

Cultural Adaptation of Acceptance and Commitment Therapy to Support Young Adults of Asian
Ethnicities in Canada Who Demonstrate Maladaptive Outcomes as a Result of Perfectionism

by

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Abstract

Research has shown that in most Asian culture perfectionism is highly esteemed. However, the literature also indicates that perfectionism can lead to an array of psychopathologies and maladaptive health outcomes. Individuals of Asian ethnicities can have difficulties with perfectionism due to its similarities with Asian cultural values and perfectionism. With the rise of Asians in Canada and a gap in the research on perfectionism in non-Western cultures, this Capstone project provided a cultural adaptation of acceptance and commitment therapy (ACT) to support young adult Asian Canadians who present maladaptive outcomes due to perfectionism. The findings suggest the importance of Asian family influences, acculturation, orientation to cultural identity, and its perception among young adult Asian Canadians. Based on the findings, a culturally adapted ACT protocol that emphasized role induction, the therapeutic alliance, and the integration of a systemic lens was recommended for clinicians who have Asian Canadian clients to manage the maladaptive outcomes of perfectionism.

Keywords: maladaptive perfectionism, family perfectionism, acculturation, Asian Canadian perfectionism, Asian American perfectionism, cultural adaptation, acceptance and commitment therapy

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Chapter One: Cultural Adaptation of Acceptance and Commitment Therapy to Support Young Adults of Asian Ethnicities in Canada Who Demonstrate Maladaptive Outcomes as a Result of Perfectionism

Perfectionism is a multifaceted trait that has changed over time. Studies indicate that perfectionism is a transdiagnostic process that can embody a variety of psychopathologies (Limburg, 2017). However, little is known about this phenomenon in non-Western cultures, such as Asian cultures (Flett et al., 2022; Smith, Saklofske, et al., 2016; Smith et al., 2017). With the growing population of Asian ethnic immigrants in Canada and the US (Budiman & Ruiz, 2021; Statistics Canada, 2017; Statistics Canada, 2022b; U.S Census Bureau, 2011) examining the literature on Asian culture and the impact cultural values have on the maladaptive outcomes of perfectionism may help clinicians provide tools and support to clients of Asian ethnicities, who live in Canada. The aim of this Capstone project is to explore the cultural factors that influence perfectionism, its impact on young adult Asians and how psychologists can support these clients using a cultural adaptation of acceptance and commitment therapy (ACT).

Most of the current literature on perfectionism in nonclinical populations has determined three categories of perfectionists based on the conceptualizations of Rice and Ashby (2007) and Stoeber and Otto (2006). There are adaptive perfectionists, nonperfectionists, and maladaptive perfectionists. Maladaptive perfectionists are those who exhibit the most problematic mental health outcomes, such as anxiety, depression, eating disorders and psychological distress (Eley et al., 2020; Grieve et al., 2022; Shu et al., 2019; Smith, Sherry, et al., 2016).

Despite the attention on this vast topic (Curran & Hill, 2019; Smith et al., 2022), there is little research on how perfectionism affects Asian ethnic groups, especially within a Western context, like Canada (Flett et al., 2022; Suh et al., 2023). This population is of particular focus

for several reasons. First, the Asian ethnic populations are growing at a rapid rate across Canada and the US which will increase their numbers in clinical practice (Budiman & Ruiz, 2021; Chu et al., 2018; Statistics Canada, 2017; Statistics Canada, 2022b). Second, they are vulnerable to detrimental outcomes, including suicide due to systemic pressures like discrimination, acculturative stress, and perfectionism (Fung et al., 2023; Liu et al., 2022; Wong-Padoongpatt et al., 2022; You et al., 2022). Third, there is limited research on appropriate, culturally sensitive therapeutic models to address young adult Asians struggling with the maladaptive effects of perfectionism (Flett et al., 2022; Nagayama Hall et al., 2019; Nagayama Hall et al., 2020; Suh et al., 2023).

In brief, there is minimal research on perfectionism in Asian Canadians, but there have been a few cross-cultural studies between Canadian samples and Asian samples examining the generalizability of perfectionism dimensions (Smith, Saklofske, et al., 2016; Smith et al., 2017). While some similarities and differences have been noted, the research on perfectionism in Asian Americans is more pertinent to the discussion at hand.

The research indicates that maladaptive outcomes of perfectionism are exacerbated by the salient influences of the family in Asians, due to family perfectionism and certain Asian cultural values (Jun et al., 2022; Methikalam et al., 2015; Wang et al., 2018). This is apparent when comparing Asians to other ethnic groups, as well as within the same group (Fung et al., 2023; Jun et al., 2022). There is evidence to also suggest that acculturative stress can worsen maladaptive outcomes of perfectionism (Liu et al., 2022). While there are negative implications for Asian Americans dealing with perfectionism, the converse has also been found. Adaptive outcomes have been demonstrated in Asian Americans and in Asians in other Western contexts who identify with their ethnic culture or who are less acculturated (Huang & Mussap, 2018; Wang et

al., 2018). Thus, there is evidence to suggest that the Asian ethnic culture can shield individuals from the maladaptive effects of perfectionism (Suh et al., 2020).

In recent years, perfectionism has been studied more precisely on treatment protocols with clinical samples (Shafran et al., 2023; Ong, Lee, et al., 2019). Perfectionism which harbours clinical significance has been defined as the striving for high standards, despite harmful effects and the evaluation of self-worth based on achievement and performance (Fairburn et al., 2003, as cited in Limburg et al., 2017; Shafran et al., 2002, as cited in Shafran et al., 2023). Although, cognitive-behavioural therapy has been studied most extensively for perfectionism, there is emerging literature on other paradigms, like ACT among others (Hewitt et al., 2023; Ong et al., 2020). ACT has demonstrated efficacy for perfectionism as it incorporates mindfulness, self-compassion, and targets psychological inflexibility (Aydın & Yerin Güneri, 2022; Ong et al., 2019; Ong et al., 2021). Furthermore, the flexibility of the ACT model itself allows it to be malleable for cultural adaptation (Masuda & Qina'au, 2022).

Overall, this Capstone project aims to examine the literature on the effects of perfectionism on Asians in a Canadian, Western context who are vulnerable and to offer a culturally adapted ACT framework to support healthier ways of functioning in response to perfectionism.

Research Problem

The literature demonstrates that perfectionism maintains an array of psychopathologies, such as problematic eating patterns, mood disorders, and anxiety disorders. There have been strong links between perfectionism and obsessive-compulsive disorders (Ardakani et al., 2020; Lunn et al., 2023; Sassaroli et al., 2008, as cited in Limburg et al., 2017), social anxiety (Saboonchi et al., 1999, as cited in Limburg et al., 2017), anxiety (Grieve et al., 2022; Handley et

al., 2014), depressive symptoms (Grieve et al., 2022; Smith, Sherry, et al., 2016), eating disorders (Fairburn et al., 2003, as cited in Limburg et al., 2017; Shu et al., 2019), psychological distress (Eley et al., 2020) and physical health (Molnar et al., 2020).

Clinically, a transdiagnostic process like perfectionism means that treating this issue should produce a reduction of symptoms across psychopathologies. In fact, Egan et al. (2011, as cited in Limburg et al., 2017) found evidence for the improvement of non-targeted disorders when addressing perfectionism. However, these studies have mainly drawn from Western samples and there are fewer studies on the impacts of perfectionism in ethnic minority groups like Asians (Flett et al., 2022; Smith, Saklofske et al., 2016; Smith et al., 2017; Stoeber, 2018; Suh et al., 2023). In a comparative study of European Americans and Asian Americans, a greater proportion of Asian Americans reported higher levels of discrepancy on both the personal and family levels than European Americans (Wang, 2010). These greater discrepancy levels both on a personal level and family level was associated with higher psychological distress, while family discrepancy was shown to be correlated with lower levels of self-esteem and higher instances of depression. The strong association between family and Asian values that highlight collectivist principles may lead to more perfectionistic attitudes and thus, poorer health outcomes in Asians (Fung et al., 2023; Jun et al., 2022; Wang et al., 2018).

Due to the problematic outcomes that can arise from perfectionism, counselling psychologists would benefit from understanding the literature on perfectionism and helpful treatment protocols in order to provide support and maximize beneficence to Asians who may be dealing with a variety of symptoms and may be vulnerable to further negative outcomes due to systemic factors like discrimination and marginalization. Therefore, the research question at hand is: How can counselling psychologists culturally adapt ACT to support young adults of Asian

ethnicities in Canada who demonstrate maladaptive outcomes as a result of perfectionism to develop healthy and functional ways of being?

Rationale

Although there are numerous psychopathologies associated with perfectionism, there has been a lack of research on cultural diversity, particularly minority ethnic groups. Asians are one such example and deserve more attention due to their increasing population in Western society (Budiman & Ruiz, 2021; Kim-Goh et al., 2015; Statistics Canada, 2017; Statistics Canada, 2022b; U.S. Census Bureau, 2011), specifically Canada and their vulnerability due to discrimination. Additionally, in the aftermath of the pandemic, there is evidence to suggest that there are greater levels of prejudice against Asians (Budhwani & Sun, 2020; Wong-Padoongpatt et al., 2022). The younger generations are exhibiting increased levels of problematic behaviours like suicide, which is why the Capstone project focuses on this population (Chu et al., 2018; Leong et al., 2018).

Asians are a fast-growing population in Canada. According to Census data, Asians made up 10.9% of the total population in 2001 (Statistics Canada, 2003). Twenty years later this number has virtually doubled to 20.2% (Statistics Canada, 2022b). Based on projections, immigrants born in Asia could make up between 55.7% to 57.9% of all immigrants in Canada by 2036 (Statistics Canada, 2017). For the age group of 15 to 24 years of age, South Asians and Southeast Asians made up 14.6% of the total population in the age group in 2011 (Statistics Canada, 2013), compared to 20.3% in 2021 (Statistics Canada, 2022b). The United States (US) has seen similar growth in the Asian population. From 2000 to 2010 the number of people identifying an Asian ethnic origin increased by more than 50%, while the greater population increased by 13% (U.S. Census Bureau, 2011).

As a visible minority population, this group is particularly vulnerable as they adapt to the values and ideals of the dominant culture. The process of assimilating or integrating into the dominant culture is known as acculturation in the seminal work of Berry & Annis (1974) and has been noted to produce poor mental health outcomes, otherwise known as acculturative stress. Along with integrating a new or different cultural identity, Asians often need to deal with discrimination (Budhwani & Sun, 2020; Wong-Padoongpatt et al., 2022).

Although the immigrant population in Canada is diverse, there is a lack of contemporary data on suicide risk by immigrant status. However, based on an analysis by the Canadian Community Health Survey (CCHS) from 2015, 2016 and 2019, 1.5% of immigrants in Canada reported having suicidal ideation in 2022 (Yang et al., 2022). Youth and young adults (aged 15 to 24 years) demonstrated the highest proportion of suicidal ideation in 2022 across both Canadian-born and immigrant populations (Yang et al., 2022). In the US, the suicide rate in young adults aged 20 to 24 rose from 7.4% in 2011 to 13.1% in 2015 among Asian Americans (National Center for Health Statistics, 2017). Suicide accounted for roughly one-third (32.8%) of deaths in Asian Americans, among ages 20 to 24 in 2015. Comparatively, 19% of Caucasian Americans in this same age group died by suicide (National Center for Health Statistics, 2017). Among college students, Asian Americans have reported higher levels of suicidal thoughts, compared to their Caucasian American peers (Kisch et al., 2005, as cited in Jin et al., 2023).

Statistics on discrimination that have come to light during the pandemic revealed that the number of police-reported hate crimes against the Southeast Asian population increased by 301% from 2019 to 2020, from 67 incidents to 269 incidents. The South Asian population observed an increase of 47% in police-reported hate crimes from 2019 to 2022 (Wang & Moreau, 2022). Moreover, the Chinese population was 10 times more likely to report being a victim of racial

discrimination relative to the population not designated as a visible minority in 2020 (Statistics Canada, 2022a).

In addition to the harmful outcomes outlined above, some researchers have posited that perfectionism is a risk factor for suicide and suicidal ideation in Asians (Park & Kim, 2018, You et al., 2022). Therefore, having a greater understanding of Asians in the Canadian context, especially among young people with regards to perfectionism may allow counselling psychologists to deliver informed strategies and interventions to individuals who experience the negative effects of perfectionism, such as a culturally adapted ACT protocol.

