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Dyadic Perfectionism in Romantic Relationships:

Predicting Relationship Satisfaction and Longterm Commitment

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Acknowledgements and Author Information

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Abstract

Perfectionism affects all areas of life, including romantic relationships. However, little is known about how dyadic perfectionism (perfectionism in dyadic relationships) affects students' romantic relationships. Focusing on two central aspects of dyadic perfectionism—partner-oriented perfectionism (perfectionistic expectations towards one's partner) and partner-prescribed perfectionism (perceived perfectionistic expectations from one's partner)—this study examined partner and actor effects of dyadic perfectionism in 58 university students and their partners (N = 116 participants) using multilevel analyses. Results showed significant partner and actor effects. Participants' partner-oriented perfectionism had a positive effect on their partner's partner-prescribed perfectionism and a negative effect on their own relationship satisfaction and longterm commitment. Participants' partner-prescribed perfectionism also had a negative effect on their own relationship satisfaction. The findings show that dyadic perfectionism in students' romantic relationships puts pressure on the partner and negatively affects the perception of the quality of the relationship regarding satisfaction and longterm commitment.

Keywords: other-oriented perfectionism; socially prescribed perfectionism; high standards; discrepancy; intimate relationships; couples; dyadic data analysis

Introduction

Perfectionism is defined by striving for flawlessness and setting exceedingly high standards for performance accompanied by tendencies for overly critical self-evaluations and concerns about negative evaluations by others (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). According to Hewitt and Flett's (1991) model, perfectionism has personal and social aspects, and three forms of perfectionism can be differentiated: self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionism comprises a person's internal beliefs that striving for perfection and being perfect are important; it is characterized by having perfectionistic expectations for oneself. In contrast, other-oriented perfectionism involves beliefs that it is important that others meet one's high standards for performance; it is characterized by imposing one's own perfectionistic standards onto others and having perfectionistic expectations of others. Finally, socially prescribed perfectionism comprises beliefs that high standards are expected by others and that acceptance by others is conditional on fulfilling these standards; it is characterized by individuals' perceptions that others impose perfectionistic standards onto them and have perfectionistic expectations they must fulfill (Enns & Cox, 2002; Hewitt & Flett, 1991, 2004).

Regarding the two social forms of perfectionism of Hewitt and Flett's (1991) model—other-oriented perfectionism and socially prescribed perfectionism—research has found that they show different qualities. Socially prescribed perfectionism is a maladaptive form of perfectionism. It forms part of "evaluative concerns perfectionism," a superfactor of perfectionism combining aspects of perfectionism that are associated with negative characteristics, processes, and outcomes and psychological distress (Bieling, Israeli, & Antony, 2004; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Stoeber & Otto, 2006). In particular, socially prescribed perfectionism is associated with anxiety and depression (Hewitt & Flett,

2004), low satisfaction of life (Stoeber & Stoeber, 2009), and dissatisfaction with achievements (Stoeber & Yang, 2010). Moreover, regarding interpersonal characteristics, socially prescribed perfectionism is associated with interpersonal distress, interpersonal sensitivity, and low perceived social support (Hill, Zrull, & Turlington, 1997; Hewitt & Flett, 2004; Sherry, Law, Hewitt, Flett, & Besser, 2008).

In contrast, other-oriented perfectionism is an ambivalent form of perfectionism. On the one hand, it forms part of "positive strivings perfectionism," a superfactor of perfectionism combining aspects of perfectionism that are associated with positive characteristics, processes, and outcomes (Bieling et al., 2004; Frost et al., 1993; Stoeber & Otto, 2006). For example, other-oriented perfectionism is associated with mastery in personal projects, enhanced test performance, and job engagement (Childs & Stoeber, 2010; Flett, Blankstein, & Hewitt, 2009; Hewitt & Flett, 2004). On the other hand, it is associated with negative interpersonal qualities such as hostility, blaming others, and low agreeableness (Hewitt & Flett, 1991, 2004; Hill, McIntire, & Bacharach, 1997). Moreover, in a study with university students, other-oriented perfectionism was associated with interpersonal styles characterized as arrogant, dominant, calculating, and vindictive (Hill, Zrull, & Turlington, 1997).

