sexual difficulties of men and women. Thus, the second objective of this study was to explore the moderating role of gender on these associations.

## Method

### Participants

A convenience sample of 308 cohabiting couples were recruited by online advertisements on social networks (e.g., Facebook, Twitter, Instagram). This sample included 295 (47.9%) cis men, 309 (50.2%) cis women, and 12 (2.0%) sex/gender diverse individuals (i.e., trans men, trans women, non-binary, indigenous or another cultural gender minority identity, agender, gender not listed). On average, participants were aged 33.06 years ( $SD = 9.09$ , range: 18–71). Most participants (72.7%,  $n = 448$ ) identified themselves as heterosexual, while others identified as homosexual (4.2%,  $n = 26$ ), bisexual (7.5%,  $n = 46$ ), homoflexible (0.3%,  $n = 2$ ), heteroflexible (7.5%,  $n = 46$ ), queer (1.3%,  $n = 8$ ), pansexual (2.8%,  $n = 17$ ), asexual (1.0%,  $n = 6$ ), or reported not knowing yet, currently questioning their sexual orientation, or having an orientation not listed (2.7%,  $n = 17$ ). Couples' average relationship duration was 7.75 years ( $SD = 7.30$ ) and 26.5% ( $n = 163$ ) were married. Most participants reported currently living in Canada (98.9%,  $n = 609$ ), while 1.2% ( $n = 7$ ) were currently living in the United States, Europe, or Asia. Regarding their ethnic and racial background (multiple responses possible), most of the participants identified as White (93.3%;  $n = 575$ ) and 6.7% ( $n = 41$ ) identified themselves as either Arab, Black, Caribbean, Asian, Indigenous, Latin American, or mixed cultural identity. Lastly, most of the participants (91.23%,  $n = 562$ ) had completed a post-secondary education and reported being employed (71.11%,  $n = 438$ ).

### Procedure

Data were collected as part of a larger research project on sexual and relational well-being in couples (Calypso project). Advertisements, designed to be inclusive of sexual and gender-diverse couples, informed participants about an online survey investigating how perceptions and attitudes contribute to couples' sexual and relationship well-being. Interested couples accessed a Qualtrics eligibility survey via the link shared in the advertisements. Recruitment occurred from January 2022 to January 2023. To be eligible, both partners had to be at least 18 years of age and living together for at least six months. After interested participants completed the short eligibility survey, they were contacted by a research assistant for a brief telephone call to ensure that they had fully understood the study procedure and that both partners were still interested to participate. Eligible couples independently received by e-mail a hyperlink directing them to the consent form and the self-report questionnaires hosted on Qualtrics. Three attention-testing questions were distributed within the survey (e.g., *We're evaluating your level of attention, answer "Rarely true"*



to this question), and data of participants failing at least two out of three of these questions were deleted. This cutoff score was chosen to balance the identification of potentially inattentive respondents, while minimizing the exclusion of valid participants who may have made isolated errors. One year later, couples who had completed the Time 1 (T1) survey were contacted by e-mail to complete the Time 2 (T2) survey. Each partner received a compensation of CAN\$10 after completing the T1 survey and CAN\$15 for the T2 survey. All procedures were approved by an Institutional Review Board.

A power analysis for actor-partner interdependence models (Ackerman et al., 2016) determined that 265 indistinguishable dyads were necessary to test a model based on the following conditions: a) small effect sizes for both actor and partner effects ( $\beta = .12$ ); b) a recommended 0.30 correlation between partner variables; and c) a power of 80% at an alpha of 0.05. Small effect sizes were expected as they are frequently reported in the field of sexuality due to the variety of factors that may be related to sexual outcomes (Böthe et al., 2022; Meston & Buss, 2007; Stoeber & Harvey, 2016). Of the 1072 interested potential couples, 690 (64.4%) could not be reached ( $n = 108$ ), were not eligible ( $n = 169$ ), or had one or both partners who were no longer interested in taking part in the study ( $n = 13$ ); 60 participants (5.6%) dropped out during T1, 9 participants (0.8%) failed two out of three attention questions, and 6 participants (0.6%) partially completed T1. Consequently, 329 couples ( $n = 658$ ) were invited to complete the T2 survey. Of these, 21 couples (6.4%) had separated between the T1 and T2 assessment. Since the separation could be associated with the couple's sexual well-being over time, data from these 21 couples could not be handled using the missing-at-random assumption and were thus excluded from the analyses, resulting in a sample size of 308 couples ( $n = 616$  participants). A total of 85 participants (13.8%) dropped out, for a retention rate of 86.2% and 9 participants (1.5%) failed two out of three attention questions at T2.

## Measures

### Perfectionism

At T1, participants' perfectionist tendencies were assessed using the short form of the original Multidimensional Perfectionism Scale (MPS, Hewitt & Flett, 1991; Hewitt et al., 2008). The MPS-short is a 15-item questionnaire that measures three subscales: self-oriented perfectionism (SOP), other-oriented perfectionism (OOP) and socially-prescribed perfectionism (SPP). Participants rated items on a 7-point Likert scale (1 = *strongly disagree*; 7 = *strongly agree*). Higher scores indicate higher levels of perfectionism dimensions. Internal consistency for the three subscales of the short form was adequate (Cronbach's  $\alpha = .83$  to  $.86$  for SOP,  $.70$  to  $.75$  for OOP and  $.75$  for SPP). In the present study, Cronbach's  $\alpha$  at T1 was  $.90$  for SOP,  $.83$  for OOP and  $.82$  for SPP.

### Sexual Function

Sexual function in the previous four weeks was measured at T1 and T2 with the Female Sexual Function Index (FSFI, Rosen et al., 2000) for female anatomy or the International Index of Erectile Function (IIEF, Rosen et al., 1997) for male anatomy.

The FSFI is a 19-item scale that measures sexual desire, arousal, lubrication, orgasm, satisfaction and pain/discomfort (e.g., *Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?*). The 19 items were rated on five- and six-point scales (e.g., 1 = *Very low or absent* to 5 = *Very high*). Scores obtained for each sexual domain were summed and multiplied by a respective factor that homogenized the influence of each dimension to form a total score of 2 to 36, with a higher score indicating better sexual function. The FSFI has excellent internal reliability (Cronbach's  $\alpha = .97$ ) and good 4-week test-retest reliability ( $r = .88$ , Rosen et al., 2000). In this study, Cronbach's  $\alpha$  was  $.93$  at T1 and  $.96$  at T2.