Significance

While it may be true that mental health services are negatively stigmatized in Asian cultures and Asians tend to forgo support services (Han et al., 2013; Lei & Pellitteri et al., 2017), the statistics indicate that the Asian population is increasing (Budiman & Ruiz, 2021; Kim-Goh et al., 2015). This means that the prevalence of mental health issues will increase, due to a number of factors including perfectionism (Chu et al., 2018; Leong et al., 2018; National Institute of Mental Health, 2016).

Acculturative stress has been linked to maladaptive perfectionism. In a study by Liu et al. (2022), they found that Chinese international students in the US who had greater acculturative stress also experienced higher levels of maladaptive perfectionism, in turn, resulting in more depression and anxiety. Young adult Asians are often pressured to honour their family by striving for academic excellence and achievement (Chao & Tseng, 2002, as cited in Jun et al., 2022). In conjunction with the stresses to adjust to a new culture, this population may experience both high expectations and greater levels of discrepancy between their actual performance and standards.

The FAPS was used as a measure by Fung et al. (2023) to determine the interaction

between personal perfectionism and family perfectionism. They hypothesized that there would be further negative consequences in a person who identified as a MP and who also perceived their family to be MP among adolescents of Asian and Latinx backgrounds. This in part is because collectivist frameworks like Asian cultures perceive the unit of the family to be more important than the individuals' needs (Paik et al., 2017). While the social support of a family may be protective, studies have shown that the family can worsen distress symptoms in children in the Latinx cultures (Ortega et al., 2014) and in children of Asian families (Wang et al., 2012, as cited in Jun et al., 2022).

Furthermore, as hypothesized by Fung et al. (2022), the participants who identified as having maladaptive perfectionism and were raised in a maladaptive perfectionist family experienced the most deleterious effects to their psychological functioning. However, in their investigation of perfectionism on the personal and family level they found evidence to suggest that both personal and family attributes can safeguard against negative outcomes. Both individual differences and responses from the family can be protective against symptoms like anxiety and depression (Fung et al., 2023).

According to the literature it appears that the impact of culture and perception of family within the culture is more complex when it comes to the dimensions of standards and discrepancy. Despite the high standards Asian families hold and the critical evaluations they express, Asian individuals may adapt perfectionism in a way that provides utility and positive outcomes. For instance, in the study by Wang et al. (2018) they found that ethnic belongingness or having a strong sense of group identity among Asian and Asian American emerging adults may have a buffer effect against maladaptive outcomes when examining the relationships between family discrepancy and family shame.

Above all, investigating the literature on the nuances of the Asian cultural context and how it plays a role in perfectionism in young adult Asians may help counselling psychologists to ask precise questions. In terms of clinical practice, exploring the depth and breadth of systemic factors as an augmentation to the approach of ACT such as adherence to family values, and orientation to cultural identity may be valuable to those of minority ethnicities who struggle with the maladaptive outcomes of perfectionism. Fortunately, a cultural adaptation of ACT may not require drastic modifications since ACT is already a proponent of clarifying the client's values, so that the client may behave in congruence with their values to foster greater meaning and purpose in life, through the cultivation of psychological flexibility (Hayes et al., 2012; Hofmann & Hayes, 2018; Masuda & Qina'au, 2022).

Theoretical Framework

ACT according to the seminal work of Hayes et al. (2012) is a third-wave behavioural therapy that is concerned with the function and relationship to dysfunctional behaviours and incorporates mindfulness and acceptance principles. The primary purpose of ACT is to help clients grow in psychological flexibility and to pursue greater quality of life by activating responses that are consistent with the client's values (Hayes et al., 2006, as cited in Ong, Lee, et al., 2019). In effect, this means there is less emphasis on reducing symptomology, and more attention on identifying and modifying the processes and associations underlying maladaptive behaviour (Hayes et al., 2012; Shafran et al., 2023).

ACT focuses on six processes to enhance psychological flexibility, known as: acceptance, defusion, contact with the present moment, self-as-context, values and committed action (Hayes et al., 2012). Defusion is about holding difficult thoughts and feelings loosely and creating distance from them, while acceptance is about creating space for the gamut of inner experiences

without judgment and without changing them. Contact with the present moment, refers to increasing attention and awareness with openness and the need to control the experience (Hayes et al., 2012). Self-as-context is the ability to psychologically step back and to observe the self as the context in which experiences are happening. Values are the deep personal beliefs and principles that provide meaning, and committed action is the effort and the concrete steps taken to live in accordance with one's values.

Perfectionism as a construct is multifaceted and the inner experiences perfectionistic strivings and perfectionistic concerns are influenced by external components. A helpful framework for perfectionism is the preliminary integrative model of perfectionism, which is a holistic understanding integrating a combination of personal, familial, and contextual factors (Flett et al., 2002, as cited in Ramussen & Troilo, 2016). This includes elements like individual temperament, parenting style and culture, respectively as influential factors.

A contemporary framework that illustrates the various ways ethnic identity can be integrated in Asian Canadians is the Bicultural Identity Orientations (BIOs) model (Comănanu et al., 2018). It is based on that the proposition that a third, blended identity of the original ethnic culture and the dominant Canadian culture can be established. The BIOs model provides further nuance to the integration category of acculturation (Berry, 1997), by suggesting five orientations: hybrid, monocultural, alternating, complementary, and conflicted.

While these two models of perfectionism and bicultural identity rely heavily on extrinsic and contextual factors, the therapeutic modality of ACT is more concerned with the inner world of the client. In other words, how these external forces, like family and acculturation shape the inner experiences of the client. Based on the ACT framework, the negative outcomes of perfectionism would be conceptualized to be consequences of avoidant responses to undesirable

inner experiences (Ardakani et al., 2019; Ong, Lee, et al., 2019). For example, perfectionism can lead to negative thoughts and negative feelings like cognitions of inadequacy and fear, which can be expressed through a variety of unhelpful actions, such as procrastination, overwork, and excessive behavioural regulation (Ong, Lee, et al., 2019). These problematic behaviours and outcomes are due to psychological inflexibility, which is the difficulty to be open to the present moment and the tendency to be influenced towards unwanted behaviours by psychological responses, rather than one's values and convictions (Ong, Lee, et al., 2019).

ACT believes that change and more adaptive responses is made possible by exercising psychological flexibility, a posture of openness as indicated by the first word of acceptance in ACT. This is the ability to be present, hold a posture of nonjudgment towards inner experiences and to persist in behaviours that are in service of one's values (Hayes et al., 2006, as cited in Ong, Barney, et al., 2019). The ACT perspective posits that the inner experiences do not have to have any bearing on the external behaviours. Thus, some relevant clinical skills that would be encouraged in clients would be acceptance and defusion. For instance, acceptance involves making space for both positive and negative thoughts and emotions, while defusion is about identifying less with negative thoughts and feelings in order to reduce the activation of unwanted behaviours (Hayes et al., 2012).

The commitment part of ACT refers to the practical behaviours and change from maladaptive responses to adaptive. Proponents of ACT believe clients may achieve more health and vitality when their responses align with their values more frequently (Hayes et al., 2012). Therefore, the systemic factors of perfectionism and bicultural ethnic identity not only inform the dysfunctional ways of relating to thoughts and feelings, and consequently maladaptive outcomes, but they also lay the foundation of values to help guide individuals into positive ways of being

and doing. The ACT model intentionally considers the client's values and supports clients to refine and articulate their values (Hayes et al., 2012).

Research on the utility of psychological flexibility and ACT has been found for a range of pathologies, such as obsessive-compulsive disorder, depression and anxiety, and disordered eating (Arch et al., 2012, as cited in Ong, Barney, et al., 2019; Ardakani et al., 2019; Juarasico et al., 2010, as cited in Ong, Lee, et al., 2019; Twohig et al., 2018). In recent years, ACT has been researched for clinical perfectionism (Shafran et al., 2003, as cited in Limburg et al., 2017), and has been found to be an effective treatment protocol (Ong, Lee, et al., 2019). Furthermore, ACT incorporates elements of self-compassion, a mindfulness-based technique, which has shown to reduce the effects of maladaptive perfectionism on depression (Ferrari et al., 2018; Ong, Barney, et al., 2019; Ong et al., 2021).

While the current literature supports ACT for perfectionism (Twohig et al., 2018; Ong et al., 2020), there are some gaps. Many of these studies examining ACT and clinical perfectionism as cited above were conducted on Western samples (Nagayama Hall & Huang, 2020). Therefore, this Capstone project proposes a culturally sensitive and culturally adapted ACT protocol for young adult Asians struggling with the negative effects of perfectionism in Western society, specifically Canada.

With respect to the construct of perfectionism, young adult Asians may be impacted positively or negatively depending on how they orient themselves with their ethnic culture and the dominant, Western culture in which they live; especially if their family is perceived to adhere to a maladaptive conceptualization of perfectionism. For the counselling psychology field, a cultural adaptation of ACT that investigates the bicultural identity of a young adult Asians in Western society, their orientation to cultural values, and a holistic understanding of perfectionism

in the context of systemic factors, may provide pathways for growth, healing, and healthy ways of functioning.

Definition of Terms

The following key terms and concepts are used extensively throughout the Capstone project. This section will provide a brief discussion so that the contextual meaning may be better understood by the reader.

Acceptance and Commitment Therapy

This therapeutic model is a behavioural model that supports the client to examine the function of emotions, cognitions, and behaviours. It strongly emphasizes a life filled with meaning and purpose for the client through values-based actions and through the cultivation of psychological flexibility. It was originally developed by Hayes et al. (2012).

Acculturation

Acculturation refers to the definition devised by Berry (1974) and the adjustment an individual makes to assimilate to the dominant culture or society. In the context of this paper acculturation pertains to students who have spent more time in a Western society, like the US or Canada and have incorporated more Western ideals and values. Of course, those who are second-generation or were born in a Western society are often presumed to be more acculturated than those who are first-generation or were born in their home country (Kwak & Berry, 2001; Suh et al., 2020). However, some studies have shown that this may not always be the case (Yoo & Lee, 2008). Moreover, those who identify as an international student are thought to be studying abroad in Western countries temporarily and would be less acculturated than an individual born in the Western society, like an Asian American (Wang et al., 2018) or an Asian Canadian.

Adaptive Perfectionism

Based on the works of Rice and Ashby (2007) and Stoeber and Otto (2006), this is characterized by high standards or perfectionistic strivings and low discrepancy or perfectionistic concerns. A person who exhibits these qualities of perfectionism has healthy outcomes.

Asian

The term Asian is a broad ethnic category. In the context of this paper, it will refer to mainly Southeast Asians, such as Chinese and Korean individuals and families. However, South Asians like Indians have been represented in the studies on international student samples included in the literature review and are even a target sample in the study by Methikalam et al. (2015). Other represented Southeast Asians in the studied samples would be Taiwanese, Japanese, Vietnamese and Filipino, to name a few.

Cultural Adaptation

This term refers specifically to the modification of a therapeutic model or modality to suit the client's ethnic cultural background. It originates from the work of Bernal et al. (2009).

Family Perfectionism

This was originally conceptualized by Wang (2010) and refers to an individual's perception of their family's perfectionist standards and expectations. This led to the creation of the Family Almost Perfect Scale, based off the Almost Perfect Scale-Revised (Slaney et al., 2001).

Maladaptive Perfectionism

This refers to the poor health outcomes associated with perfectionism that can result in variety of psychopathologies. According to the original studies of Rice and Ashby (2007) and Stoeber and Otto (2006), high standards or perfectionistic strivings and high discrepancy or perfectionistic concerns exemplify this classification of perfectionism. This means that someone

who has high standards or high perfectionistic strivings on a task or performance causes the negative outcomes of high discrepancy or high perfectionistic concerns to worsen. The perfectionist types have been supported by subsequent researchers such as Ortega et al. (2014), Rice et al. (2014) and Smith et al. (2015). Additionally, the outcomes are more damaging than the outcomes of someone who exhibits non-perfectionism (Stoeber, 2012).

Maladaptive Perfectionist

An individual who demonstrates maladaptive perfectionism. These individuals demonstrate greater negative health outcomes. For consistency, the noun and adjective form of maladaptive perfectionist will be abbreviated to MP, while maladaptive perfectionism, the noun form will be written out.