Dyadic Perfectionism and Relationship Quality

Perfectionism affects all areas of life, including romantic relationships. In a study investigating areas of life affected by perfectionism, 28% of a student sample and 23% of an Internet sample indicated that they were perfectionistic in their romantic relationships (Stoeber & Stoeber, 2009). Hence, dyadic perfectionism—that is, perfectionism in dyadic relationships focusing on the two members of the dyad—is an important topic in research on perfectionism and romantic relationships.

In Hewitt and Flett's (1991) model, dyadic perfectionism has two forms: partner-oriented perfectionism and partner-prescribed perfectionism. Partner-oriented perfectionism is other-oriented perfectionism where the "other" stands for the partner. Thus, partner-oriented perfectionism captures perfectionistic expectations towards the partner. Partner-prescribed perfectionism is socially prescribed perfectionism where the "socially" stands for the partner. Thus, partner-prescribed perfectionism captures perceived perfectionistic expectations coming from the partner (Habke, Hewitt, & Flett, 1999; Haring, Hewitt, & Flett, 2003). Because dyadic perfectionism concerns both partners in a dyad, dyadic perfectionism can have two effects: actor effects and partner effects (Kenny, Kashy, & Cook, 2006). Actor effects are effects where a variable measured in one member of the dyad has an effect on another variable measured in the same member of the dyad (i.e., the actor him- or herself). In contrast, partner effects are effects where a variable measured in one member of the dyad has an effect on a variable measured in the other member of the dyad (i.e., the partner). Only reciprocal dyadic designs, that is, designs measuring both members of a dyad, can examine actor and partner effects.

So far, only two studies have investigated partner-oriented and partner-prescribed perfectionism and relationship quality in dyadic relationships examining actor and partner effects.[1] Both studies investigated married couples. The first study (Habke et al., 1999) examined the effects of dyadic perfectionism on relationship quality looking at dyadic adjustment and two indicators of sexual satisfaction: general satisfaction with the sexual relationship and satisfaction with the partner. Data were analyzed for husbands and wives separately. Regarding actor effects, spouses' partner-prescribed perfectionism showed significant negative correlations with their own assessment of sexual satisfaction (both indicators). In addition, wives' partner-prescribed perfectionism showed negative correlations with their own satisfaction (both indicators). Regarding partner effects, husbands' partner-prescribed perfectionism showed significant

negative correlations with their wife's satisfaction (both indicators), and wives' partner-prescribed perfectionism showed a negative correlation with their husband's satisfaction (satisfaction with the partner). In addition, spouses' partner-prescribed perfectionism showed a significant positive correlation with their partner's partner-prescribed perfectionism. No partner effects were found for partner-oriented perfectionism. However, Habke and colleagues did not examine potential partner effects in the relationship between partner-oriented and partner-prescribed perfectionism, so the question remained if spouses' perfectionistic expectations towards their partner (partner-oriented perfectionism) had an effect on their partner's perceptions (partner-prescribed perfectionism). Moreover, they did not examine the relationships between dyadic perfectionism and dyadic adjustment.

The latter was examined in the second study (Haring et al., 2003) which investigated the effects of dyadic perfectionism on relationship quality looking at dyadic adjustment and marital happiness. Regarding actor effects, husbands' partner-prescribed perfectionism showed significant negative correlations with their own dyadic adjustment. In contrast, wives' partner-prescribed and partner-oriented perfectionism both showed negative correlations with their own dyadic adjustment and marital happiness. Regarding partner effects, husbands' and wives' partner-prescribed perfectionism showed negative correlations with their spouse's dyadic adjustment and marital happiness. Like Habke and colleagues (1999), Haring and colleagues (2003) did not find any partner effects of partner-oriented perfectionism on relationship quality. However, they again did not examine potential partner effects in the relationship between partner-oriented and partner-prescribed perfectionism. Therefore, the question if partner-oriented perfectionism has partner effects on partner-prescribed perfectionism remained.

Two further studies examined dyadic perfectionism and relationship quality in university students (Lopez, Fons-Scheyd, Morúa, & Chaliman, 2006; Shea, Slaney, & Rice, 2006).

However, both studies have serious limitations. First, the studies used the Dyadic Almost Perfect Scale (DAPS; Shea, Slaney & Rice, 2006) to measure dyadic perfectionism. The DAPS, however, captures only partner-oriented perfectionism, regarding high standards (perfectionistic expectations towards the partner) and discrepancy (perceptions that the partner falls short of these expectations).[2] Consequently, the studies did not examine effects of partner-prescribed perfectionism. Second, the studies did not have a reciprocal dyadic design because they only measured students, but not students' partners. Consequently, they did not examine partner effects.