The IIEF is a 15-item scale that assesses sexual desire, erectile function, orgasmic function, intercourse satisfaction, and overall sexual satisfaction (e.g., *Over the past 4 weeks, how much have you enjoyed sexual activity?*). The 15 items were rated on five- and six-point scales (e.g., 1 = *Almost never or never* to 5 = *Almost always or always*). Items were summed to provide a total score ranging from 5 to 75, with a higher score indicating better sexual function. The IIEF has excellent internal consistency (Cronbach's  $\alpha = .91$  to  $.96$ ) and good 4-week test-retest reliability ( $r = .82$ , Rosen et al., 1997). Cronbach's  $\alpha$  was  $.90$  at T1 and  $.91$  at T2. Based on the physical anatomy they felt most comfortable with, participants completed either the FSFI or the IIEF. To transform each measure on the same scale, each was individually transformed into Z scores ( $M = 0$ ;  $SD = 1$ ). These standardized scores were then combined to create a unified sexual function variable.

### Partner-Focused Sexual Desire

At T1 and T2, participants' sexual desire toward their partner was assessed by the partner-focused subscale (Moyano et al., 2017) of the Sexual Desire Inventory-2 (SDI-2, Spector et al., 1996). The SDI-2's partner-focused dyadic subscale includes 7 items that assess the interest in or wish to engage in sexual activity with their partner in the last month (e.g., *During the last month, how often have you had sexual thoughts involving a partner?*). Items were rated on an 8-point Likert scale ranging from 0 = *not at all* to 7 = *more than once a day*, or a 9-point Likert scale ranging from 0 = *no desire* to 8 = *strong desire*, from 0 = *not at all important* to 8 = *extremely important*, or from 0 = *much less desire* to 8 = *much more desire*. Items were summed to obtain a total score ranging from 0 to 54, with higher scores indicating higher sexual desire toward their romantic partner. The partner-focused subscale has shown good internal consistency for both men (Cronbach's  $\alpha = 0.80$ ) and women (Cronbach's  $\alpha = 0.88$ , Moyano et al., 2017). The original SDI-2 has shown good one-month test-retest reliability ( $r = .76$ , Spector et al., 1998). In the current study, Cronbach's  $\alpha$  was  $.88$  at T1 and  $.89$  at T2.

### Sexual Distress

At T1 and T2, participants' sexual distress was measured by the Sexual Distress Scale – Short Form (SDS, DeRogatis et al., 2008; Santos-Iglesias et al., 2020). The SDS-SF is a 5-item scale that assesses how often one's sexual problem has caused bother or distress during the past 30 days (e.g., *worried about sex, feeling sexually inadequate*) on a 5-point frequency scale

(0 = *never*, 4 = *always*). Items were summed to obtain total scores ranging from 0 to 20, with higher scores indicating greater sexual distress. The original scale has demonstrated good internal consistency (Cronbach's  $\alpha = .88$ ) and good test-retest reliability over 28 days (ICC = .88, DeRogatis et al., 2008; Santos-Iglesias et al., 2018). In the current study, Cronbach's  $\alpha$  was .88 at T1 and .90 at T2.

### Data Analysis

Descriptive and correlation analyses were first computed using the Statistical Package for the Social Sciences (SPSS 28.0) to examine the sample characteristics and actor-partner bivariate correlations between the study variables. Using *MPlus* version 8.10 (Muthén & Muthén, 2017), two actor-partner interdependence models (APIM; Kenny et al., 2006) were conducted to examine the associations between perfectionist dimensions and sexual difficulties in couples, cross-sectionally and at T2, one year later. A longitudinal model with two measurement times was chosen to address some of the inherent limitations of cross-sectional models, such as increased shared variance and inflated associations (Kraemer et al., 2008). We did not control for baseline outcomes (T1) in our analysis because our study design included only two measurement points, which limits the ability to examine within-person change over time. Moreover, controlling for baseline outcomes (T1) in a longitudinal model with only two time points can lead to overcorrecting for initial status, potentially obscuring the measurement of true change over time (e.g., Bollen & Curran, 2006). Additionally, our sample consisted of community couples followed over one year without any specific intervention. Thus, we anticipated minimal variation in sexual outcomes between T1 and T2.

The APIM accounts for the interdependence between partners and allows for the examination of actor effects (e.g., the association between a person's SPP and their own sexual function) and partner effects (e.g., the association between a person's SPP and their partner sexual function). Covariances between perfectionist dimensions, between sexual outcomes, and between partners were accounted for in the models. All sexual outcomes were included simultaneously in the models. As sexual- and gender-diverse couples were included in the sample (17 same-gender couples, 12 couples with at least one gender diverse partner) dyad members were

expected to be indistinguishable (i.e., not all partners within all dyads could be distinguished by sex or gender). Thus, each partner was randomly assigned to "partner 1" and "partner 2," and all parameters were constrained to be equal between partners (i.e., means, variances, covariances, actor effects, and partner effects; Kashy et al., 2008).

The models were estimated using maximum likelihood parameter estimates with robust standard errors (MLR). Attrition not due to separation and score-level missing data, which ranged from 0.0% to 20.78%, were handled using Full Information Maximum Likelihood (FIML; Muthén & Muthén, 2017). Overall model fit was evaluated by considering Kline's (2015) recommended guidelines: a non-statistically significant chi-square value; a comparative fit index (CFI) of .95 or higher; a root mean square error of approximation (RMSEA) below .06; and a standardized root-mean-square residual (SRMR) below .08.

To test for the moderating role of gender, interactions were added to the model (i.e., SOP\*Gender). When an interaction term was significant, simple slopes tests were used to determine the associations for men and women (0 = *men* and 1 = *women*). Due to their limited sample size ( $n = 23$ ), gender-diverse participants could not be included in these moderation analyses.

## Results

### Descriptive Statistics and Preliminary Analyses

Means and standard deviations for all three perfectionism dimensions at T1, sexual function at T1 and T2, partner-focused sexual desire at T1 and T2, and sexual distress at T1 and T2 are presented in Table 1 for men, women and gender diverse individuals. Actor and partner bivariate correlations are presented in Table 2 and showed that a person's SOP at T1 was positively associated with their own partner-focused sexual desire at T1 and T2 and their partner's partner-focused sexual desire at T2. A person's OOP at T1 was positively associated with their own partner-focused sexual desire at T1. A person's SPP at T1 was positively associated with their own sexual distress at T1.

Correlations between study variables and socio-demographic variables (age, relationship status, relationship duration, sexual orientation, education, employment, ethnicity and country) were conducted to identify potential confounds. We

**Table 1.** Means and standard deviations of perfectionist dimensions and sexual difficulties in men, women, and gender diverse individuals ( $N = 616$ ).