Perfectionism

Currently, there is no clear consensus on the construct of perfectionism. However, there are two helpful conceptualizations. The first is the conceptualization by Hewitt and Flett (1991) who highlighted the interpersonal and intrapersonal aspects of perfectionism. These dimensions are self-oriented perfectionism, setting high standards for oneself and judging one's actions severely; other-oriented perfectionism, setting standards for others and evaluating the behaviour of others; and socially prescribed perfectionism, the belief that others hold high standards and judge critically. The second, is the tripartite model based off the work by Rice and Ashby (2007), and Stoeber and Otto (2006), which posited three perfectionist types based on the orthogonal dimensions of standards or perfectionistic strivings and discrepancy or perfectionistic concerns. Standards or perfectionist strivings pertains to the aspirations for greater performance and success, while discrepancy or perfectionistic concerns refer to the gap between actual performance and ideal performance, and the fear of failure and criticism.

Although there is no universally agreed upon definition of perfectionism, in general, the literature supports adaptive dimensions of perfectionism and maladaptive dimensions of perfectionism pertaining to positive and negative mental health outcomes, respectively (Ong, Lee, et al., 2019; Smith et al., 2015; Smith et al., 2017; Smith et al., 2022; Suh et al., 2023).

Researcher's Position

Perfectionism has been a personal struggle of mine, in various areas of my life. This was most prevalent in my own education experience where I often had incredible standards and pressure on myself to excel and to achieve high grades. However, I often suffered the negative consequences of those high standards and the perception that I was never good enough when I often compared my actual performance to my ideal performance. On one hand, I would work diligently, keep busy, and take on more responsibilities and tasks that I could handle to lower the discrepancy that I felt. This often led to anxiety, irritability, poor emotional regulation, lack of self-care, and even burnout. Other times I would procrastinate, self-handicap or worse, not even fully attempt a task because the expectations and felt discrepancy seemed too overwhelming. Consequently, this also resulted in poor outcomes such as shame, anger, and decreased motivation.

Through my own personal therapy and reflection, I realized that the perfectionism that I felt, the drive to achieve and to excel, came from my family and ultimately my culture. Although I had thought that I had a balanced integration of my Korean culture and Canadian culture, I realized that I had been impacted by my parents and their cultural values more strongly. I had experienced their high expectations of me and experienced their reinforcement of these ideals in aversive ways, such as shame, critique, and comparison, even if I was aware of their good intentions to see me succeed. I often felt a nagging sense that I was not good enough or that more

effort could have been exerted.

In my short experience as an intern psychologist at a private practice over the past several months, I have noticed a similar theme of perfectionism among a few of my clients. Their challenge with perfectionism presents as a myriad of maladaptive symptoms, such as anxiety, depression, neglect of the self and people-pleasing behaviours. Through my advocacy of psychological flexibility by employing acceptance and defusion strategies from my grounding theory of ACT, along with mindfulness, self-compassion, and attention to emotion, I have been able to support and walk with my clients through their struggles.

My implicit bias towards perfectionism is that it can have harmful effects, and even greater aversive outcomes for those from Asian backgrounds, like me. Although my own struggle and bias with perfectionism in my own identity may arise in the process of writing my Capstone project, I believe it is an area of great interest to me. Articulating my bias, reflecting on it, and exercising awareness of it is key and I believe being explicit about it with myself will allow me to engage critically and objectively with the literature on this topic. Furthermore, I continue to engage in my own therapy to continue to work through my past and current experiences to not only grow as a student, but also to develop into a lifelong learner, and an ethical and competent clinician.

Overview

This paper aims to synthesize the literature on the maladaptive effects of perfectionism in young adults Asians living in Canada. Using a framework that integrates a holistic understanding of perfectionism with the acculturative processes in Asian populations, and potentially other minority groups, may allow clinicians to have a more refined response in their treatment and use of interventions. Chapter 2 will include the method of gathering the research articles for review

and provide a critique on the methodology of the studies. Chapter 3 will synthesize the findings in a cohesive manner, Chapter 4 will offer recommendations for clinical application and Chapter 5 concludes with recommendations for future research and clinical practice.

Chapter Two: Research Methodology and Methodological Analysis

This section provides an overview of the research methodology and the methodological analysis of the literature. Critically examining the strengths and weaknesses of the studies according to their design will help readers to maintain confidence in the researcher's interpretations and in the writer's conclusions to employ a cultural adaptation of ACT to support young adult Asian Canadians dealing with the maladaptive effects of perfectionism.

Research Methodology

Various databases were consulted through the City University of Seattle library. Databases and search engines, such as EBSCO, PubMed, PsycINFO and ProQuest were used to find relevant journal articles to answer the research question: How does a cultural adaptation of ACT help counselling psychologists support young adults of Asian ethnicities in Canada who demonstrate maladaptive outcomes as a result of perfectionism?

Articles from the databases were filtered for those that were peer reviewed and in full text to ensure scholarly standards, exceptional quality, and accessibility for the writer. In order to understand the direct and indirect impact of the variables being studied and to get answers to the specific research question, the initial key terms used in the search were *maladaptive perfectionism* and *Asian perfectionism*. However, to refine the search, the key terms were expanded to broaden the scope of the literature review with terms like *Asian Canadian perfectionism*, *Asian acculturation*, *Asian Canadian acculturative stress*, *family maladaptive perfectionism*, *Asian family maladaptive perfectionism*, *Asian values perfectionism*, *Asian values acculturation*, *Asian parenting perfectionism*, *cultural adaptation of acceptance and commitment therapy*, and *acceptance and commitment therapy perfectionism*.

While the initial key terms produced thousands of results, the addition of the various

search terms narrowed the results significantly. Additionally, searching by published year, starting from 2015 was used to further refine the search to ensure currency of information. An 8-year range rather than a 7-year range was used to account for the reduction in publications due to the pandemic of late 2019. One article from 2015 was included in the literature review based on its relevance to the research question.

Search Criteria

Inclusion criteria focused on studies about family perfectionism in Asian populations, as well as those that examined acculturative effects and provided a discussion on Asian cultural values. Studies that examined university student populations were examined, especially within a Western context like the US and Canada. Perfectionism in a general sense or pertaining to school performance was included as well. Furthermore, although there were few, studies related to ACT and perfectionism and cultural adaptations of behavioural therapies were selected. Studies that focused on treatments and approaches to perfectionism, mood, or problematic eating disorders were excluded. In addition, other related topics such as procrastination, burnout, impacts of social media, and imposter syndrome were omitted.

Literature Search Process

The literature search process was challenging in the beginning and became more manageable as the curation of articles and the review of the literature progressed. The topic for the Capstone started with broad topics such as the Asian cultural values, mindfulness, and perfectionism. As questions pertaining to the rationale, relevance of the research to the field of counselling psychology and personal motivation were explored, the topic became more refined. Commonalities between studies could be seen and broad themes could be identified. Once a core group of articles was established, others that were a good fit were included. While specific

studies pertaining to the question at hand were limited, such as perfectionism and Asian Canadians populations, auxiliary primary sources were curated and consulted to supplement the core articles.

The greatest challenge to the search process was me, the writer. The number of studies that were initially collected to determine relevancy to the research question was overwhelming, which ironically led to feelings of inadequacy due to my own personal standards and attitudes of perfectionism. These negative feelings in turn led to procrastination and avoidance behaviours. However, conducting the search process in smaller, manageable steps, and organizing the information of each journal article into a spreadsheet alleviated the stress of the search process.

Methodological Analysis

In this section I provided a detailed review of the methodology of the fifteen selected quantitative studies investigating the impact of perfectionism on mental health outcomes. Studies that incorporated cultural values and acculturation on the maladaptive outcomes of perfectionism in young adult Asians were also included (see Table 1). These research articles were critically analyzed with a focus on the research paradigm, sampling and recruitment of participants, data collection, data analysis, and strengths and limitations.

Table 1

Summary of Research Articles

Authors and year	Title	Relevance to research question
Chai et al., 2020	Relationship between perfectionism and depression among Chinese college students with self-esteem as a mediator	Explored the association between maladaptive perfectionism and adaptive perfectionism on depression, as well as the mediation effects of self-esteem in Chinese university students.
Fung et al., 2023	Personal and family perfectionism among Asian and Latinx youth	Examined the distribution of perfectionism by ethnicity and the relationship between personal and family perfectionist types on the mental health outcomes in Asian and Latinx

		adolescents.
Hayes & Turner, 2021	The relation of helicopter parenting to maladaptive perfectionism in emerging adults	Investigated the different aspects of helicopter parenting on maladaptive perfectionism in a mostly Caucasian American sample.
Huang & Mussap, 2018	Maladaptive perfectionism, acculturative stress and depression in Asian international university students	Studied the relationships between maladaptive perfectionism, acculturative stress, length of stay, and depressive symptoms in Asian international students in Australia.
Jun et al., 2022	Family profiles of maladaptive perfectionists among Asian international students	Explored the correlations between family perfectionist types on numerous mental health outcomes in Asian international students in the US.
Liu et al., 2022	Depression and anxiety from acculturative stress: Maladaptive perfectionism as a mediator and mindfulness as a moderator	Examined the mediation effects of maladaptive perfectionism and mindfulness on the relationship between acculturative stress, and both depression and anxiety in Chinese international students in the US.
Methikalam et al., 2015	Asian values, personal and family perfectionism, and mental health among Asian Indians in the United States	Investigated the correlations between personal and family perfectionism, adherence to Asian values, and psychological outcomes in Asian Indians from the US.
Nagayama Hall et al., 2019	Cultural adaptations of psychotherapy: Therapists' applications of conceptual models with Asians and Asian Americans	Studied how therapists from the US and Japan culturally adapted cognitive-behavioural therapy.
Ong, Lee, et al., 2019	A randomized controlled trial of acceptance and commitment therapy for clinical perfectionism	Explored the efficacy of ACT on clinical perfectionism compared to a waitlist control group in a sample of American young adults.
Rice et al., 2019	Measurement and implications of perfectionism in South Korea and the United States	Examined the psychometric differences between a Korean sample and an American sample on the measurement of perfectionism.
Smith, Saklofske, et al., 2016	Cultural similarities in perfectionism: Perfectionistic strivings and concerns generalize across Chinese and Canadian groups	Investigated the cross-cultural generalizability of the two-factor model of perfectionism in Canadian and Chinese university students.
Smith et al., 2017	Does perfectionism predict depression, anxiety, stress, and life satisfaction after controlling for neuroticism?: A	Studied maladaptive perfectionist dimensions cross-culturally in Canadian and Chinese university students over and above neuroticism.

Suh et al., 2020	study of Canadian and Chinese undergraduates Acculturative strategies and mental distress among Asian American college students: The role of Asian values across acculturative strategies	Explored the acculturative patterns on maladaptive health outcomes in Asian American students in the US.
Wang et al., 2018	Family perfectionism, shame, and mental health among Asian American and Asian international emerging adults: Mediating and moderating relationships	Examined family perfectionism, family shame and ethnic belongingness on mental health outcomes in Asian American and Asian international students from the US and Canada.
You et al., 2022	Perfectionism, life stress, and suicidal ideation among college students: A protective role of self-compassion	Investigated the mediation of life stress on the relationship between maladaptive perfectionism and suicidal ideation in Koreans.

Research Paradigm

Most of the studies outlined in Table 1 employed a postpositivist research perspective which asserts that objective reality can be realized through rigorous measures grounded in the scientific method (Hesse-Biber & Leavy, 2011, as cited in Leavy, 2022; Phillips & Burbules, 2000, as cited in Leavy, 2022).

In contrast, the study by Fung et al. (2023) and Nagayama Hall et al. (2019) employed a constructionist paradigm on the continuum of positivist to constructionist. Each of the fifteen studies utilized a survey research design to investigate the relationship between variables, such as perfectionist type and mental health outcomes to strengthen the existing literature on the maladaptive effects of perfectionism cross-culturally.

Sampling and Recruitment

Exploring the sampling methods and recruitment of participants in the studies helped to clarify internal and external validity. Convenience sampling was used by thirteen of the studies as a means to access participants (Cohen et al., 2017), while purposive sampling was used by

two studies (Creswell & Clark, 2011, as cited in Cohen et al., 2017). Although convenience sampling is advantageous to researchers, there are disadvantages. The lack of random selection can lead to limited external validity. Findings obtained by researchers cannot be generalized to broader populations (Andrade, 2020; Hayes & Turner, 2021). In the study by Hayes and Turner (2021), females represented three quarters of the sample size. In this case, the overrepresentation of females as a subject variable could impact results in a way that could be more indicative of gender differences. The only study to explicitly state random selection was Chai et al. (2020). However, this study only included the number of participants and mean age of participants which raised questions about their sampling approach.