Nonetheless, the two studies provide preliminary insights into dyadic perfectionism and relationship quality in university students. The first study (Shea et al., 2006) employed a cross-sectional design investigating relationship satisfaction using the Relationship Assessment Scale (RAS; Hendrick, 1988). As expected, discrepancy showed a significant negative correlation with relationship satisfaction in both male and female students. Unexpectedly, high standards showed a significant positive correlation with relationship satisfaction in male students. The second study (Lopez et al., 2006) employed a longitudinal design with two measurement points examining (a) relationship satisfaction using the RAS and (b) relationship continuation as indicated by the percentage of relationships terminated after three months. Unlike Shea and colleagues, Lopez and colleagues did not find any gender differences, but the other findings were in line with Shea and colleagues': Discrepancy showed a significant negative correlation with relationship satisfaction, and high standards showed a significant positive correlation with relationship satisfaction (albeit only at the second measurement). However, only discrepancy predicted relationship termination: Students who reported high levels of discrepancy in their relationship at the first measurement were more likely to have the relationship terminated after three months

than students who reported low levels of discrepancy, indicating that partner-oriented discrepancy is negatively related to longterm commitment.

Open Questions

Taken together, the findings from the four studies (Habke et al., 1999; Haring et al., 2003; Lopez et al., 2006; Shea et al., 2006) provide evidence that both partner-oriented perfectionism and partner-prescribed perfectionism have negative effects on relationship quality. Still, there remain questions. First, the evidence that dyadic perfectionism has negative effects is limited to married couples (Habke et al., 1999; Haring et al., 2003). In university students, negative effects have been found only for the discrepancy aspect of partner-oriented perfectionism (Lopez et al., 2006; Shea et al., 2006). Consequently, it is unclear what effects partner-prescribed perfectionism has in students' romantic relationships, particularly as romantic relationships in students have shown a number of significant differences (e.g., more commitment problems) compared to those in married couples (Hsueh, Morrison, & Doss, 2009; Punyanunt-Carter, 2004). Second, only the two studies with married couples (Habke et al., 1999; Haring et al., 2003) involved both dyad members and examined actor and partner effects. The two studies with university students (Lopez et al., 2006; Shea et al., 2006) examined only actor effects. Consequently, it is unclear if dyadic perfectionism in university students shows actor effects similar to those in married couples.

Third, the two studies with married couples (Habke et al., 1999; Haring et al., 2003) analyzed the data separately for husbands and wives. However, this method is not recommended for dyadic data because—unlike multilevel models in which all participants are analyzed simultaneously—it does not make full use of the dyadic quality of the data and may lead to erroneous conclusions (Kenny et al., 2006). On the one hand, all relationships are analyzed twice (once for husbands, once for wives) which may increase Type 1 errors. On the other hand,

because all relationships are analyzed for husbands and wives separately (each with n = number of dyads) instead of simultaneously using the total sample size ($N = 2 \times$ number of dyads), the statistical power of the analyses is reduced which may increase Type 2 errors (see Kenny et al., 2006 for details). Moreover, analyzing data for husbands and wives separately and finding some correlations significant for one gender but not for the other, may erroneously suggest gender differences even though the correlations may not significantly differ between the genders.

The Present Study

Against this background, the present study had three aims: (a) to investigate the effects of dyadic perfectionism on relationship quality (relationship satisfaction, longterm commitment) in romantic relationships involving university students examining partner-oriented and partner-prescribed perfectionism, (b) to investigate both actor and partner effects, and (c) to investigate these effects using multilevel analyses to make full use of the dyadic nature of the data (Kenny et al., 2006). In line with previous findings with married couples (Habke et al., 1999; Haring et al., 2003), we expected both partner-oriented and partner-prescribed perfectionism to have a negative effect on relationship satisfaction and longterm commitment. Moreover, we expected to find actor and partner effects. Regarding actor effects, we expected participants' dyadic perfectionism to have a negative effect on their own assessment of relationship satisfaction and longterm commitment. Regarding partner effects, we expected participants' dyadic perfectionism to have a negative effect on their partner's assessment of relationship satisfaction and longterm commitment. Moreover, we expected participants' partner-oriented perfectionism to have a positive effect on their partner's partner-prescribed perfectionism, meaning that participants whose partner showed high levels of partner-oriented perfectionism would report higher levels of partner-prescribed perfectionism than participants whose partner showed low levels of partner-oriented perfectionism.

