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THE PAIN OF PERFECTIONISM

It's the fault people humblebrag about in job interviews, but psychologists are discovering more and more about the real harm it causes.

By Leslie Jamison

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Admirable striving is one thing, but a true need to be perfect can be terrorizing. Illustration by Golden Cosmos

When Gordon Flett, a psychology professor who has spent his career studying perfectionism, was bringing up his two daughters, he was determined to help them understand that they didn't need to be perfect. As they grew older, they would tease him whenever he was critical: "Aren't you supposed to be teaching us it's O.K. not to be perfect?" Despite his efforts, Flett noticed that his elder daughter, Hayley, showed some telltale signs: highly meticulous, she was routinely deemed perfectionist by teachers who graded the tests she'd stay up half the night studying for. When Hayley was ten, she took a test he'd developed with his longtime collaborator, Paul Hewitt—a questionnaire designed to identify perfectionism in children. Tallying her score, Flett was surprised to see that she didn't seem to be a perfectionist at all—so surprised that he wondered if there was something wrong with the test. Seven years later, though, Hayley took an adult version, and her perfectionism was beyond dispute. Flett was mystified until she explained that, as a child, she'd internalized the message that she shouldn't aspire to perfection. So, like any true perfectionist, she'd aced the test.

At first blush, it can be hard to take perfectionism seriously as a source of suffering. The lament "I'm a perfectionist" carries a strong whiff of humblebrag—the kind of thing savvy job applicants say when asked their greatest flaw. Reading a book by Flett and Hewitt on the subway, I started feeling self-conscious about the cover, with the word "perfectionism" displayed in huge type, as if I were trying to broadcast that, no matter how good I am, I still need to be better. To claim the mantle of perfectionism can

become a game of one-upmanship. A British writer I know recently told me about reading an Anne Tyler novel with a perfectionist character and thinking, *Wow, is that all it takes to be a perfectionist in Baltimore?*

To Flett and Hewitt, the idea of perfectionism as a form of admirable striving is a dangerous misconception, one they have devoted three books and hundreds of peer-reviewed papers to overturning. “I can’t stand it when people talk about perfectionism as something positive,” Flett told me, as we sat at his kitchen table in Mississauga, a Toronto suburb where he has spent most of his life. “They don’t realize the deep human toll.” Hewitt, a clinical psychologist, has seen with his therapy patients how perfectionism can be “personally terrorizing for people, a debilitating state.” It’s driven not by aspiration but by fear, and by the conviction that perfection is the only “way of being secure and safe in the world.”

Flett told me about being asked on a radio show to discuss perfectionism in a segment that the producers explained would be something “nice and light” for listeners driving home at the start of a long holiday weekend. Flett warned them that they’d chosen the wrong subject, that the bulk of his work explored perfectionism’s links to depression, eating disorders, and suicide. Sure enough, when listeners were invited to call in, the first person on the line was a desperate-sounding man who described the ways his wife’s perfectionism was pushing their marriage toward collapse. Then came two sons calling about an alcoholic father who drank to douse the stress of his perfectionism. Flett remembers feeling vindicated as the number of calls briefly overwhelmed the switchboard.

When Flett and Hewitt started publishing on perfectionism together, in the early nineteen-nineties, not many researchers were working on the subject. These days, perfectionism is everywhere. We live in an era of proliferating cosmetic treatments, Ozempic, and photo-editing apps that have

transformed our sense of what perfection looks like. Films like “Black Swan” and “Phantom Thread” interrogate the downsides of perfectionism while bestowing on it a fatal glamour. A shelf in Flett’s house is filled with autobiographies by celebrities who have battled perfectionism—athletes such as Andre Agassi and Ben Hogan, and musicians including Bruce Springsteen, Eric Clapton, Lang Lang, and the late Brian Wilson. Meanwhile, perfectionism has become a hot topic among psychologists, with five to ten new studies on the subject appearing each week. The *Harvard Business Review* publishes a steady stream of pieces with titles like “How to Manage Your Perfectionism.” (Some sound notes of caution—“Don’t Let Perfection Be the Enemy of Productivity”—but none want to throw the baby out with the bathwater—“The Upside of Perfectionism? Creativity”).

Flett believes that young people, especially Gen Z-ers, are facing an “epidemic of perfectionism.” In a survey he conducted among Canadian high-school students, he found that fifty-four per cent identified with the statement “I need to be perfect.” (A 2024 Gallup poll corroborated this general trend, finding that more than one in three U.S. teen-agers feel pressure to be perfect.) Flett suspects that the crisis is largely fuelled by social media: people are tortured by the gap between their actual and their “perfected” lives, not to mention the perfected versions of other people that circulate online. “The need to seem perfect is much bigger now than when we started this research,” he said.

A recent novel by the Italian writer Vincenzo Latronico, “Perfection,” dramatizes the way that digital life compels us to make our lives into perfected artifacts. Anna and Tom, millennial expats in Berlin, rent out their home as an Airbnb whose surfaces present a tableau of perfection: Scandinavian armchairs, Japanese teapots, sunlight filtering through the emerald leaves of a perforated monstera plant. And yet, as the novel tracks the effort required to sustain their perfect apartment and the life style it represents, we sense the hollowness of their pursuit, which drives toward an ever-receding target. Achieving perfection is the most efficient way to

discover how little it offers.