Convenience Sampling

Participants were recruited from post-secondary institutions, except for the study by Fung et al. (2023), where participants were adolescents recruited from several high schools (Methikalam et al., 2015; Suh et al., 2020). Due to convenience and selection of participants on a voluntary basis, potential biases are another drawback. Subjects who willingly participated may be more open to sharing their attitudes. Furthermore, they may present with social desirability bias, providing responses that appear more desirable or presenting a positive representation of oneself (Tourangeau & Yan, 2007, as cited in Baumgartner & Weijters, 2015). However, this is also a prevalent weakness of self-report measures inherent in survey design studies, which is characteristic of fourteen of the studies.

The study by Fung et al. (2023) presented a strong convenience sampling approach by surveying three high schools in a large ethnic minority area of a major urban city in the US and provided a large sample size of 1078 participants. Similarly, Suh et al. (2020) recruited Asian Americans through Asian American student associations from over 50 universities in the US and

Wang et al. (2018) gathered university students of Asian ethnicities from student associations and departments from universities in Canada and the US. In contrast, You et al. (2022) recruited South Korean students from one private university, but managed to obtain a moderate sample size of 420 participants. Rice et al. (2019) took a similar approach in their study on Korean and American undergraduate students. An advantage of convenience sampling is that it may produce high internal validity, which can allow generalizations to the target population (Andrade, 2020).

Purposive Sampling

As the name suggests, purposive sampling implies intentionality and designating parameters to study a population of interest (Teddlie & Yu, 2007, as cited in Cohen et al., 2017). Nagayama Hall et al. (2019) and Jun et al. (2022) demonstrated this sampling approach. For example, in the study by Jun et al. (2022) they were interested in Asian international students with a MP presentation and recruited participants through a two-step process. Evidently, the researchers could target their study to a specific, homogenous population which is a strength of purposive sampling. On the other hand, when the target population becomes less specific, like convenience sampling, external validity becomes limited (Andrade, 2020).

In summary, reviewing participant recruitment and sampling methods was a worthy endeavour to understand the sample selection criteria and to note the relevance of the subpopulation to each study. Due to limited resources and a variety of constraints such as time and finances, convenience sampling was used in thirteen of the fifteen studies. Although access to participants was much easier, especially through electronic means of invitation and distribution, generalizability was a drawback (Cohen et al., 2017).

Data Collection

Fourteen of the studies used a survey design, which provided a quick and easy way to

gather data on a participants' attitudes and behaviours (Dillman et al., 2014). An array of instruments was used by the studies, but several used the same measures or had slight modifications. The reliability of the measures was evaluated using Cronbach's alpha or alpha coefficient, which provides consistency among the items within a measure. To determine the acceptable degree of reliability, guidelines from Cohen et al. (2017) was used: greater than .90 is very high reliability or excellent, between .80 to .90 is highly reliability or good, between .70 to .79 is reliable or acceptable, between .60 to .69 is minimally reliable and below .60 is unacceptable low reliability.

Twenty-seven different measures were used across the fifteen studies. The Almost Perfect Scale Revised (APS-R), Family Almost Perfect Scale (FAPS), and Centre for Epidemiological Studies-Depression Scale (CES-D) were each used in four of the studies (Chai et al., 2020; Fung et al., 2023; Huang & Mussap, 2018; Jun et al., 2022; Liu et al., 2022; Methikalam et al., 2015; Suh et al., 2020; Wang et al., 2018). The Frost Multidimensional Perfectionism Scale (FMPS) appeared in five of the studies (Hayes & Turner, 2021; Ong, Lee, et al., 2019; Smith, Saklofske, et al., 2016; Smith et al., 2017; You et al., 2022). The Depression, Anxiety and Stress-Short Form (DASS) was used in four of the studies (Liu et al., 2022; Smith, Saklofske, et al., 2016; Smith et al., 2017; Wang et al., 2018). While the Short Almost Perfect Scale (SAPS), Frost Multidimensional Perfectionism Scale (FMPS), Satisfaction With Life Scale (SWLS), Rosenberg Self-Esteem Scale (RSES) and Depression, Anxiety and Stress-Short Form (DASS) each appeared in two of the studies (Chai et al., 2020; Fung et al., 2023; Jun et al., 2022; Liu et al., 2022; Rice et al., 2019; Wang et al., 2018). Other notable instruments used to measure the social constructs of acculturative stress and identification with cultural values were the Acculturative Stress Scale for International Students (ASSIS), Acculturative Stress Scale for Chinese Students

(ASSCS), Acculturation Rating Scale for Mexican Americans-II (ARSMA-II), Asian Values Scale (AVS) and the Asian American Values Scale-Multidimensional (AAVS-M) (Huang & Mussap, 2018; Liu et al., 2022; Methikalam et al., 2015; Suh et al., 2020).

Evaluation of Significant Studies

The study by Hayes and Turner (2021) examined attributions of two helicopter parenting scales, as well as the effect of helicopter parenting on maladaptive perfectionism in young adults. Despite omitting the Organization subscale of the FMPS, their modification was substantiated by the seminal work by Frost et al. (1990) who constructed the scale. Their sample had a Cronbach's alpha of .91 on the FMPS which indicated excellent internal reliability.

Methikalam et al. (2015) modified the APS-R by using the Standards scale and excluding items with affective markers on the Discrepancy scale. They posited that the affective items would interfere with their outcome variables of anxiety, depression, and self-esteem. Overall, they found high reliability, with alpha coefficients of .80 and .89, for Standards and Discrepancy, respectively. However, in the treatment of the AVS, they decided to retain the results from the subscales despite low reliabilities of the coefficient alphas. The decision to interpret their results based on these subscales was questionable, especially since Kim et al. (1999) in the original study of the AVS advised against using the separate subscale scores.

Lastly, Liu et al. (2022) found strong reliability across their measures. In the use of the Discrepancy subscale alone in the APS-R, they obtained an alpha coefficient of .90. For the DASS, they implemented the full instrument and found excellent reliability with a Cronbach's alpha of .94. Based on the study by Bai (2016), the ASSCS was employed by Liu et al. (2022) and it surveyed different aspects of acculturative stress than the ASSIS. It was found to have strong construct validity in Chinese international students (Bai, 2016), and Liu et al. (2022)

obtained an excellent coefficient alpha of .95 in their study.

In general, a review of the measures indicated good validity and strong reliability (Fung et al., 2023; Hayes & Turner, 2021; Jun et al., 2022; Liu et al., 2022; Methikalam et al., 2015; Wang et al., 2018). Most of the researchers took the time to reference other studies that had similar samples to substantiate their implementation (Huang & Mussap, 2018; Jun et al., 2022; Liu et al., 2022; Methikalam et al., 2015; Rice et al., 2019). For those that modified the measures, sufficient reason was provided as well (Fung et al., 2023; Huang & Mussap, 2018; Liu et al., 2022; Methikalam et al., 2015).

Data Analysis

A variety of statistical tools were used by the researchers across the studies to interpret the data, including both descriptive statistics and inferential statistics. The mean, standard deviations and intercorrelations of the variables were typically displayed neatly in a table (Cohen et al., 2017). In terms of inferential statistics, cluster analysis, analysis of variances (ANOVAs), multiple analysis of variances (MANOVAs), structural equation modelling (SEM) and tests of mediation and moderation models were commonly used (Fung et al., 2023; Hayes & Tuner, 2021; Huang & Mussap, 2018; Jun et al., 2022; Liu et al., 2022; Methikalam et al., 2015; Wang et al., 2018; You et al., 2022).

Missing Data

Six of the journal articles described their process with respect to missing data. Treatment of missing data is important to ensure the data is analyzed precisely (Dale, 2006, as cited in Cohen et al., 2017). Suh et al. (2020) used the deletion method and excluded participants (Cohen et al., 2017), while others like Fung et al. (2023), Jun et al. (2022) and Liu et al. (2022) used the imputation method and provided substituted values (Rubin, 1987, as cited in Cohen et al., 2017).

Furthermore, outliers were taken into consideration by Fung et al. (2023) and Huang and Mussap (2018) to ensure the distribution of data was not skewed.

Inferential Statistics

A plethora of analytical procedures were used in the studies. The researchers took the steps to manage their large amounts of data in effective and appropriate ways (Fung et al., 2023; Huang & Mussap, 2018; Jun et al., 2022; Methikalam et al., 2015; You et al., 2022). The statistical tools organized the data into meaningful information by establishing correlations between variables (Hayes & Turner, 2021; Huang & Mussap, 2018; Liu et al., 2022; Wang et al., 2018; You et al., 2022). Providing discussion on the analytical tools used by the researchers allowed readers to have confidence in the interpretations and ultimately, the conclusions drawn by the researchers.

Strengths and Limitations

The overall strengths and weaknesses of the methodology in the articles are largely attributed to the survey design of most of the studies and cross-sectional nature of the studies. There are many advantages with this research design (Dillman et al., 2014). It allowed the researchers to administer the questionnaires and measures efficiently and to obtain data quickly. Ultimately, a large amount of data was collected, and general conclusions on patterns were made through statistical analyses (Dillman et al., 2014).

Despite these advantages, there were limitations to this research model. The survey design relied on self-report which comes with its own set of challenges (Dale, 2006, as cited in Cohen et al., 2017). Responses based on one's attitudes or experiences were susceptible to error due to the fallibility of memory (Cohen et al., 2017). Additionally, responses were prone to bias such as the social desirability bias, which may distort the responses (Cohen et al., 2017). The

participatory nature of these studies could also be skewed towards individuals within the sample population that were more open and accommodating to the researchers' requests (Methikalam et al., 2015). Lastly, the cross-sectional design of capturing responses at one instance of time in a particular sample meant that causal explanations could not be made. This also meant that the results were difficult to generalize, even in populations with similar characteristics.

Chapter Three: Review of the Literature, Findings and Ethical Considerations

As previously noted, there are various conceptualizations of perfectionism associated with maladaptive outcomes. Stoeber and Otto (2006) postulated that perfectionist concerns, or being critical of one's performance, can have negative effects. Similarly, Rice et al. (2007) suggested the dimension of discrepancy, which is the perceived distance between actual and ideal performance, leads to poor mental health outcomes. However, most studies that point to the negative outcomes and pathological implications are derived from a Western perspective (Ong, Lee, et al., 2019; Smith, Saklofske, et al., 2016; Stoeber, 2018; Suh et al., 2023). Conclusions drawn suggest that high levels of perfectionism are pathological, especially when perfectionist concerns are predominant, and levels of discrepancy are perceived to be high.

When Asian cultures are considered and the different cultural values that guide behaviour are explored, this pathological view of perfectionism can be challenged. Some researchers argue that self-cultivation, rooted in Confucian philosophy, which is the pursuit of excellence in moral, academic, and career domains is a deeply held virtue in Asian culture (Rice et al., 2019; Suh et al., 2023). In effect, striving for excellent conduct and good standing with others produces harmony in society and honour to the group (Yang, 1997, as cited in Suh et al., 2023). Thus, Asian cultures align closely with the underpinning of perfectionism; the strive for excellence, and the drive to reduce the disparity between actual performance and ideal performance. In some ways, this congruence between perfectionist ideals and Asian cultural values may exacerbate stress within individuals and potentially lead to poorer outcomes, but not always. For instance, Suh et al. (2020) found that Asian Americans who adhered more closely to their ethnic cultural group demonstrated protective factors against anxiety and depression. Similarly, Chai et al. (2020) found the mediating effects of self-esteem on adaptive perfectionism and depression to be

significant in Chinese university students which diverged from an earlier study on similar variables in a US student population (Rice et al., 1998, as cited in Chai et al., (2020). In other words, Asian cultural values may enhance self-esteem, resulting in adaptive expressions of perfectionism and lowering negative outcomes like depression. Thus, the perception of perfectionism and how closely young Asian adults integrate their ethnic culture may lead to adaptive or maladaptive outcomes.

This section provides an in-depth review of the findings of the fourteen quantitative studies and one qualitative study, investigating different factors, such as cultural values and acculturation on the maladaptive mental health outcomes of perfectionism in young adult Asians. The articles are critically analyzed and synthesized into relevant themes that address the research question and provides areas of focus for clinicians to explore more deeply with their clients using an adapted ACT approach that integrates a systemic perspective. Increased knowledge and awareness in these areas can foster healthy and more adaptive ways to cope with perfectionism in young adult Asians in a Western context. The two major themes are the perception of Asian family influence and the perception of acculturation.