Variable	Cis men ( $n = 295$ )		Cis women ( $n = 309$ )		Gender diverse ( $n = 12$ )	
	<i>M</i> ( <i>SD</i> )	Range	<i>M</i> ( <i>SD</i> )	Range	<i>M</i> ( <i>SD</i> )	Range
SOP T1	21.89 (6.99)	5–35	22.99 (7.24)	5–35	21.44 (7.19)	6–35
OOP T1	19.27 (6.41)	5–33	19.69 (5.96)	5–35	18.38 (7.26)	8–30
SPP T1	18.09 (6.29)	5–34	19.70 (6.67)	5–35	18.50 (7.66)	5–32
PFSD T1	39.60 (8.73)	5–54	35.34 (11.09)	0–53	35.06 (12.33)	0–51
PFSD T2	37.71 (9.31)	7–54	32.57 (10.83)	0–52	31.43 (13.80)	1–50
Sexual function T1	0.02 (1.00)	–4.45–1.45	0.00 (1.00)	–3.64–1.51	–0.44 (1.04)	–2.56–0.85
Sexual function T2	0.03 (.96)	–2.81–1.53	–0.00 (1.00)	–4.04–1.54	–0.59 (1.58)	–4.37–1.02
Sexual distress T1	3.68 (3.72)	0–20	5.08 (4.49)	0–20	7.38 (4.11)	1–17
Sexual distress T2	3.46 (3.91)	0–20	4.68 (4.50)	0–18	8.21 (5.54)	0–15

SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially-prescribed perfectionism; PFSD = partner-focused sexual desire; T1 = Time 1; T2 = Time 2; *M* = mean; *SD* = standard deviation. Sexual function scores are standardized.

**Table 2.** Actor-partner bivariate correlations between perfectionist dimensions and sexual difficulties.

	1	2	3	4	5	6	7	8	9
1. SOP T1	<b>.14**</b>	.61**	.60**	.14**	.12**	.02	.07	.07	.02
2. OOP T1	.10*	<b>.08*</b>	.54**	.09*	.08	.01	.07	.03	-.01
3. SPP T1	.11**	.12**	<b>.15**</b>	.06	.05	-.07	-.00	.21**	.08
4. PFSD T1	.07	.03	.02	<b>.03</b>	.78**	.51**	.36**	-.34**	-.23**
5. PFSD T2	.11*	.07	.04	-.01	<b>.01</b>	.39**	.53**	-.29**	-.31**
6. Sexual function T1	.03	.03	-.02	.14**	.09*	<b>.38**</b>	.62**	-.57**	-.41**
7. Sexual function T2	.07	.07	.02	.06	.08	.21**	<b>.26**</b>	-.45**	-.61**
8. Sexual distress T1	.10	.01	.06	-.06	.00	-.26**	-.21**	<b>.31**</b>	.60**
9. Sexual distress T2	-.03	-.05	-.00	.05	-.00	-.17**	-.25**	.21**	<b>.27**</b>

Correlations presented above the diagonal represent the actor associations (i.e., the association between an individual X and their own Y), correlations presented below the diagonal represent the partner associations (i.e., the association between an individual X and their partner Y), and correlations in bold represent between-partner correlations. SOP = self-oriented perfectionism. OOP = other-oriented perfectionism. SPP = socially-prescribed perfectionism. PFSD = partner-focused sexual desire. T1 = Time 1. T2 = Time 2. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

did not control for any of the socio-demographic variables because they were not significantly associated with the study's dependent variables or showed only small correlations ( $r$  ranging from .09 to  $-.13$ ,  $p < .05$ ). Finally, intraclass correlations (ICC) were conducted to test for the non-independence of members within each dyad. ICC for all study variables, at T1 and T2, ranged between .01 and .39. Given these nonzero correlations, the data were non-independent and 308 dyads needed to be included in the analyses.

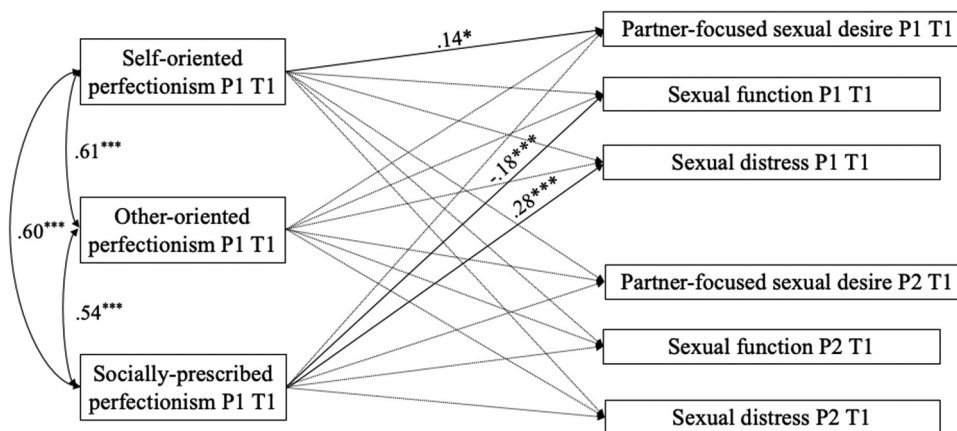
#### Actor-Partner Interdependence Cross-Sectional Model

A cross-sectional APIM was conducted to examine the actor and partner associations between the three perfectionism dimensions at T1 and the three indicators of sexual difficulties at T1: Sexual function, partner-focused sexual desire, and sexual distress. This model fit the data well with satisfactory fit indices:  $\chi^2(42) = 34.82$ ,  $p = .776$  RMSEA = .00, 90% CI = [.00, .03]; CFI = 1.00; SRMR = .04. Results, presented in Figure 1 and reported in Table 3, showed that a person's SOP was associated with their own higher partner-focused sexual desire. A person's SPP was associated with their own lower sexual function and their own higher sexual distress. No partner effects were significant. Overall, the model explained 5.6% of the variance in sexual distress, 2.4% in partner-focused sexual desire, and 1.5% in sexual function.

Results of the moderation analysis showed that the association between one's SPP and their partner's sexual distress was significantly different between women and men as the interaction was significant ( $b = -0.14$ ,  $SE = 0.07$   $p = .044$ ). The simple slopes showed that a person's SPP was significantly related to their partner's higher sexual distress in men ( $b = 0.16$ ,  $SE = 0.05$ ,  $p = .003$ ), whereas it was not significantly related in women ( $b = 0.01$ ,  $SE = 0.05$ ,  $p = .797$ ).

#### Actor-Partner Interdependence Longitudinal Model

A longitudinal APIM was conducted to examine the actor and partner associations between the three perfectionism dimensions at T1 and the three indicators of sexual difficulties at T2: Sexual function, partner-focused sexual desire and sexual distress. This model fit the data well with satisfactory fit indices:  $\chi^2(42) = 53.06$ ,  $p = .118$ ; RMSEA = .03, 90% CI = [.00, .05]; CFI = .97; SRMR = .07. Results, presented in Figure 2 and reported in Table 4, showed that a person's POS at T1 was related to their own higher partner-focused sexual desire at T2. A person's SPP at T1 was associated with their own higher sexual distress at T2. No partner effects were significant. Overall, the model explained 1.4% of the variance in sexual distress, 2.6% in partner-focused sexual desire, and 2.0% in sexual function.