Method

Participants

A sample of 116 participants (53 male, 63 female), comprising 58 couples engaged in a romantic relationship, participated in the study. Of the relationships, 53 were heterosexual and 5 homosexual (female-female). Each couple involved a university student and his or her partner. The mean age of participants was 21.4 years (*SD* = 2.9), and the mean length of their relationship was 1.6 years (*SD* = 1.5).

Procedure

University students were recruited via the School of Psychology's Research Participation Scheme where the study was announced as a questionnaire study on personal standards, expectations, and relationship quality. Students were informed that the study required that (a) they were currently in a relationship and (b) their partner participated as well. Students who indicated interest in participating were invited to the lab to complete an informed consent form and the questionnaire. Afterwards they received a package that contained the informed consent form and the questionnaire for their partner as well as a stamped and pre-addressed return envelop to mail back the completed questionnaire. In exchange for participation, students received extra course credit or entered a raffle for £50 (ca. US $80) and their partners entered another raffle for £50.

Measures

Dyadic perfectionism. To measure dyadic perfectionism, we adapted two scales from the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991; cf. Habke et al., 1999; Haring et al., 2003). To measure partner-oriented perfectionism, we used the 15 items of the MPS's other-oriented perfectionism scale (e.g., "If I ask others to do something, I expect it to be done flawlessly") scale and adapted all items so they referred to the partner (e.g., "If I ask my

partner to do something, I expect it to be done flawlessly"). To measure partner-prescribed perfectionism, we used the 15 items of the MPS's socially prescribed perfectionism scale (e.g., "Others expect me to be perfect") and again adapted all items (e.g., "My partner expects me to be perfect"). Instructions told participants that all items concerned their current relationship, and participants indicated their level of agreement with each item on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*).

Relationship quality. To measure relationship quality, we used two scales capturing relationship satisfaction and longterm commitment. To measure relationship satisfaction, we used the Relationship Assessment Scale (RAS; Hendrick, 1988) which comprises 7 items asking people to evaluate how satisfied they are with their relationship (e.g. "In general, how satisfied are you with your relationship?"). All items are answered on a scale from 1 to 5 with different anchors for each item (e.g., from 1 [*Unsatisfied*] to 5 [*Extremely satisfied*]). To measure longterm commitment, we used the relationship agenda subscale from the Commitment Inventory (CI; Stanley & Markman, 1992). The subscale comprises 6 items capturing the degree to which a person wants the relationship to continue over time (e.g., "My relationship with my partner is clearly part of my future life plans"), and participants indicated their level of agreement with each item on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Both RAS and CI are widely-used in research on relationship quality and have demonstrated reliability and validity in numerous studies (e.g., Hendrick, 1988; Lopez et al., 2006; Stanley & Markman, 1992).

Results

Preliminary Analyses

First we computed Cronbach's alphas to examine the reliability (internal consistency) of the scales' scores. All scores showed acceptable alphas (> .70). Consequently we computed the

score for each scale by averaging across the scale's items (mean scores) and calculated means and standard deviations for the total sample (see Table 1). Next we examined whether the measures showed differences between male and female participants. For this, we computed a one-way MANOVA with student's gender (0 = male, 1 = female) as between-subjects factor and all measures as dependent variables. The effect of gender was nonsignificant, $F(8, 49) = 1.26$, $p > .28$. Consequently, data were collapsed across gender. Finally, we computed correlations between the students' scores and their partners' scores to investigate the degree of nonindependence in the data (Kenny et al., 2006). There was significant nonindependence in both indicators of relationship quality (see Table 1). Students' relationship satisfaction and longterm commitment showed significant positive correlations with their partners' relationship satisfaction and longterm commitment, indicating that students and students' partners were similar in their assessment of the quality of their relationship.

Main Analyses

To account for the nonindependence in the dyadic data, we conducted multilevel regression analyses (Kenny et al., 2006, Chapter 4) in which participants (Level 1) were nested in dyads (Level 2). The analyses were conducted using SPSS 18.0 Mixed Models. Prior to the analyses, all variables were standardized (grand mean standardization) to aid the interpretation of the unstandardized regression coefficients of the effects. Moreover, we computed *pseudo* R^2 values to determine the variance explained by the restricted model (the regression model with all predictors included) compared to the unrestricted model (the model without any predictors; see Kenny et al., 2006, pp. 94-95 for details).