Perception of Asian Family Influence

A theme that undergirds collectivist cultures, especially Asian cultures is the importance of family. In fact, the welfare of the family often supersedes the needs of the individual (Paik et al., 2017). Additionally, the family unit embodies Asian cultural values such as collectivism, conformity to norms, family recognition through achievement, humility, and filial piety, to name a few, according to the original work by Kim et al. (1999). This means that children are raised to obey their elders and seek the counsel of those who have more life experience (Nilsson et al., 2008, as cited in Huang & Mussap, 2018; Toyokawa & Toyokawa, 2013). The impact of the

family in Asian cultures relates to perfectionism in the need to meet expectations, but also because of the emphasis placed on education and academic performance, especially in young adults (Chao & Tseng, 2002, as cited in Jun et al., 2022; Kim et al., 2005, as cited in Methikalam et al., 2015; Wang et al., 2012, as cited in Jun et al., 2022). Furthermore, scholastic achievement is a means of social mobility which is perceived to be honorable or worthy for families who have immigrated to affluent Western countries (Sue & Okazaki, 1990, as cited in Jun et al., 2022).

Family can be a salient, formative factor for clients. Exploring the effects of family and the different messages that may have reinforced perfectionist expectations and attitudes can be a valuable area to explore for counselling psychologists. Moreover, investigating how attitudes have been internalized within the client may allow them to acknowledge both positives and negatives, and how change their relationship to maladaptive inner experiences. Furthermore, clarifying Asian cultural values that are made manifest through the family may allow clients to discern the values that serve them and the values that do not.

Family Perfectionism

The influence of family on individuals and perfectionism is most evident in family perfectionism. Family perfectionism was conceptualized by the FAPS on a similar basis to personal perfectionism by the APS-R by Slaney et al. (2001) in the seminal work by Wang (2010) on Asian Americans and refers to how an individual perceives their family's perfectionistic expectations. Additionally, in most studies the same three primary perfectionist profiles of adaptive perfectionist (AP), maladaptive perfectionist (MP) and nonperfectionist (NP) in individuals resulted in the same three perfectionist profiles in families. This was found in a sample of Asian international students in the US (Jun et al., 2022), Latinx (Ortega et al., 2014), youth from Hong Kong (Wang et al., 2009, as cited in Fung et al., 2023), Asian Indians (Wang et

al., 2012, as cited in Fung et al., 2023), and Asian Indians in the US (Methikalam et al., 2015). More importantly, those who perceived their families to be MP reported increased levels of maladaptive outcomes, such as greater levels of anxiety and depression, and lower levels of self-esteem (Methikalam et al., 2015; Ortega et al., 2014; Wang, 2012, as cited in Fung et al., 2023; Wang et al., 2012, as cited in Jun et al., 2022). Furthermore, the impact of Asian families on perfectionism and its maladaptive outcomes can be seen in previous cross-cultural studies and in some of the studies included in the literature review. For example, Castro & Rice (2003, as cited in Fung et al. 2023) and the seminal work of Wang (2010) found European Americans to have lower levels of both personal and family discrepancy and maladaptive perfectionism compared to Asian Americans. Furthermore, Smith et al. (2017) found that a Chinese sample had greater levels of socially prescribed perfectionism than a Canadian sample.

In the comparison of two collectivist cultures, Latinx American adolescents and Asian American adolescents, the Asian participants perceived their family to correspond with their own individual perfectionism profile (Fung et al., 2023). Moreover, they found that Asians were more likely to perceive themselves as MP and their family as being MP compared to their Latinx peers, which may speak to the nuance in cultural values embodied by family. Asian cultures rooted in Confucian values that ascribe to higher levels of control (Leung & Shek, 2018), and criticism may contribute to the maladaptive profile for individuals and families (Fung, 1999, as cited in Fung et al. 2023). The findings from Fung et al. (2023) indicate that those who identified as being MP with a maladaptive perfectionist family (MPF) experienced compounded negative impacts to functioning. Although the evidence suggests that Asian American adolescents are more prone to greater maladaptive outcomes, it also demonstrates that the way parents instill Asian cultural values in the rearing of their children closely aligns with the attributes of

perfectionism. More importantly, this study found that differences in both individual and family perfectionism profiles can mitigate the harmful psychological effects to individuals, indicating that both personal factors and family responses should be considered.

The conclusion that there are greater influences above family perfectionist expectations has been corroborated in the study by Jun et al. (2022), Methikalam et al. (2015), and Wang et al. (2018). Jun et al. (2022) took a closer look at MP Asian international students in the US and found lower correlations of FAPS Discrepancy scores than the associations found by Methikalam et al. (2015). Although they found that their participants who identified with a MPF had more negative psychological symptoms like in the study by Fung et al. (2023) and Methikalam et al. (2015), this suggests that Asian families are not always perceived negatively by Asian young adults. In fact, the study demonstrated that three classifications of family perfectionism, MPF, adaptive perfectionist family (APF) and nonperfectionist family (NPF) that the MP participants identified with did not significantly differ from each other in size (Jun et al., 2022). In other words, families do not fully inform and shape the MP inclinations in individuals. These results indicate that factors such as social supports, acculturation and other adjustment barriers for Asian internationals need to be included.

While Methikalam et al. (2015) studied personal and family perfectionism along with the conformity to Asian values among Asian Indians, the most salient result were the differences between generations. Although they concluded that strong correlations between the Asian value of Family Recognition Through Achievement and MP were found, the internal consistencies of the different scales of the Asian Values Scale barely met minimal standards in their sample. Excelling academically and professionally is a tangible way to bring honour to the family and this correlation implied how these pressures and expectations can lead to perfection and its

negative outcomes. Interestingly, Methikalam et al. (2015) found that the second-generation Asian Indians perceived their family to be MP at a greater proportion than the first-generation Asian Indians. This could be due to the immense pressure from first generation parents and internalizing poor performance which can lead to higher levels of psychological distress (Hall et al., 2005, as cited in Methikalam et al., 2015). Alternatively, this result suggests that cultural differences between the two generations, such as acculturation may account for the differences in the adaptive and maladaptive outcomes of perfectionism.

Another prevalent aspect of Asian families in the context of perfectionism is the expression of shame (Wong et al., 2014; Wong & Tsai, 2007, as cited in Wang et al., 2018). Honour and uplifting the group or family in Asian cultures is a virtue, which is often maintained through shaming. Rather than pointing to strengths and positives, parents typically criticize and provide negative feedback to their children (Oishi & Sullivan, 2005, as cited in Wang et al., 2018). In a study of Asian Americans and Asian Internationals university students across the US and Canada, Wang et al. (2018) found that increased levels of family shame, which is the notion that shame has been place on one's family, correlated with greater family discrepancy according to the Family Discrepancy subscale of the FAPS. This finding seems reasonable as the perceived discrepancy between one's actual performance and ideal performance can be exacerbated by negative evaluations. However, in the same study the researchers also investigated how ethnic belongingness might moderate family discrepancy and family shame. The construct of ethnic belongingness pertains to the level of commitment one feels to their own culture, in this case, to their Asian ethnicity (Phinney & Ong, 2007, as cited in Wang et al., 2018). While previous studies have demonstrated mixed results, Wang et al. (2018) found that ethnic belongingness buffered against the maladaptive effects of family shame. Although reason may suggest that

those who identify more closely with their Asian ethnic group would perceive further negative effects from family shame, the contrary effects are possible. This finding suggests that identifying with one's original Asian culture can normalize and even externalize the negative evaluations from their family.

The studies by Fung et al. (2023), Jun et al. (2022), Methikalam et al. (2015) and Wang et al. (2018) demonstrate that the impact of family perfectionism on individual perfectionism in young adult Asians is complex. However, perception of the family impacts, and not necessarily equating family perfectionist ideals to personal perfectionist beliefs can be helpful. Additionally, broader contextual factors in addition to personal variables should be considered in the counselling room. Perfectionism embodied by the family can have different effects on the individual, potentially reinforcing negative outcomes or offering protective factors at the personal level.

Parenting on Maladaptive Perfectionism

An aspect of Asian families that is worthy of discussion is parenting style. Research indicates that parenting has strong influences on maladaptive perfectionism and authoritarian parenting, for instance, can contribute to negative outcomes in individuals (Hibbard & Walton, 2014). Examining the specific messages and attitudes received and perceived by young adult Asian clients further incorporates a systemic lens that clinicians can use in their therapeutic ACT approach.

Studies have shown that Asian parents of both Asian Americans and Asian international have high standards when it comes to performance in education and scholastic achievement compared to European Americans (Chao & Tseng, 2022). While Fung et al. (2023) observed the deleterious effects of individuals expressing maladaptive perfectionism and identifying with a

MPF, other studies have indicated the harmful effects of Family Discrepancy over Family Standards (Methikalam et al., 2015; Suh et al., 2014; Wang et al., 2012, as cited in Fung et al., 2023). The prevalence of the discrepancy aspect of family perfectionism in producing maladaptive health outcomes may be attributed to the way parents respond negatively to the performance of their children.

In contrast to Americans who believe in the positive effect of praise, Asian cultures tend to provide less positive feedback (Henderlong & Lepper, 2002, as cited in Methikalam et al., 2015). One reason is that Asian cultures like Chinese and Koreans are rooted in Confucianism. According to Confucianist values, parents are taught to suppress emotions, which can lead to less warmth in their attitudes and expressions toward their children (Shrake & Rhee, 2004, as cited in Choi et al., 2017).

Based on the original work of Baumrind (1978), three parenting styles have been identified: authoritarian, permissive, and authoritative. Authoritarian parenting is characterized by control and critical responses. Permissive parenting is the opposite, where children are given more autonomy and freedom, and less restraint by the parents. Authoritative parenting is seen as a balance between permissive and authoritarian, where expectations are clear, and dialogue and reasoning is used between the parent and child. Withholding extraneous factors like culture and acculturation, Asian parenting would most likely fit with the authoritarian parenting type, based on Baumrind's Western perspective of parenting (Chao, 1994, as cited in Choi et al., 2017).

A similar conceptualization of authoritarian parenting that has become popular is helicopter parenting. This style is marked by excess involvement and control by the parents and little autonomy in children (LeMoyne & Buchanan, 2011, as cited in Hayes & Turner, 2021; Padilla-Walker & Nelson, 2012, as cited in Kwon et al., 2016; Segrin et al., 2012, as cited in

Kwon et al., 2016). However, researchers have suggested that it is not a new classification of parenting, but that different aspects of parenting are prioritized, such as high involvement, low permissible autonomy, and emotional support (Padilla-Walker & Nelson, 2012, as cited in Hayes & Turner, 2021).

The maladaptive effects of helicopter parenting has been studied in young adults. Studies by Schiffrin et al. (2014) and Luebke et al. (2016) found that it was correlated with lower levels of life satisfaction and greater levels of depression and anxiety. In relation to perfectionism, research has demonstrated that intrusive and controlling parenting over their child's success and to minimize their child's failures can lead to more self-criticism and the need to achieve perfectionist standards in the child (Affrunti & Woodruff-Borden, 2017; Segrin et al., 2019). Moreover, previous studies have indicated positive associations between parental psychological control and maladaptive perfectionism and the positive correlations between parental warmth and adaptive perfectionism (Soenens et al. 2005, as cited in Hayes & Turner, 2021).

Of the fifteen studies, Hayes and Turner (2021) examined the effects of helicopter parenting on maladaptive perfectionism in a mainly Caucasian university student sample. By using two helicopter parenting scales, they measured the participants' emotional response as well as their perception of parent behaviour. They found that the participants' affective response mediated the association between parenting behavior and maladaptive perfectionism. This highlights the importance of an individual's interpretation or perception of their parents' behaviour in the context of perfectionism.

Although this study was not particular to an Asian population, a study by Kwon et al. (2016) examined the helicopter parenting construct in Korean university students and the effects on internal locus of control and well-being. Overall, they did not find sufficient support for the

conceptualization of helicopter parenting in their sample compared to the LeMoyne and Buchanan (2011, as cited in Hayes & Turner, 2021) study on a US sample. In fact, Kwon et al. (2016) were not able to find a direct link between helicopter parenting and well-being, suggesting that an overcontrolling parenting style may not be as detrimental due to the protective cultural factors of collectivism and interdependence. However, in support of previous studies on helicopter parenting, a negative correlation was found with internal locus of control which may have indirect effects on well-being (Schiffirin et al., 2014; Segrin et al., 2013).