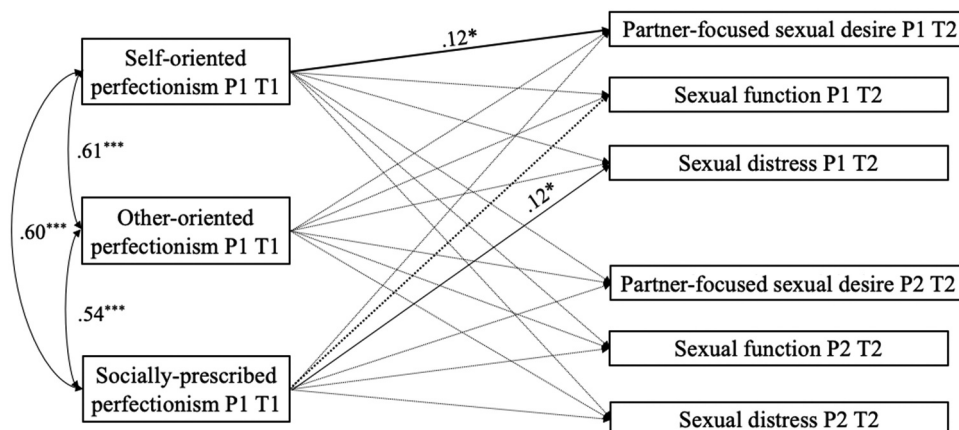


**Figure 1.** Actor-partner interdependence cross-sectional model. *Note.* Since dyads are considered indistinguishable, only one's own and partner's associations of one member of the dyad are presented. Standardized coefficients are only provided for significant paths. Significant actor effects are represented by black solid lines. Nonsignificant paths are represented by gray dotted lines. All covariances between sexual outcomes were estimated in the model, but not reported to maintain clarity. P1 = Partner 1. P2 = Partner 2. T1 = Time 1. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

**Table 3.** Actor-partner associations between the three perfectionist dimensions at T1 and the three indicators of sexual difficulties at T1.

	PFSD T1			Sexual function T1			Sexual distress T1		
	<i>b</i> (SE)	<i>p</i>	$\beta$	<i>b</i> (SE)	<i>p</i>	$\beta$	<i>b</i> (SE)	<i>p</i>	$\beta$
SOP T1 Actor	<b>0.21 (0.08)</b>	<b>.010</b>	<b>.14</b>	0.01 (0.01)	.142	.08	−0.03 (0.03)	.424	−.04
OOP T1 Actor	0.03 (0.09)	.758	.02	0.00 (0.01)	.698	.02	−0.06 (0.04)	.068	−.09
SPP T1 Actor	−0.06 (0.08)	.494	−.04	<b>−0.02 (0.01)</b>	<b>.014</b>	<b>−.13</b>	<b>0.18 (0.03)</b>	<b>&lt; .001</b>	<b>.28</b>
SOP T1 Partner	0.12 (0.08)	.119	.09	0.00 (0.01)	.687	.02	−0.02 (0.04)	.585	−.03
OOP T1 Partner	−0.01 (0.09)	.891	−.01	0.01 (0.01)	.269	.06	−0.02 (0.04)	.517	−.03
SPP T1 Partner	−0.07 (0.08)	.425	−.04	−0.01 (0.01)	.165	−.07	0.05 (0.03)	.134	.08

*N* = 616. *b* = unstandardized coefficient. SE = standard error.  $\beta$  = standardized coefficient. T1 = Time 1. SOP = self-oriented perfectionism. OOP = other-oriented perfectionism. SPP = socially-prescribed perfectionism. PFSD = partner-focused sexual desire. Coefficients in bold are significant at  $p < .05$ . Since dyads are considered indistinguishable, only one's own and partner's associations of one member of the dyad are presented.



**Figure 2.** Actor-partner interdependence longitudinal model. Since dyads are considered indistinguishable, only one's own and partner's associations of one member of the dyad are presented. Standardized coefficients are only provided for significant paths. Significant actor effects are represented by black solid lines. Nonsignificant paths are represented by gray dotted lines. All covariances between sexual outcomes were estimated in the model, but not reported to maintain clarity. P1 = Partner 1. P2 = Partner 2. T1 = Time 1. T2 = Time 2. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

**Table 4.** Actor-partner associations between the three perfectionist dimensions at T1 and the three indicators of sexual difficulties at T2.

	PFSD T2			Sexual function T2			Sexual distress T2		
	<i>b</i> (SE)	<i>p</i>	$\beta$	<i>b</i> (SE)	<i>p</i>	$\beta$	<i>b</i> (SE)	<i>p</i>	$\beta$
SOP T1 Actor	<b>0.18 (0.09)</b>	<b>.040</b>	<b>.12</b>	0.01 (0.01)	.124	.09	−0.01 (0.04)	.758	−.02
OOP T1 Actor	0.04 (0.10)	.699	.02	0.01 (0.01)	.408	.05	−0.05 (0.04)	.252	−.06
SPP T1 Actor	−0.07 (0.09)	.415	−.05	−0.02 (0.01)	.082	−.10	<b>0.08 (0.04)</b>	<b>.025</b>	<b>.12</b>
SOP T1 Partner	0.17 (0.09)	.055	.11	0.01 (0.01)	.342	.06	−0.01 (0.04)	.730	−.02
OOP T1 Partner	0.03 (0.10)	.782	.02	0.01 (0.01)	.149	.08	−0.05 (0.04)	.229	−.07
SPP T1 Partner	−0.09 (0.09)	.334	−.06	−0.01 (0.01)	.260	−.06	0.03 (0.04)	.480	.04

*N* = 616. *b* = unstandardized coefficient. SE = standard error.  $\beta$  = standardized coefficient. T1 = Time 1. T2 = Time 2. SOP = self-oriented perfectionism. OOP = other-oriented perfectionism. SPP = socially-prescribed perfectionism. PFSD = partner-focused sexual desire. Coefficients in bold are significant at  $p < .05$ . Since dyads are considered indistinguishable, only one's own and partner's associations of one member of the dyad are presented.

Results of a moderation analysis showed that the actor and partner associations between perfectionist dimensions and sexual difficulties did not significantly differ between men and women, as indicated by the lack of statistically significant interactions ( $p > .085$ ). Thus, only the model including all participants and without the gender moderation is presented in Figure 2.

## Discussion

By using a one-year cross-sectional and longitudinal dyadic design, we aimed to examine the associations between the three perfectionist dimensions and different indicators of sexual difficulties among 308 community adult couples. The moderating role of gender was also investigated in an

exploratory manner. Overall, the findings extend existing research on multidimensional perfectionism, by demonstrating the positive role of SOP and the negative role of SPP on couples' sexuality, cross-sectionally and over time.