First, we examined partner effects in the relationship between the two aspects of dyadic perfectionism investigating if participants' partner-oriented perfectionism (perfectionistic expectations towards their partner) predicted their partners' partner-prescribed perfectionism

(perceived perfectionistic expectations from their partner). Results showed a significant partner effect (b = 0.36, SE = 0.09, t = 4.16, df = 109.42, $p < .001$; *pseudo* R^2 = .110). Participants whose partner showed high levels of partner-oriented perfectionism reported significantly higher levels of partner-prescribed perfectionism compared to participants whose partners showed low levels of partner-oriented perfectionism.

Next, we examined actor effects and partner effects in the relationships of dyadic perfectionism and the two aspects of relationship quality (relationship satisfaction, longterm commitment). In these analyses, both aspects of perfectionism were entered simultaneously to investigate their unique effects (see Table 2). First, we examined actor effects on relationship satisfaction. Both partner-oriented and partner-prescribed perfectionism had a significant negative effect on participants' own assessment of relationship satisfaction (*pseudo* R^2 = .177). Participants who had high levels of partner-oriented perfectionism or high levels of partner-prescribed perfectionism showed lower levels of relationship satisfaction than participants who had low levels of partner-oriented perfectionism or partner-prescribed perfectionism. Second, we examined longterm commitment. Here, only partner-oriented perfectionism had a significant negative effect, but not partner-prescribed perfectionism (*pseudo* R^2 = .023). Participants who had high levels of partner-oriented perfectionism showed lower levels of longterm commitment than participants who had low levels of partner-oriented perfectionism.

Finally, we investigated partner effects of dyadic perfectionism on relationship quality (see again Table 2). Results showed no significant partner effects, for neither relationship satisfaction (*pseudo* R^2 = .020) nor longterm commitment (*pseudo* R^2 = .000) indicating that, in the present sample, participants' dyadic perfectionism had an effect only on their own assessment of the relationship quality, but not on their partner's.

Discussion

This study investigated the effects of dyadic perfectionism on relationship quality (relationship satisfaction, longterm commitment) in romantic relationships involving university students. In this, we examined actor and partner effects of partner-oriented perfectionism (perfectionistic expectations towards one's partner) and partner-prescribed perfectionism (perceived perfectionistic expectations from one's partner) using multilevel analyses to make full use of the dyadic nature of the data (Kenny et al., 2006). Regarding partner effects, we found that participants' partner-prescribed perfectionism positively predicted their partners' partner-prescribed perfectionism, suggesting that participants' perfectionistic expectations towards their partner were reflected in their partner's perceptions: Partners were aware that they were expected to be perfect. Regarding actor effects, we found that partner-oriented and partner-prescribed perfectionism had negative effects on participants' own relationship satisfaction. In addition, partner-oriented perfectionism had a negative effect on longterm commitment. Participants with perfectionistic expectations towards their partner were less satisfied with the relationship and were less committed than participants with no such expectations. Moreover, participants who perceived that their partner expected them to be perfect were less satisfied with the relationship than participants who did not have this perception.

The study had a number of limitations. First, the data were cross-sectional. Consequently, the effects we found were predictive only in the statistical sense. Future studies need to employ longitudinal designs to investigate if the actor and partner effects we found represent predictive effects in the longitudinal sense (e.g., partner-prescribed perfectionism increases partners' partner-perceived perfectionism) thereby excluding alternative interpretations of the present findings (e.g., people with high levels of partner-oriented perfectionism choose partners with high levels of partner-prescribed perfectionism, and vice versa). Second, our sample was not very large (116 participants in 58 dyads). Consequently, there may have been insufficient

statistical power to detect smaller-sized effects (e.g., partner effects of dyadic perfectionism on relationship quality). Future studies may profit from using larger samples to further investigate actor and partner effects of dyadic perfectionism in students' romantic relationships. Third, our procedures left open the possibility that participants did not follow instructions and completed both their own questionnaire (in the lab) and their partner's (mail back). Moreover, we did not check if participants were cohabitating (cf. Hsueh et al., 2009). Finally, the present study used the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) to measure partner-oriented perfectionism as a one-dimensional, unitary construct. Future studies may consider additionally including the Dyadic Perfectionism Scale (Shea et al., 2006) which differentiates two aspects of partner-oriented perfectionism—high standards and discrepancy—to obtain a more detailed picture of what aspects of partner-oriented perfectionism are responsible for the negative effects on the partner and the relationship quality. Moreover, future studies may profit from including measures of general perfectionism to investigate if dyadic perfectionism has unique effects beyond general perfectionism. In addition, future studies may want to make use of experimental designs that provide more controlled forms of couple assessment (of both communication and interpersonal behavior over multiple time points) by independent raters as a means of further probing the impacts of dyadic perfectionism on relationship quality.