The literature indicates that Asian parenting may not be adequately captured by Baumrind's classification of parenting styles. Firstly, the Baumrind (1978) study was based on a Western perspective on a Western sample. Secondly, the typology does not consider the cultural nuances of Eastern, collectivist families (Chao & Tseng, 2002, as cited in Choi et al., 2017; Choi et al., 2013). Additionally, a study demonstrated that authoritarian parenting was not found to lead to maladaptive outcomes in Chinese adolescents, as the controlling style of Asian parents may be seen as necessary to uphold cultural values, like maintaining order and harmony (Chao, 1994, as cited in Choi et al., 2017). Moreover, Jose et al. (2000, as cited in Choi et al., 2017) suggests the authoritarian parenting type in Asians families is characterized by warmth and maintaining order, which does not necessarily result in negative outcomes in adolescents when compared to the authoritarian parenting style in Western families.

With respect to perfectionism, the literature suggests that the overbearing, and overcontrolling parenting of Asian families may lead to maladaptive perfectionism. However, the parenting in Asian families is also a function and product of the Asian cultural values that stresses filial piety, among others for the betterment of the group's harmony and honour. If an individual understands the adaptive utility of these cultural values and their parents' rearing style,

this may not inevitably lead to maladaptive perfectionism and could be adaptive. Furthermore, as the study by Hayes and Turner (2021) suggests, how an individual feels in response to parental treatment may play an important factor. In other words, if a young adult Asian perceives their parents' actions to be punishing, or punitive and do not recognize the benevolent intentions, this may then lead to maladaptive perfectionism and other related maladaptive outcomes.

In summary, parental factors play a role in tandem with Asian cultural values. Navigating the profound effects of parenting on clients in the therapeutic room can increase the client's awareness and may help them to delineate learned behaviours and attitudes that may lead to negative outcomes. However, a view of parent-child interactions alone is limiting, as young adult Asians, especially in the Western Canadian context, deal with systemic factors such as acculturation. Investigating the influences of acculturation in the next section and further expanding the discussion of contextual variables through a modified ACT approach can help clients to choose and honour actions that align with their values that are adaptive.

Perception of Acculturation

The impact of Asian cultural values demonstrates mixed evidence on the maladaptive outcomes of perfectionism for individuals. As these studies have shown, adherence to Asian cultural values that underpins perfectionism can exacerbate maladaptive effects, but the converse may also be true. In a meta-analysis by Suh et al. (2023) on studies measuring perfectionism and depressive symptoms, they found a positive correlation between depression and maladaptive perfectionism in Asian populations. However, they found that participants who were categorized as Asian International students reported lower levels of depressive symptoms compared to Asian American students. The researchers posit that the value of self-cultivation, recognizing the discrepancy between actual performance and ideal performance is promoted in Asian cultures

and may be endorsed to be positive rather than negative (Tan, 2017).

Nevertheless, this meta-analysis corroborates with the discussion outlined above on family perfectionism and Asian parenting which highlights the effects of acculturation. Asian International students who adhered more closely to their cultural values, who may be less acculturated to Western culture, may buffer against the negative outcomes of perfectionism. Further, identifying more closely to one's own culture may be more familiar, reducing the overall stress of acculturating and adjusting to a new culture, leading to more adaptive outcomes (Suh et al., 2023).

However, the interaction effects of acculturation may be more nuanced. Based on the Bicultural Identity Orientations model (Comănanu et al., 2018), Asian International students and Asians born in a Western society may have a complementarity orientation, incorporating Western values that emphasize positive appraisals and a focus on strengths to offset the harsh, critical stance that Asian values highlight. Alternatively, Asians acculturating to Western culture who demonstrate adaptive effects, may have developed a hybrid stance, incorporating strengths from both cultures. Those who struggle to be flexible and to find a healthy balance between the two cultures, like the monocultural, conflict, or alternating styles, may incur more acculturative stress, which leads to poorer outcomes.

Findings

When surveying the findings of the fifteen studies, it is evident that acculturation can exacerbate negative outcomes related to maladaptive perfectionism, and it can also be protective and lead to adaptive outcomes. As discussed earlier, the studies by Methikalam et al. (2015) and Wang et al. (2018) found implications pertaining to acculturation when they studied Asian values in the context of perfectionism. Methikalam et al. (2015) found that a greater proportion of Asian

Indians in the US who were more acculturated, identified with the MPF type, resulting in the experience of more negative mental health outcomes. Similarly, Wang et al. (2018) found that Asian Americans in the US and Canada who felt a higher sense of ethnic belonging to their original culture were able to normalize the discrepancy in their families and reduce the sense of family shame. These results indicate the importance of perceiving one's acculturative process and ethnic identity to buffer against the potentially maladaptive outcomes associated with perfectionism.

Acculturative Stress

Both personal and familial factors can lead to maladaptive perfectionism in individuals and a perception of maladaptive perfectionism in families which in turn can lead to poor mental health outcomes. As the study by You et al. (2022) investigated, factors such as general life stress may partially mediate the link between maladaptive perfectionism and suicidal ideation, a detrimental outcome. However, stress that is pertinent in this discussion is the stress associated with acculturation.

Two studies out of the fifteen specifically examined acculturative stress and perfectionism, and found mixed results. Liu et al. (2022) investigated the mediation effects of maladaptive perfectionism between acculturative stress and both depression and anxiety in Chinese International students in the US. They found that acculturative stress was correlated to greater levels of maladaptive perfectionism, and in turn more depression and anxiety.

Like the study by Liu et al. (2022), Huang and Mussap (2018) explored the relationships between acculturative stress, maladaptive perfectionism, years in Australia, and depression in Asian international students in Australia and found that acculturative stress mediated a positive correlation between maladaptive perfectionism and depressive symptoms. However, when

accounting for the years spent in Australia in their sample, they found that acculturative stress moderated the relationship between maladaptive perfectionism and depressive symptoms. For participants who studied and stayed in Australia longer, acculturative stress weakened this relationship. In other words, those who were more acculturated experienced less negative psychological symptoms, due to more AP characteristics. Furthermore, these results of length of stay buffering the effects of acculturative stress corroborated with a previous study on Chinese international students in the US (Wei et al., 2007, as cited in Huang & Mussap, 2018).

The findings of the articles that studied the context of acculturative stress and acculturation demonstrate how adjusting to a new culture can be both a negative and positive experience. The number of interacting variables is complex, and the notion that young adult Asians adjusting to Canada may have worse negative outcomes due to perfectionism is an oversimplification. Therapeutically, exploring the different ways the client may ascribe and identify with certain values based on their perception of acculturation, whether it be of their ethnic culture or whether it be of the dominant culture is a valuable exercise. This can also inform a tailored cultural adaptation of ACT to the client (Nagayama Hall et al., 2019). As a clinician, helping the client to recognize how values drive their behaviour is important and may allow the client to alter their relationships with the different ideas and messages they receive. Encouraging the client to identify and act according to values from both cultural identities that are in service of the client may result in more positive and healthy ways of functioning.

Cultural Adaptation of Acceptance and Commitment Therapy

ACT seeks to increase psychological flexibility and highlights the context of psychological experiences (Hayes et al., 2012). Rather than analyzing the content of experiences, the function or utility of thoughts, behaviours and feelings are examined. ACT believes that

issues arise when individuals overidentify with unpleasant thoughts and feelings that often result in actions that are incongruent with one's values. While short-term relief from negative thoughts and feelings may be achieved, this pattern over the long-term can lead to maladaptive psychological outcomes. ACT encourages psychological flexibility using acceptance and mindfulness to contextualize behaviour and to be able to step back from inner experiences that may elicit maladaptive action. By considering one's relationship with cognitions and emotions, actions that are congruent with personal values can be chosen despite the unpleasant inner experiences (Hayes et al., 2012).

While CBT has been the primary treatment for clinical perfectionism with strong improvements to the reduction of symptomology (Shafran et al., 2017; Shafran et al., 2023), this is not the only indicator of improved outcomes or healthy functioning. There remains less understanding of how CBT impacts other outcomes like psychological well-being or life satisfaction (Ong, Lee, et al., 2019). Rather than addressing the content of negative thoughts or feelings pertaining to perfectionism, ACT focuses on the function of these negative processes (Hofmann & Hayes, 2019; Ong, Barney, et al., 2019). ACT offers an array of experiential exercises based on the six processes to promote change and can be applied to any value system or worldview the client holds (Woidneck et al., 2012, as cited in Masuda & Qina'au, 2022). The flexible model of ACT makes it a strong approach to be adapted to Asians in a Western context contending with perfectionism.

An examination of the literature on culturally adapted behavioural therapies for Asian populations sheds light on which modifications are most important. The emphasis on interdependence and social context in Asian cultures means that interdependent conceptualizations of the self and navigating indirect communication should be given high

priority (Nagayama Hall et al., 2019).

Behavioural therapeutic models like ACT have been conceptualized by a Western, individualistic perspective (Nagayama Hall & Huang, 2020). An interdependent conceptualization of the self means honoring the social context and even social roles of the client (Nagayama Hall et al., 2019). Thus, supporting the client to consider how their close social networks maintains their problem with perfectionism honours their cultural perspective. In the context of perfectionism, exploring how family perfectionism and parenting has exacerbated or has been protective against negative outcomes is crucial.

As Wang et al. (2018) astutely examined, shame is characteristic of collectivist cultures. This includes both the interpsychic and intrapsychic experience of shame. Evidently, family shame has been shown to lead to severe negative mental health outcomes (Wang et al., 2018; Wong et al., 2014). Shame in Asian cultures not only presents as an aversion to therapeutic services (Kim et al., 2016; Lei & Pellitteri, 2017), but also influences their expression of coping and communication of psychological distress (Nagayama Hall et al., 2019). Honouring indirect forms of expression which may help to maintain group harmony would be helpful in the therapeutic context (Lee & Mock, 2005, as cited in Lei & Pellitteri, 2017; Nagayama Hall et al., 2019).

While these are helpful guidelines to adapt the ACT approach to young adult Asian Canadians dealing with perfectionism, they should be applied judiciously. As discussed above, the client's understanding of their cultural values embodied by family and degree of acculturation should be considered. Adjusting the implementation of interdependence and managing indirect communication may again depend on the client's acculturation or perceived level of acculturation (Nagayama Hall et al., 2019).

Western Society and the Canadian Context

The discussion of perfectionism is pertinent in our world today, especially among young people and those in visible minority groups, like Asians, due to the increase in perfectionist attitudes in Western society (Curran & Hill, 2019). Curran and Hill (2019) investigated the changes in perfectionist attitudes through a meta-analysis across students in the US, Canada, and the UK over 27 years between 1989 and 2016. They believed that the dominant cultural ideals and values of society demonstrated through neoliberalism, competitive individualism, meritocracy and shifts to more anxious parenting styles would change perfectionist orientations. Using the interpersonal model of Hewitt and Flett (1991, as cited by Curran and Hill, 2019), they sought to examine the changes in self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism. They found linear increases in all three of these orientation types but found the smallest adjustments in self-oriented perfectionism and found double the increase in socially prescribed perfectionism over time.

The direction of perfectionism in our society is troubling, especially since socially prescribed perfectionism has been shown to maintain an array of psychopathologies and the prevalence of these harmful effects is increasing in younger people (Bloch, 2016; Bor et al., 2014, as cited in Curran & Hill, 2019; Limburg et al., 2017). This trend coincides with observations of increases in anxiety, neuroticism and even loneliness (Paik & Sanchagrin, 2013; Twenge, 2000, as cited in Curran & Hill, 2019). As demonstrated in our discussion above, these social aspects and pressures from others result in greater perfectionist concerns and perfectionist discrepancy, and in turn more maladaptive outcomes for those in collectivist cultures (Chang 2002, as cited in Curran & Hill, 2019; Pulford et al., 2005, as cited in Curran & Hill, 2019).

While the literature is limited in the examination of perfectionism on young adult Asian

Canadians, this meta-analysis provides some insight. Curran and Hill (2019) found slight differences between US and Canada, where more instances of self-oriented perfectionism were found in the US and greater instances of socially prescribed perfectionism was found in Canada. This may be due to the strong individualistic values that are upheld by American society, whereas as Canada values communal welfare and social supports (Curran & Hill, 2019). This corroborates with the overall findings of Smith et al. (2016) and Smith et al. (2017) who found that the perfectionist strivings and perfectionist concerns could be generalized between Canadian samples and Chinese samples.