## Multidimensional Perfectionism and Sexual Difficulties in Romantic Relationships

Partly in line with our hypothesis, findings of the current study revealed that a person's SOP was positively associated with their own partner-focused sexual desire, cross-sectionally and one year later. To our knowledge, this is the first study to document the link between multidimensional perfectionism and dyadic sexual desire. Nonetheless, these results are consistent with other studies that have identified a positive



association between self-oriented sexual perfectionism and sexual desire as an indicator of overall sexual function (Kluck et al., 2016; Stoeber & Harvey, 2016). As opposed to SPP, SOP is internally driven (Harvey et al., 2015; Hewitt & Flett, 1991), which could explain its association with higher partner-focused sexual desire. Indeed, individuals that present with high levels of SOP have a strong, intrinsically motivated drive for self-improvement, achievement and perfection, which might extend to their desire to engage in sexual activities with their partner (Hewitt & Flett, 1991; Snell, 1997; Stoeber & Stoeber, 2009). Indeed, the pursuit of an ideal sexual life for the self may foster a couple dynamic where mutual attraction becomes essential – partners strive to present their best selves to remain desirable. Additionally, self-oriented perfectionists' tendency to have greater sexual desire toward their partner may relate to their perception of inadequacy and need for validation (Hewitt & Flett, 1991). Factors such as sexual desirability, attractiveness and sexual performance may contribute to their sense of competence and achievement. Indeed, some authors have identified positive associations between SOP and sexual esteem and sexual self-efficacy (Stoeber & Harvey, 2016; Stoeber et al., 2013). Thus, engaging in sexual activity with a significant other may serve as a way to reinforce their self-worth and fulfill their desire for perfection.

In line with our hypothesis, OOP was not significantly related to sexual difficulties, cross-sectionally and one year later. As proposed by Stoeber et al. (2013), OOP is a component of narcissistic perfectionism. As such, because perfectionistic thoughts and behaviors are directed toward others, it may not be related to an individual's own sexual outcomes. These results are in line with previous studies, which have found no association between other- or partner-oriented perfectionism and sexual outcomes, including sexual distress and most indicators of sexual function (Kluck et al., 2016; Pavanello Decaro et al., 2024; Stoeber & Harvey, 2016).

As for SPP, the results of the present study were partly in line with our hypothesis. Although a persons' SPP was not significantly associated with their own partner-focused sexual desire, this dimension was negatively associated with their own sexual function at T1 and positively associated with their own sexual distress at T1 and T2. These results are consistent with past studies, which suggested that SPP is the most detrimental dimension of perfectionism (Klibert et al., 2005; Kluck et al., 2016; Lam & Hewitt, 2018). More specifically, the link between SPP and lower sexual function has been highlighted by previous studies (Kluck et al., 2016; Lam & Hewitt, 2018) and lends support to the cognitive-affective model of sexual dysfunctions (Nobre & Pinto-Gouveia, 2008, 2009). Socially-prescribed perfectionists perceive an external pressure to be perfect and believe that others may evaluate their performances harshly (Hewitt & Flett, 1991). Thus, it is possible that current social norms – that place more and more emphasis on sexual performance – exacerbate their sexual performance beliefs and trigger their perception of inadequacy (Carvalho & Nobre, 2011; Fischer & Træen, 2022; Klibert et al., 2005). In line with this cognitive-affective model, these fundamental beliefs may be related to negative thoughts and affects during sexual activity, which may significantly interfere with socially-prescribed perfectionists' sexual life. More

specifically, socially-prescribed perfectionists tend to experience greater negative affects, such as shame, guilt or anxiety as well as greater performance or fear of failure-related thoughts when they perceive an external pressure to perform (Diaz, 2018; Klibert et al., 2005; Stoeber & Otto, 2006). Together, these elements may heighten the sexual distress of these individuals and impair their sexual functioning (Carvalho & Nobre, 2011; McCabe & Connaughton, 2014) during sexual activity with a partner.

### **Multidimensional Perfectionism and Partner's Sexual Difficulties**

To our knowledge, this is the first study to examine how individuals' perfectionistic traits are related to their partner's sexual difficulties. The only significant partner effect was for men only and showed that partners of men with higher levels of SPP reported greater sexual distress at T1. One possible interpretation for this result is that, compared to women, men with higher SPP tend to show stronger associations with interpersonal problems related to being dominant and vindictive (Stoeber et al., 2021). Paired with the general tendency for socially-prescribed perfectionists to engage in hostile interactions (Stoeber et al., 2017), it is possible that these men's negative communication styles and coping strategies relate to their partner's higher sexual distress. Similarly, given the links between SPP and insecure attachment (Hewitt et al., 2006, 2017), and more specifically preoccupied attachment (Boone, 2013; Hewitt et al., 2017), it is possible that men with higher SPP engage in greater reassurance-seeking behaviors in the bedroom, which may be perceived as distressing by their partner. This could be particularly true as society holds the belief that men's confidence in their sexual ability is an essential component of a satisfying loving relationship (Mulhall et al., 2008).

Other than this result, no significant partner effects were found in this study, which suggests that although perfectionism may be interpersonal, it is mostly related to the sexuality of the individual himself. Thus, the theoretical propositions of Kluck et al. (2016) and Stoeber et al. (2013) regarding the potential negative effect of OOP on partners were not supported by the present study. Nonetheless, the findings are in line with a study on dyadic perfectionism (perfectionism focused on one's romantic relationship and romantic partner), which found no significant partner effects of partner-oriented perfectionism and partner-prescribed perfectionism on long-term commitment and relationship satisfaction among couples (Stoeber, 2012). While OOP may be associated with how individuals relate to their partner or perceive their partner's behavior, it might not necessarily result in noticeable changes in the partner's sexual outcomes unless certain conditions, such as stress or partner conflict, are present. In addition, since OOP is not directly related to partners' sexual outcomes, it is possible that mediators, like communication style, could mediate the partner associations between OOP and sexual outcomes.