Despite these limitations, the study makes an important contribution to the research on dyadic perfectionism and relationship quality. The present findings are the first to demonstrate partner effects in romantic relationships regarding partner-oriented perfectionism and partner-prescribed perfectionism, suggesting that people are aware of their partner's perfectionistic expectations of them. Furthermore they confirm previous findings that partner-oriented perfectionism has a negative effect on relationship satisfaction and longterm commitment in students' relationships (Lopez et al., 2006). This suggests that, if directed towards one's partner,

other-oriented perfectionism is a maladaptive form of perfectionism having negative effects on the partner and on the relationship quality. Moreover, the present findings show that partner-prescribed perfectionism has an additional negative effect on relationship satisfaction. This demonstrates that it is insufficient to examine only partner-prescribed perfectionism and measure only one partner when investigating dyadic perfectionism in romantic relationships (cf. Lopez et al., 2006; Shea et al., 2006). Instead it is important to take both forms of dyadic perfectionism—partner-oriented perfectionism and partner-prescribed perfectionism—into account and include both partners' assessments (cf. Habke et al., 1999; Haring et al., 2003). Finally, it is important not to analyze the partners separately, which may lead to erroneous conclusions, but use dyadic data analysis (Kenny et al., 2006) to make full use of the dyadic nature of the data when investigating dyadic perfectionism.

Footnotes

[1]A third study (Ashby, Rice, & Kutchins, 2008) investigated engaged couples using cluster analysis, but did not report correlations between dyadic perfectionism and relationship quality.

[2]The DAPS measures a third aspect, partner-oriented order (e.g., “I think my partner should be organized”). However, order and organization are not considered core aspects of perfectionism (e.g., Frost et al., 1990; Hewitt & Flett, 1991) and have shown to form a separate factor (e.g., Suddarth & Slaney, 2001).

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Table 1

Descriptive Statistics, Cronbach's Alphas, and Correlations between Students and Students' Partners

Variable	*M*	*SD*	α	$r_{S,SP}$
Dyadic perfectionism				
Partner-oriented perfectionism	3.87	0.74	.74	.08
Partner-prescribed perfectionism	2.69	0.81	.82	–.03
Relationship quality				
Relationship satisfaction	4.45	0.42	.73	.44***
Longterm commitment	5.93	1.07	.88	.64***

Note. N = 116 participants (58 dyads). Partner-oriented perfectionism, partner-prescribed perfectionism, and longterm commitment were rated on a 1-7 answer scale, and relationship satisfaction on a 1-5 answer scale. All scores are mean scores (see Method section). α = Cronbach's alpha. $r_{S,PS}$ = correlation between students and students' partners.

***$p < .001$.

Table 2

Multilevel Regression Analyses of Dyadic Perfectionism Predicting Relationship Quality: Actor Effects and Partner Effects

	Relationship quality							
	Relationship satisfaction				Longterm commitment			
Dyadic perfectionism	*b*	*SE*	*t*	*df*	*b*	*SE*	*t*	*df*
Actor effects								
Partner-oriented perfectionism	–0.27***	0.08	–3.39	102.41	–0.16*	0.07	–2.21	84.57
Partner-prescribed perfectionism	–0.30***	0.08	–3.72	97.42	–0.09	0.07	–1.28	80.86
Partner effects								
Partner-oriented perfectionism	0.12	0.09	1.35	98.37	0.12	0.07	1.58	82.87
Partner-prescribed perfectionism	–0.12	0.09	–1.32	91.45	–0.02	0.07	–0.29	79.09

Note. N = 116 participants (58 dyads). Actor effects = effects of participants' perfectionism on their own assessment of relationship quality; partner effects = effects of participants' perfectionism on their partner's assessment of relationship quality. All variables were standardized prior to the analyses (see Method section).

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