In terms of the application of these studies to the Canadian context, US and Canada differ in their national ideology. US has been known to emphasize assimilation of immigrants into the dominant culture, whereas Canada values multiculturalism, and immigrants are encouraged to celebrate and maintain their ethnic culture (Chakraborty, 2022). Due to the prevalence of discrimination and racial stereotypes in the US, it is possible for some of the studies on perfectionism in Asian Americans who were less acculturated to have greater adaptive outcomes, (Huang and Mussap, 2018; Methikalam et al., 2015; Wang et al., 2018). Additionally, the US has a perception that Asians are a model minority, meaning that they are perceived to be hard workers and considered to be more successful than other minority groups (Kim et al., 2021; Yi et al., 2022). Therefore, this stereotype can exacerbate perfectionism in Asians and identification with their ethnic culture can be protective. Although, Canada prides itself in multiculturalism and experiencing less discrimination than in the US, the COVID-19 pandemic has exposed this sentiment (Chakraborty, 2022). The increased discrimination during this time, demonstrates that racism and prejudice continue to exist against Asian Canadians much like their neighbours to the south. This means that the Asian Canadians face similar pressures to Asian Americans, and the

studies on the American context are comparable to the Canadian context.

Summary

Society is exerting greater forces on the individual to strive and perform, and young adult Asians are vulnerable to these effects. While the Canadian ideal of perfectionism may be aligning more closely with the Asian perception of perfectionism, this literature review on the fifteen studies provides insight into how to best support these individuals from a counselling standpoint. The embodiment of cultural values in the family is a contentious force for young adult Asians, but so too is the navigation of two cultural identities. The findings of this literature review reveal that the perception of Asian cultural values as expressed by the family, and the perception of acculturation is key. Therefore, as a clinician, supporting young Asian individuals to reflect on their bicultural identity, supporting them to discern hybrid and complementary orientations to draw on strengths and resources from both cultures, and exploring how deep-seated cultural values within their family might be driving present behaviour may lead to more adaptive outcomes and greater well-being for the client in the context of perfectionism. In terms of treatment, this means providing psychoeducation and implementing a culturally adapted ACT protocol that emphasizes role induction, the therapeutic alliance, and the integration of a systemic lens.

Ethical Considerations

Research on visible minority groups, like young adult Asians requires adherence to high ethical standards, especially due to their vulnerability as a marginalized group. In Canada, researchers are to follow the *Tri-Council Policy Statement for the Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council

of Canada, 2022) and the *Code of Ethics for Canadian Psychologists* (Canadian Psychologists Association [CPA], 2017). According to the CIHR et al. (2022), the principles to uphold are respect for persons, concern for welfare, and justice. Similarly, the principles of the CPA (2017) are respect for the dignity of persons and people, responsible caring, integrity in relationships and responsibility to society. This section will provide a critical discussion on the ethics demonstrated by the researchers of the fifteen articles.

Application of Ethics

All the studies except for the one by Chai et al. (2020) referred to their ethical considerations to varying degrees. Two of the studies gave minimal information in their implementation of ethics (Huang & Mussap, 2018; Rice et al., 2019). Although these researchers may have had publication limitations, a discussion on ethical conduct is important to allow the readers to understand that appropriate measures were taken.

Informed Consent

Eight of the studies provided information about the study to the participants (Fung et al., 2023; Hayes & Turner, 2021; Liu et al., 2022; Nagayama Hall et al., 2019; Smith, Saklofske, et al., 2016; Smith et al., 2017; Wang et al., 2018; You et al., 2022). In contrast, the studies by Fung et al. (2023), Liu et al. (2022), Ong, Lee, et al. (2019) and Wang et al. (2018) provided partial disclosure of the true nature of their study (CIHR et al., 2022, Article 3.7A). For example, Liu et al. (2022) advised their participants that the study was examining mindfulness and cultural adjustment. While this type of disclosure was not fully transparent, it helped to mitigate biased responses and did not cause further risk to the participants (CIHR et al., 2022, Article 3.7A; CPA, 2017, Principle II.20). Nevertheless, a debrief protocol should have been followed to ensure that the participants maintain confidence in the research community (CIHR et al., 2022, Article

3.7B). These three studies failed to mention any debrief procedure with their participants.

Eight of the studies explicitly stated that consent was sought and obtained (Fung et al., 2023; Hayes & Turner, 2021; Nagayama Hall et al., 2019; Ong, Lee, et al., 2019; Smith, Saklofske, et al., 2016; Smith et al., 2017; Suh et al., 2020; You et al., 2022). However, the fact that half of the fifteen studies indicated that consent was received was troubling, especially since informed consent distinctly marks the principle and value of honouring an individual's dignity (CIHR et al., 2022, Article 3.1, Article 3.2; CPA, 2017, Principle I.20).

Incentives

Eight of the studies provided an incentive for participation (Jun et al., 2022; Liu et al., 2022; Methikalam et al., 2015; Nagayama Hall et al., 2019; Ong, Lee, et al., 2019; Rice et al., 2019; Smith, Saklofske, et al., 2016; Smith et al., 2017). Some of these incentives were research credits, small amounts being donated to charities, gift cards in the range of \$20 to \$50 dollars and random draws for the chance to win a gift card. Overall, the incentives were not too large and were distributed in a fair manner (CIHR et al., 2022, Article 3.1). The presence of incentives can provide sufficient motivation for the participants to answer the questionnaires accurately and reflectively.

The study by Nagayama Hall et al. (2019), Rice et al. (2019), Smith et al. (2016) and Smith et al. (2017) however, stand as outliers. In these studies, the researchers noted a discrepancy in compensation for their two samples. In all four, compensation was given to the Caucasian sample, while no compensation was provided to the Asian sample. While this decision could potentially be a violation of ethics and may further marginalize the Asian samples (CIHR et al., 2022, Article 4.7); omitting any form of compensation to the Asian sample can be a way to honour and respect their culture (Nagayama Hall et al., 2019).

Privacy

In line with Principle I of the *Code of Ethics for Canadian Psychologists*, protecting the personal information of participants is important (CPA, 2017, Principle I.40). Regrettably, the study by Huang and Mussap (2018) was the only study to indicate that participation was anonymous. None of the other studies demonstrated sensitivity to privacy, discussed how data was collected or stored in a safe way, or even acknowledged that participants' identities were obscured in any way (CIHR et al., 2022, Article 5). Failure to honour the privacy and confidentiality of participants can cause them to deliver inaccurate responses in attempt to conceal their identity.

Summary

The treatment of ethical considerations was relatively weak across the board. A few of the studies provided zero discussion or minimal discussion on ethics, while some highlighted certain ethical protocols, but failed to mention others. However, all the studies were able to provide adequate reason for their study and how their research would benefit society. A discussion on the clinical implications and future directions was sufficient in all the studies and was in accordance with the fourth principle from the *Code of Ethics for Canadian Psychologists* (CIHR et al., 2022; CPA, 2017, Principle IV.1).

Chapter Four: Application of Clinical Practice

A review of the literature provided clinical application to those who struggle with perfectionism from Asian ethnicities. Using ACT as a framework and the preliminary integrative model of perfectionism and the BIOs model of integrating cultural identities in mind, some strategies for clinicians can be formulated.

Clinical Application

The broad themes of perception of Asian family influence and the perception of acculturation have implications for clinical application. This can be done through psychoeducation to help the client grow in awareness of the problem of perfectionism. A culturally adapted ACT approach can further address the unique challenges Asians face to the process of therapy itself and to broaden their understanding of how different values interact to exacerbate the negative outcomes of perfectionism.

Psychoeducation

One of the first ways these findings can be applied in the clinical setting is by providing current information and awareness to perfectionism and its different facets. As noted earlier, perfectionism is a latent mechanism underlying a variety of psychopathologies (Limburg et al., 2017). Providing space to explore the basics of perfectionism, and educating clients can improve treatment outcomes. Some research has shown that informing those who struggle with perfectionism about the concept of perfectionism can be adaptive. (Aldea et al., 2010, as cited in Flett et al., 2022). The literature suggests that mental illnesses, such as schizophrenia, bipolar disorder and depression can be improved through psychoeducation by lowering relapse rates and increasing treatment adherence (Motlova et al., 2017). Furthermore, acknowledging the strengths and positive aspects of perfectionism may be beneficial for the client as well. Researchers like

Oliver et al. (2001, as cited in Mooney et al., 2014) suggest that identifying the adaptive dimensions of perfectionism is significantly related to the positive expectations of therapy and the therapeutic process. Adaptively, perfectionism can foster motivation, perseverance and can result in success on tasks, including therapeutic goals. Thus, offering a balanced view of perfectionism can instill hope in clients for therapeutic growth and change (Flett et al., 2022).

Additionally, psychoeducation on the modality of ACT and how the approach works to target perfectionism may lead to improved outcomes. Change has been evidenced on ACT in participants with attention-deficit/hyperactivity disorder, as well as those struggling with eating disorders (Fogelkvist et al., 2021; Seery et al., 2023). Moreover, in a group setting, psychoeducation on ACT cultivated increased psychological flexibility in participants on a range of psychological issues (Kırca & Eksi, 2020). Evidently, sharing information with clients about the issue of perfectionism and the treatment of ACT can offer awareness and foster healthy therapeutic outcomes.

Culturally Adapted ACT

According to original work of Bernal et al. (2009) a cultural adaptation of psychotherapy is the modification of a therapeutic modality to fit the client's culture. While the literature is limited on specific cultural adaptations of ACT for Asian populations there are some studies that have investigated similar modalities. ACT may be culturally adapted for young adult Asian Canadians struggling with perfectionism by emphasizing role induction, the therapeutic alliance, and the integration of a systemic lens.

Role Induction

Before delving into a cultural adaptation of ACT, it would be important to touch on the importance of the therapeutic alliance and facilitating treatment engagement. Since Asians,

including those in Western contexts have lower rates of using mental health services (Owen et al., 2012, as cited in Nagayama Hall et al., 2019), bolstering the front-end of therapy, also known as role induction, would be beneficial, as proposed in the seminal work by Orne & Wender (1968). Role induction is the preparatory stage before psychotherapy and the process of socializing clients to the therapeutic process.

Based on the orientation to groups and compliance to those in positions of power, Asian clients may perceive psychologists as having authority (Kim-Goh et al., 2015). While sharing the same ethnicity as the client can increase credibility in the therapist, this is not always the case (Nagayama Hall et al., 2019). Therefore, as a clinician, reviewing one's own credibility and instilling confidence in the therapeutic relationship and therapeutic process may be valuable. Furthermore, providing background information on the ACT approach, how it has been culturally adapted, and outlining how immediate therapeutic benefits can be attained may help to increase adherence to therapy and outcomes for Asian clients (Nagayama Hall et al., 2019). Supporting clients to experience immediate relief and explaining how these outcomes can be attained more readily can be beneficial as studies have indicated that Asians tend to seek mental health help when levels of distress are high (Kim et al., 2014). Lastly, adapting the content and discussing how the therapeutic process would be culturally adapted may help Asian clients to overcome their negative bias towards therapy (Kim & Zane, 2016).

Therapeutic Alliance

A vital component with any therapeutic modality is the therapeutic alliance. This therapist-client relationship is a critical factor in retention and therapeutic change (Fluckiger et al., 2018). In ACT, the therapist takes a collaborative and client-centered stance (Harris, 2019). However, with Asian clients, a more directive approach may be appropriate to reinforce the

clinician's authority and credibility (Kim-Goh et al., 2015). It may feel awkward or lead to feelings of distrust for the client if the therapist takes a passive, non-directive posture. In the study by Nagayama Hall et al. (2019) they found that a direct style by the clinician could be an adaptive approach to Asian clients who utilize indirect forms of communication, which is more valued to maintain group harmony. Additionally, since Asians culturally prefer to avoid feelings of shame, and tend to control emotions, establishing a strong therapeutic relationship may help the client to feel safe to share and explore their experiences to a greater degree (Hynes, 2019).