### **Strengths, Limitations and Future Studies**

The present study stands out from past scientific literature because of its number of strengths. First, it has shed light on the

associations between multidimensional perfectionism and various indicators of sexual difficulties among adult couples. Moreover, its longitudinal dyadic design has allowed us to test how perfectionism relates to sexual difficulties over time and among both partners of the couple. Regardless of these strengths, results must be interpreted by considering some of its limitations. First, the study's correlational design makes it impossible to draw any causal conclusions. Thus, confounding variables related to perfectionism (e.g., performance anxiety, fear of mistakes, shame or unrelenting standards schemas) may have contributed to the identified associations. Moreover, as presented by the cognitive-affective model (Nobre & Pinto-Gouveia, 2008, 2009), it is possible that sexual difficulties contribute to the development of perfectionistic and performance-related cognitions. However, the present study did not investigate the bidirectional links between these variables, which does not make it possible to identify which one precedes the other. In addition, the longitudinal analyses did not examine changes in sexual difficulties. Future studies should include multiple measurement times to examine how multidimensional perfectionism relates to trajectories of sexual difficulties over the development of a couple's relationship. Second, self-report measures were used to assess all variables, rendering participants' answers prone to bias. More specifically, Hewitt et al. (2003), suggested that perfectionist individuals may be prone to greater social desirability as they tend to strive for flawlessness and avoid disclosing their imperfections and vulnerabilities to others. Lastly, our convenience sample predominantly included White, mixed-sex couples with relatively average levels of perfectionism and low levels of relationship and sexual difficulties, which limit the generalizability of the findings. Although efforts were made to recruit sexual- and gender- diverse participants, they only accounted for a small proportion (9.4%) of the study's sample, preventing any further analyses. According to the differential susceptibility model (Gaudreau et al., 2017), the harmful consequences of perfectionism become more apparent when one is faced with significant stress in their environment. Given the close ties between relationship and sexual satisfaction (Muisé et al., 2016), it is possible that distressed couples report greater problematic perfectionistic behaviors, potentially influencing their sexual relationship. Thus, a relevant avenue for future research would be to investigate the associations between perfectionism and sexual difficulties among clinical samples. It could also be of interest to include a measure of perceived stress and identify whether it moderates the associations between perfectionism and either partner's sexual difficulties. Similarly, given the non-significant or small effect sizes of the associations, future studies could investigate how other variables, such as communication styles, coping strategies or emotional intimacy, may explain the weak associations between the three perfectionist dimensions and sexual difficulties.

### Clinical Implications

The present findings have important clinical implications for the prevention of sexual difficulties among individuals in romantic relationships. First, results suggest that some dimensions of perfectionism are more detrimental than others with regards to the intimate and sexual life of couples. More specifically, believing that others expect

perfection from us, especially in a society that increasingly values performance and success, may be more harmful to individuals in a romantic relationship, rather than imposing high standards upon oneself. SPP has shown associations with negative sexual outcomes among couples, which suggests a need for couple and sex therapists to systematically evaluate the presence of this trait across sexually distressed couples. Lastly, given the interpersonal nature of SPP and its links with interpersonal and sexual problems, intervention focused on this specific dimension may be beneficial for the sexual and relationship well-being of couples.

### Conclusions

This is the first study to examine the longitudinal dyadic associations between multidimensional perfectionism and sexual difficulties in a large sample of adult couples. Findings confirm that the cognitive-affective model of sexual dysfunctions (Nobre & Pinto-Gouveia, 2008, 2009) is a useful framework to understand the role of perfectionism on couples' sexual life. Results have highlighted how multidimensional perfectionism can relate to the sexual difficulties of both partners by suggesting that SOP is mostly adaptive, being related to higher dyadic sexual desire, that OOP does not play a significant role in sexual difficulties and that SPP is the most maladaptive, being related to lower sexual function and higher sexual distress. These findings demonstrate the importance of considering the social aspects of perfectionism when studying couples.

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### ORCID

Noémie Viens  <http://orcid.org/0009-0003-2299-8078>  
Frédéric Langlois  <http://orcid.org/0000-0003-1421-9081>  
Marie-Pier Vaillancourt-Morel  <http://orcid.org/0000-0002-8634-3463>

### Data Availability Statement

The dataset of the study is available upon request by writing to the corresponding author.

## References

- Ackerman, R., Ledermann, T., & Kenny, D. (2016). *Power analysis for the actor-partner interdependence model* [Unpublished manuscript]. <https://robert-ackerman.shinyapps.io/APIMPowerR>
- Aghamohammadian, S. H. R., Kheibari, S. Z., Abadi, M. E. H., & Ghanad, M. H. (2014). The relationship between perfectionism and sexual function in infertile women. *The Iranian Journal of Obstetrics, Gynecology & Infertility*, 17(97), 9–17.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed. text rev.). American Psychiatric Association Publishing.
- Bockaj, A., Muise, M. D., Belu, C. F., Rosen, N. O., & O'Sullivan, L. F. (2024). Under pressure: Men's and women's sexual performance anxiety in the sexual interactions of adult couples. *The Journal of Sex Research*, 1–13. <https://doi.org/10.1080/00224499.2024.2357587>
- Bollen, K. A., & Curran, P. J. (2006). *Latent curve models: A structural equation perspective*. Wiley-Interscience. <https://doi.org/10.1002/0471746096>
- Boone, L. (2013). Are attachment styles differentially related to interpersonal perfectionism and binge eating symptoms? *Personality & Individual Differences*, 54(8), 931–935. <https://doi.org/10.1016/j.paid.2013.01.006>
- Bóthe, B., Vaillancourt-Morel, M.-P., & Bergeron, S. (2022). Associations between pornography use frequency, pornography use motivations, and sexual wellbeing in couples. *The Journal of Sex Research*, 59(4), 457–471. <https://doi.org/10.1080/00224499.2021.1893261>
- Burns, D. D. (1980). The perfectionist's script for self-defeat. *Psychology Today*, 14(6), 34–52.
- Callaghan, T., Greene, D., Shafraan, R., Lunn, J., & Egan, S. J. (2024). The relationships between perfectionism and symptoms of depression, anxiety and obsessive-compulsive disorder in adults: A systematic review and meta-analysis. *Cognitive Behaviour Therapy*, 53(2), 121–132. <https://doi.org/10.1080/16506073.2023.2277121>
- Carvalho, J., & Nobre, P. (2011). Predictors of men's sexual desire: The role of psychological, cognitive-emotional, relational, and medical factors. *The Journal of Sex Research*, 48(2–3), 254–262. <https://doi.org/10.1080/00224499.2010.545475>
- Curran, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin*, 145(4), 410–429. <https://doi.org/10.1037/bul0000138>
- DeRogatis, L., Clayton, A., Lewis D'Agostino, D., Wunderlich, G., & Fu, Y. (2008). Validation of the Female Sexual Distress Scale-Revised for assessing distress in women with hypoactive sexual desire disorder. *The Journal of Sexual Medicine*, 5(2), 357–364. <https://doi.org/10.1111/j.1743-6109.2007.00672.x>
- Dewitte, M. (2014). On the interpersonal dynamics of sexuality. *Journal of Sex & Marital Therapy*, 40(3), 209–232. <https://doi.org/10.1080/0092623X.2012.710181>
- Díaz, F. M. (2018). Relationships among meditation, perfectionism, mindfulness, and performance anxiety among collegiate music students. *Journal of Research in Mind Education*, 66(2), 150–167. <https://doi.org/10.1177/0022429418765447>
- Dunkley, C. R., Gorzalka, B. B., & Brotto, L. A. (2019). Associations between sexual function and disordered eating among undergraduate women: An emphasis on sexual pain and distress. *Journal of Sex & Marital Therapy*, 46(1), 18–34. <https://doi.org/10.1080/0092623X.2019.1626307>
- Emond, M., Byers, E. S., Brassard, A., Tremblay, N., & Péloquin, K. (2024). Addressing sexual issues in couples seeking relationship therapy. *Sexual & Relationship Therapy*, 39(1), 115–130. <https://doi.org/10.1080/14681994.2021.1969546>
- Fischer, N., & Træen, B. (2022). Prevalence of sexual difficulties and related distress and their association with sexual avoidance in Norway. *International Journal of Sexual Health*, 34(1), 27–40. <https://doi.org/10.1080/19317611.2021.1926040>
- Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468. <https://doi.org/10.1007/BF01172967>
- Gaudreau, P., Franche, V., Kljajic, K., & Martinelli, G. (2017). The 2 × 2 model of perfectionism: Assumptions, trends, and potential developments. In J. Stoeber (Ed.), *The psychology of perfectionism* (pp. 45–68). Routledge.
- Habke, A. M., Hewitt, P. L., & Flett, G. L. (1999). Perfectionism and sexual satisfaction in intimate relationships. *Journal of Psychopathology & Behavioral Assessment*, 21(4), 307–322. <https://doi.org/10.1023/A:1022168715349>
- Haring, M., Hewitt, P. L., & Flett, G. L. (2003). Perfectionism, coping, and quality of intimate relationships. *Journal of Marriage & Family*, 65(1), 143–158. <https://doi.org/10.1111/j.1741-3737.2003.00143.x>
- Harvey, B., Milyavskaya, M., Hope, N., Powers, T., Saffran, M., & Koestner, R. (2015). Affect variation across days of the week: Influences of perfectionism and academic motivation. *Motivation and Emotion*, 39(4), 521–530. <https://doi.org/10.1007/s11031-015-9480-3>
- Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality & Social Psychology*, 60(3), 456–470. <https://doi.org/10.1037/0022-3514.60.3.456>
- Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: A relational approach to conceptualization, assessment, and treatment*. Guilford.
- Hewitt, P. L., Flett, G. L., Sherry, S. B., & Caelian, C. (2006). Trait perfectionism dimensions and suicidal behavior. In T. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 215–235). American Psychological Association.
- Hewitt, P. L., Flett, G. L., Sherry, S. B., & Habke, M. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality & Social Psychology*, 84(6), 1303–1325. <https://doi.org/10.1037/0022-3514.84.6.1303>
- Hewitt, P. L., Habke, A. M., Lee-Baggey, D. L., Sherry, S. B., & Flett, G. L. (2008). The impact of perfectionistic self-presentation on the cognitive, affective, and physiological experience of a clinical interview. *Psychiatry: Interpersonal & Biological Processes*, 71(2), 93–122. <https://doi.org/10.1521/psyc.2008.71.2.93>
- Kashy, D. A., Donnellan, M. B., Burt, S. A., & McGue, M. (2008). Growth curve models for indistinguishable dyads using multilevel modeling and structural equation modeling: The case of adolescent twins' conflict with their mothers. *Developmental Psychology*, 44(2), 316–329. <https://doi.org/10.1037/0012-1649.44.2.316>
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. Guilford Press.
- Klibert, J. J., Langhinrichsen-Rohling, J., & Saito, M. (2005). Adaptive and maladaptive aspects of self-oriented versus socially prescribed perfectionism. *Journal of College Student Development*, 46(2), 141–156. <https://doi.org/10.1353/csd.2005.0017>
- Kline, R. B. (2015). *Principles and practice of structural equation modeling* (4th ed.). Guilford Press.
- Kluck, A. S., Zhuzha, K., & Hughes, K. (2016). Sexual perfectionism in women: Not as simple as adaptive or maladaptive. *Archives of Sexual Behavior*, 45(8), 2015–2027. <https://doi.org/10.1007/s10508-016-0805-4>
- Kraemer, H. C., Kiernan, M., Essex, M., & Kupfer, D. J. (2008). How and why criteria defining moderators and mediators differ between the Baron & Kenny and MacArthur approaches. *Health Psychology*, 27, 101–108. [https://doi.org/10.1037/0278-6133.27.2\(Suppl.\).S101](https://doi.org/10.1037/0278-6133.27.2(Suppl.).S101)
- Lam, N. C., & Hewitt, P. (2018). Testing the role of perfectionism in attachment style and sexual functioning in women. *The University of British Columbia's Undergraduate Journal of Psychology*, 5, 27–36. <https://ubcuyp-psych.sites.olt.ubc.ca/files/2019/10/2019-UBCUJP-Journal.pdf>
- Lopez, F. G., Fons-Scheyd, A., Morúa, W., & Chaliman, R. (2006). Dyadic perfectionism as a predictor of relationship continuity and distress among college students. *Journal of Counselling Psychology*, 53(4), 543–549. <https://doi.org/10.1037/0022-0167.53.4.543>
- McCabe, M. P., & Connaughton, C. (2014). Psychosocial factors associated with male sexual difficulties. *The Journal of Sex Research*, 51(1), 31–42. <https://doi.org/10.1080/00224499.2013.789820>
- Meston, C. M., & Buss, D. M. (2007). Why humans have sex. *Archives of Sexual Behavior*, 36(4), 197–210. <https://doi.org/10.1007/s10508-007-9175-2>