Systemic Lens

A cultural adaptation of ACT for Asian clients in a Western context like Canada requires emphasis on the social context that extends beyond the concept of the self (Shea & Leong, 2013). This may be the client's family, social supports, and other community circles. Unfortunately, behavioural based approaches like ACT have been conceptualized from an individualistic perspective (Nagayama Hall & Huang, 2020). Therefore, a complete paradigm shift is needed to centre ACT on collectivist values. This can be done by using a trauma informed approach, altering the mindfulness approach, modifying the process of clarifying values.

Trauma Informed. A cultural adaptation of ACT should begin with a perspective that acknowledges the generational and historical trauma of Asians in Western societies such as in the Canada and the US (Milner et al., 2021; Pokhrel & Herzog, 2014). A preference for Western ideals and values has implied the rejection of Asian values and oppression of Asian communities. Consequently, this has had adverse psychological outcomes on Asians (Comas-Diaz, 2016). This approach is not only about providing space of safety and trust but to intentionally explore the fragmentation, grief, and loss that has occurred in clients and to explore how the intersection of the client's identities, cultures and connections can be repaired (Kevers et al., 2016).

Mindfulness. In order to facilitate the growth of psychological flexibility, some of the ACT processes can be broadly grouped under the umbrella of mindfulness. Mindfulness can assist in the regulation of emotion, especially in response to negative emotions when one perceives their performance to be insufficient or failing to meet the expectations of others (Flett et al., 2022; Hinterman et al., 2012, as cited in Suh et al., 2019; Short & Mazmanian, 2013; Wimberley et al., 2016). However, rather than attending to the individual experience, mindfulness should encompass the relationship and community surrounding the client. Supporting the client to mindfully consider the experiences of perfectionism through the perspectives of others honours their value of interpersonal relationships and the collective (Li & Ramirez, 2017).

Clarifying Values. A core component of the ACT framework is to support clients to live a life under the direction of personal values (Hayes et al., 2012). While identifying values in the various domains of life and prioritizing them is beneficial, for Asian clients this should go beyond the individual. Due to the importance of the collective, the group's values, principles and context may shape an Asian client's behaviour. Exploring how the client can flexibly respect the social norms and values of the different groups that they are a part of may be more fruitful than an inquiry that is solely individualistic (Hall et al., 2011, as cited in Nagayama Hall et al., 2019). In the context of perfectionism, parsing out the different values from both the Western culture and the Asian culture and the nuances of the client's group memberships may lead to healthier ways of coping.

Reflection on Application to Clinical Practice

As the literature findings demonstrate, adherence to Asian values which may appear to promote control and rigidity, and consequently exacerbate perfectionism, does not necessarily

equate to negative effects. In fact, Asian families and Asian values can safeguard against the maladaptive outcomes of perfectionism. These findings demonstrate the advantage of enhancing cultural awareness, cultural competency, and ultimately a greater understanding of systemic factors.

I am not suggesting that clinicians need to be experts of Asian cultures or other visible minority groups to provide exceptional service and support. However, I am suggesting that taking steps towards an open posture, cultivating curiosity, and bearing the fruits of compassion, with a deep appreciation of contextual factors is a worthy endeavour (Malott, et al., 2023; Millner et al., 2021). This posture may lead to greater perspective taking and perhaps even expand the dominant individualistic lens for those who are privileged to be more inclusive.

As a second-generation Canadian-Korean, born and raised in Edmonton, I resonate deeply with the BIOs model by Comănaru et al. (2018). I could identify with each of the five different orientations, due to the dynamic and fluid nature of a bicultural identity. For example, when I was young, I wanted to fit in with my Canadian friends by being more like them. By speaking English at home and making sure that my ethnic foods stayed at home. However, maintaining a monocultural orientation had its disadvantages and I stood out in certain contexts, like in my Korean language classes or with my Korean church community. In adolescence, there were times when I felt conflicted towards both cultural identities and felt marginalized and alone by my Korean community and my Canadian community. Not fitting well in either culture. By the time I reached early adulthood I realized that suppressing my Korean identity completely was impossible due to my physical features, like dark hair, eyes, and skin tone. Eventually, I started to embrace both identities, finding ways to switch between the two depending on context and even drawing on their strengths simultaneously.

With the conclusions from the literature review in mind, I believe exploring the complexities of navigating a bicultural identity is important. Walking alongside the client to understand their perspectives and to deeply listen to the clash or compatibility of their cultural values. Listening to what matters most to them, what they might want to leave behind, and how they would like to move forward. By discerning what cultural values and aspects of their identity might be of service to them, clients may be able to leverage the strengths of both identities. Reflecting on my younger self, I believe these kinds of questions and reflections would have helped me to resolve some of the tension I felt between my two cultural identities and the unhealthy relationship I had with perfectionism.

Summary

Although the discussion on clinical application has been broad, precautions should be taken. The studies gathered for the literature review mainly used convenience sampling on university student populations and cannot be generalized to the greater Asian population in Western contexts. Thus, these recommendations should be used as guidelines and suggestions.

Chapter Five: Conclusion and Recommendations

Perfectionism can help us to succeed in the various areas of our lives. It can lead to greater psychological well-being, engagement with work, higher levels of life satisfaction and self-esteem (Gnilka et al., 2013; Tziner & Tanami, 2013). Conversely, it can lead to psychological distress, depression, anxiety, and diminished self-esteem (Black & Reynolds, 2013; Hewitt et al., 2022; Kung & Chang, 2014; Limburg et al., 2017; Lunn et al., 2023; Smith et al., 2018).

As much as perfectionism can be tied to personality traits like neuroticism and conscientiousness (Smith et al., 2019), it is also very much a social and systemic construct (Curran & Hill, 2019). This Capstone project investigated some of the cultural factors that influenced perfectionism in young adult Asians in a Canadian context.

Summary

Overall, most of the studies used accessible methodologies like convenience sampling and a cross-sectional design. While causal relationships between variables could not be established, and only the correlations between variables could be studied, it allowed researchers to gather and process a considerable amount of data.

Conclusions drawn from the various studies indicate that cultural influences have both positive and negative effects. Asian values are demonstrated powerfully through the functions of the family. While impacts from the family can heighten performance standards and performance discrepancy, this does not always lead to negative psychological outcomes. In fact, the findings suggest that Asian families and their values can protect against the maladaptive outcomes of perfectionism. This was most evident in the examination of acculturation (Suh et al., 2020; Wang et al., 2018). Ultimately, how an individual perceives and interprets their cultural values plays an

important role in the outcomes of perfectionism (Huang & Mussap, 2018; Jun et al., 2022; Methikalam et al., 2015; Wang et al., 2018).

The findings drawn from the literature review signify the importance of discussing and exploring cultural and systemic factors. While behavioral interventions such as ACT on its own may be able to address the problem of maladaptive perfectionism, it may overlook the interpsychic factors (Shea & Long, 2014). Clinicians may be able to alleviate the problem of perfectionism more effectively by considering the clients' contextual factors like friends, family, community members, and society, which is congruent with Asian values (Nagayama Hall et al., 2019). A culturally adapted ACT approach that utilizes a trauma-informed lens, considers the interpersonal factors of mindfulness, and seeks to clarify values that informs one's cultural identity may promote adaptive responses to perfectionism (Ferrari et al., 2018; Ong et al., 2020; Ong, Lee, et al., 2019)

As the immigration rates of visible minority groups like Asians increase (Kim-Goh et al., 2015; Lopez et al., 2017), clinicians need to be equipped to handle this population with poise and professionalism. Increasing cultural competency and raising critical consciousness (Casas et al., 2016; Diemer et al., 2021) is an ongoing process that should be cultivated. Furthermore, clinicians need to grow in their capacity to be mindful of the systemic, and institutional forces that continue to oppress and pathologize Asians and their cultural values (Ang, 2000, as cited in Milner et al., 2021; Casas et al., 2016; Duncan et al., 2018; Malott et al., 2023; Ratts et al., 2016).

Future Directions

Despite the emergence of literature on perfectionism in non-Western cultures, more studies need be done to increase the knowledge and appreciation of vulnerable groups (Ong, Lee,

et al., 2019; Stoeber, 2018). All the studies reviewed used a cross-sectional design. Implementing more longitudinal studies, despite the cost in resources would be beneficial (Liu et al., 2022; Wang et al., 2018; You et al., 2022). Some future research questions might be: What effect do discourses on cultural and systemic factors have on the outcomes of perfectionism in young adult Asians? Moreover, studies that examine how different culturally adapted therapeutic approaches impact orientation towards perfectionism could elucidate further effective strategies (Ali et al., 2023; Arundell et al., 2021; Casas et al., 2016; Hewitt et al., 2023; Huey & Tilley, 2018).

Another area to consider is the implementation of measures. Most of the studies reviewed, even among Asian samples used the APS-R, and the SAPS. However, the items in the in these measures are derived from an individualistic perspective. Since collectivist cultures emphasize interdependence, and honouring the family, more studies using the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991), which measures interpersonal orientations to perfectionism may provide insight on how the pressures from others may weigh more heavily on young adult Asians (Filippello et al., 2019). The studies in this literature review all used self-report measures, therefore, obtaining reports from others in the participant's life, like peers or family members may provide further insight and more robust data (Dorevitch et al., 2020; Filippello et al., 2017; Jun et al., 2022; Methikalam et al., 2015; Smith et al., 2022; Wang et al., 2018).

Additionally, comparing different Asian ethnic groups may shed light on the in-group variances (Liu et al., 2022; Smith & Trimble, 2016; Suh et al., 2020; Wang et al., 2018). Many of the reviewed studies were limited in their ability to investigate the fine differences between the specific ethnic groups within their Asian sample. Different Asian ethnicities may have different degrees of adhering to traditional Asian cultural values. Other variables to consider may be

differences in subject characteristics, such as socioeconomic status. Perhaps constraints to financial resources and linguistic barriers may impact acculturation, which in turn may affect the presentation of perfectionism (Liu et al., 2022; Suh et al., 2020).

Future studies should seek to explore the nuances of acculturation (Huang & Mussap, 2018; Smith & Trimble, 2016; Suh et al., 2020; Wang et al., 2018). Rather than assuming levels of acculturation based on time spent in a country or based on generation status; exploring specific bicultural identity orientations may help to provide evidence for healthy ways of relating to two cultural identities to mitigate the harmful effects of perfectionism.

The field of perfectionism is vast, and there are numerous psychopathologies that are maintained by this phenomenon (Limburg et al., 2017). Nonetheless, continued research on the cultural and systemic components that affect Asian populations will be valuable.

Reflection

The Capstone writing process has allowed me to appreciate the clinical and research perspectives of perfectionism in my own ethnic culture. My own struggle with perfectionism led to the research and review of the literature and has allowed me to glean many insights on this complex topic. While I maintain my own personal experience and bias, I acknowledge the idiosyncrasies in others who may come from my own ethnic background or ones similar.

I appreciated the different measures and theories of perfectionism, and they helped me to see how both negative and positive effects can stem from perfectionist attitudes. Further, reviewing the various cultural components has allowed me to understand the intricacies and depth of cultural values. Values are held deeply within us, and so holding a healthy perception or correcting a maladaptive perception is key to experiencing positive psychological outcomes. As the research indicates, exploring systemic factors and clarifying values, from both cultures can

alleviate the suffering that comes from perfectionism.

As I move forward in my own clinical practice, I aim to understand my clients' problems and therapeutic goals within the context of their culture. Whether that's helping them to hold the tension of two competing cultural values, or whether it's supporting them to modify their perception of certain values and messages that might serve them in more adaptive ways. Understanding the nuances of communication style, how symptoms may be expressed, and the role of family in my clients' cultural context will help me to provide effective therapeutic treatment (Kim-Goh et al., 2015).

Conclusion

Perfectionism is a widespread phenomenon that originates from both individual and cultural factors. As a social construct it is celebrated by our society today and the pressure to be perfect or to perform perfectly in various areas of our life are increasing (Curran & Hill, 2019). While perfectionism can move us to achieve our dreams, help us to feel hopeful and helpful to those around us, it can also cause us to feel helpless and hopeless. In Asian ethnicities, the principles of perfectionism correspond to Asian cultural values, which can be detrimental for young people. This Capstone project reviewed young adult Asians in Canada contending with perfectionism and found that how an individual perceives and interprets their cultural values plays an important role in the outcomes of perfectionism – whether those values are transmitted through the influences of the family, or whether it is through the challenging process of acculturating to a different society. More importantly, a culturally adapted ACT model was offered to provide practical steps to best support this population as a counselling psychologist.

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