- Mitchell, K. R., Mercer, C. H., Ploubidis, G. B., Jones, K. G., Datta, J., Field, N., Copas, A. J., Tanton, C., Erens, B., Sonnenberg, P., Clifton, S., Macdowall, W., Phelps, A., Johnson, A. M., & Wellings, K. (2013). Sexual function in Britain: Findings from the Third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Lancet (London, England)*, 382(9907), 1817–1829. [https://doi.org/10.1016/S0140-6736\(13\)62366-1](https://doi.org/10.1016/S0140-6736(13)62366-1)
- Moyano, N., Vallejo-Medina, P., & Sierra, J. C. (2017). Sexual desire inventory: Two or three dimensions? *The Journal of Sex Research*, 54(1), 105–116. <https://doi.org/10.1080/00224499.2015.1109581>
- Muise, A., Kim, J. J., McNulty, J. K., & Impett, E. A. (2016). The positive implications of sex for relationships. In C. R. Knee & H. T. Reis (Eds.), *Positive approaches to optimal relationship development* (pp. 124–147). Cambridge University Press.
- Mulhall, J., King, R., Glina, S., & Hvidsten, K. (2008). Importance of and satisfaction with sex among men and women worldwide: Results of the Global Better Sex Survey. *The Journal of Sexual Medicine*, 5(4), 788–795. <https://doi.org/10.1111/j.1743-6109.2007.00765.x>
- Muthén, L. K., & Muthén, B. O. (2017). *Mplus: Statistical analysis with latent variables: User's guide (Version 8)*.
- Nobre, P. J., & Pinto-Gouveia, J. (2008). Differences in automatic thoughts presented during sexual activity between sexually functional and dysfunctional men and women. *Cognitive Therapy and Research*, 32(1), 37–49. <https://doi.org/10.1007/s10608-007-9165-7>
- Nobre, P. J., & Pinto-Gouveia, J. (2009). Cognitive schemas associated with negative sexual events: A comparison of men and women with and without sexual dysfunction. *Archives of Sexual Behavior*, 38(5), 842–851. <https://doi.org/10.1007/s10508-008-9450-x>
- Pavanello Decaro, S., Anzani, A., DiSarno, M., DiPierro, R., & Prunas, A. (2024). Men's sexual distress: The role of body image and vulnerable narcissistic traits. *Sexual & Relationship Therapy*, 39(2), 458–472. <https://doi.org/10.1080/14681994.2022.2124404>
- Péloquin, K., Byers, E. S., Callaci, M., & Tremblay, N. (2019). Sexual portrait of couples seeking relationship therapy. *Journal of Marital & Family Therapy*, 45(1), 120–133. <https://doi.org/10.1111/jmft.12328>
- Pyke, R. E. (2020). Sexual performance anxiety. *Sexual Medicine Reviews*, 8(2), 183–190. <https://doi.org/10.1016/j.sxmr.2019.07.001>
- Quadland, M. C. (1980). Private self-consciousness, attribution of responsibility, and perfectionistic thinking in secondary erectile dysfunction. *Journal of Sex & Marital Therapy*, 6(1), 47–55. <https://doi.org/10.1080/00926238008404245>
- Quinn-Nilas, C., Milhausen, R. R., McKay, A., & Holzapfel, S. (2018). Prevalence and predictors of sexual problems among midlife Canadian adults: Results from a national survey. *The Journal of Sexual Medicine*, 15(6), 873–879. <https://doi.org/10.1016/j.jsxm.2018.03.086>
- Rosen, N. O., Glowacka, M., Meana, M., & Binik, Y. M. (2018). Sexual dysfunction. In J. Hunsley & E. J. Mash (Eds.), *A guide to assessments that work* (2nd ed.). Oxford Academic. <https://doi.org/10.1093/med-psych/9780190492243.003.0023>
- Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D., & D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, 26(2), 191–208. <https://doi.org/10.1080/009262300278597>
- Rosen, R. C., Riley, A., Wagner, G., Osterloh, I. H., Kirkpatrick, J., & Mishra, A. (1997). The International Index of Erectile Function (IIEF): A multidimensional scale for assessment of erectile dysfunction. *Urology*, 49(6), 822–830. [https://doi.org/10.1016/S0090-4295\(97\)00238-0](https://doi.org/10.1016/S0090-4295(97)00238-0)
- Santos-Iglesias, P., Bergeron, S., Brotto, L. A., Rosen, N. O., & Walker, L. M. (2020). Preliminary validation of the Sexual Distress Scale-Short Form form: Applications to women, men, and prostate cancer survivors. *Journal of Sex & Marital Therapy*, 46(6), 542–563. <https://doi.org/10.1080/0092623X.2020.1761494>
- Santos-Iglesias, P., Mohamed, B., Danko, A., & Walker, L. M. (2018). Psychometric validation of the female sexual distress scale in male samples. *Archives of Sexual Behavior*, 47(6), 1733–1743. <https://doi.org/10.1007/s10508-018-1146-2>
- Snell, W. E., Jr. (1997). *The Multidimensional Sexual Perfectionism Questionnaire (MSPQ), section I*. <http://www4.semo.edu/snell/scales/MSPQ.htm>
- Spector, I. P., Carey, M. P., & Steinberg, L. (1996). The Sexual Desire Inventory: Development, factor structure, and evidence of reliability. *Journal of Sex & Marital Therapy*, 22(3), 175–190. <https://doi.org/10.1080/00926239608414655>
- Spector, I. P., Carey, M. P., & Steinberg, L. (1998). Sexual Desire Inventory. In C. M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), *Handbook of sexuality-related measures* (pp. 174–176). Sage.
- Stoeber, J. (2012). Dyadic perfectionism in romantic relationships: Predicting relationship satisfaction and longterm commitment. *Personality & Individual Differences*, 53(3), 300–305. <https://doi.org/10.1016/j.paid.2012.04.002>
- Stoeber, J. (2015). How other-oriented perfectionism differs from self-oriented and socially prescribed perfectionism: Further findings. *Journal of Psychopathology & Behavioral Assessment*, 37(4), 611–623. <https://doi.org/10.1007/s10862-015-9485-y>
- Stoeber, J., & Gaudreau, P. (2017). The advantages of partialling perfectionistic strivings and perfectionistic concerns: Critical issues and recommendations. *Personality & Individual Differences*, 104, 379–386. <https://doi.org/10.1016/j.paid.2016.08.039>
- Stoeber, J., & Harvey, L. N. (2016). Multidimensional sexual perfectionism and female sexual function: A longitudinal investigation. *Archives of Sexual Behavior*, 45(8), 2003–2014. <https://doi.org/10.1007/s10508-016-0721-7>
- Stoeber, J., Harvey, L. N., Almeida, I., & Lyons, E. (2013). Multidimensional sexual perfectionism. *Archives of Sexual Behavior*, 42(8), 1593–1604. <https://doi.org/10.1007/s10508-013-0135-8>
- Stoeber, J., Noland, A. B., Mawenu, T. W. N., Henderson, T. M., & Kent, D. N. P. (2017). Perfectionism, social disconnection, and interpersonal hostility: Not all perfectionists don't play nicely with others. *Personality & Individual Differences*, 119, 112–117. <https://doi.org/10.1016/j.paid.2017.07.008>
- Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review*, 10(4), 295–319. [https://doi.org/10.1207/s15327957pspr1004\\_2](https://doi.org/10.1207/s15327957pspr1004_2)
- Stoeber, J., Smith, M. M., Saklofske, D. H., & Sherry, S. B. (2021). Perfectionism and interpersonal problems revisited. *Personality & Individual Differences*, 169, 110106. <https://doi.org/10.1016/j.paid.2020.110106>
- Stoeber, J., & Stoeber, F. S. (2009). Domains of perfectionism: Prevalence and relationships with perfectionism, gender, age and satisfaction with life. *Personality & Individual Differences*, 46(4), 530–535. <https://doi.org/10.1016/j.paid.2008.12.006>