According to Hewitt, this is one thing that distinguishes true perfectionism from a mere pursuit of excellence: reaching the goal never helps, whether it's a top grade, a target weight, or a professional milestone. Achievement, he says, "doesn't touch that fundamental sense of being unacceptable."

Perfectionism perpetuates an endless state of striving. It's an affliction of futility, an addiction to finding masochistic refuge in the familiar hell of feeling insufficient. It might not feel good, but it feels like home.

Flett and Hewitt met in the fall of 1987, when they began teaching in the psychology department at York University, in Toronto. They were both thirty, both at the beginning of their careers, both hired to provisional positions and unsure of their footing. (During his job interview, Flett spotted his C.V. on the floor of the undergraduate director's office, with footprints on it.) On walks together from the squat brick psychology building to their classrooms, on the other side of campus, they soon bonded. Flett was a local boy with a working-class background and a hunger to prove himself; Hewitt, before he came to psychology, had spent years training as a classical musician, first as a guitarist, then as an operatic tenor.

Hewitt had already published papers on perfectionism, his interest having been sparked as an undergraduate, when he encountered the concept in a magazine in a dentist's waiting room. The term immediately illuminated a phenomenon he'd often seen in the world of music. Telling me about a time when a piano teacher slapped him on the hand for making an error, he said, "There's a real *anger* when you don't do it right." Flett, who'd written his doctoral dissertation on depression, had read a paper of Hewitt's about the links between depression and perfectionism and told him how much he admired it. Not long afterward, Hewitt invited him to collaborate on developing a model of perfectionism. As Flett recalls it, Hewitt asked, "Do you know anything about personality-scale construction?" and he replied, "I hope so—I'm teaching a graduate course on it."

After a year at York, Hewitt left for a position at a psychiatric hospital in eastern Ontario. Flett would take the train to visit so that they could keep working, and they ultimately produced a model outlining three major types of perfectionism: self-oriented perfectionism (requiring perfection of oneself), other-oriented perfectionism (railing against the imperfections of others), and socially prescribed perfectionism (believing that others require one to be perfect).

When they submitted their model to the *Journal of Personality and Social Psychology*, it was rejected, but Hewitt called the editor—“a little audacious on my part,” he admits—and found that he’d been on the fence. He said that if they could back up their model with a clinical study he would accept the paper. The patients at Hewitt’s hospital afforded a vast pool of research subjects, and the fact that they were psychiatric patients rather than college students (as is the case for many studies) helped demonstrate the stakes involved. The revised model was published in 1991, bolstered by a study showing a connection between perfectionism and more serious forms of mental illness. Now known as the Comprehensive Model of Perfectionistic Behavior, it has become the dominant framework in the field.

After publication, Flett wondered if trying to have perfectionism officially recognized as a personality disorder in the *DSM* might get it taken more seriously. Hewitt objected that doing so would lead to its being approached reductively, as a discrete problem to be got rid of rather than a personality style produced by a complex set of forces. (By analogy, he points out that we no longer have such diagnoses as fever or chest pain; instead, doctors diagnose the conditions that produce these symptoms.) One obvious benefit of Flett and Hewitt’s approach has been to give people a vocabulary and a framework for understanding an important thread running through a variety of conditions. A clinical psychologist once told Flett that she’d often felt baffled by her anorexic patients: What could account for someone starving herself and thinking, *It’s still not enough?* Perfectionism gave her a way to understand this relentlessly self-destructive drive.

Flett and Hewitt have also found perfectionism to be a powerful predictor of suicide, even after adjusting for other variables, such as extremity of depression. (As Flett and Hewitt write, perfectionists “may construe an unsuccessful suicide attempt as the ultimate failure.”) In the case of Alina Templeton-Perks, a thirty-three-year-old British woman who suffered from crippling self-doubt and took her own life in 2008, perfectionism was even listed among the official causes of death. Jonathan Drummond-Webb, a pediatric cardiac surgeon in Arkansas who killed himself in 2004, appears to have been an other-oriented perfectionist. A star in his field, he left a five-page suicide note cataloguing the faults of those around him and declaring, “The world is not ready for me.”

Three years ago, Flett received an e-mail from a woman named Carol Fishman Cohen, sharing the story of her son Michael, who had died by suicide in 2018, at the age of twenty-eight. Michael was her firstborn son, the eldest of four, a baby who almost never cried and who became a generous, adventurous man. After three and a half years working at startups in China—while there, he’d made a list of thirty places he wanted to visit and checked off every single one—Michael fell into a major depressive episode that revolved around a feeling of falling behind. He started looking for a job but would get discouraged—thinking he needed to have every qualification listed in a posting—and end up not applying, convinced that he was unemployable. He hid the depths of his depression, and his suicide stunned everyone close to him. By the time his mother reached out to Flett, she felt she understood something more about what had happened to Michael. She told Flett, “Our son died of perfectionism.”

Sigmund Freud’s essay “The Ego and the Id,” from 1923, introduced the concept of the superego, an inner voice whose demands for perfection the ego labors endlessly to fulfill. In the century since Freud introduced this model, psychoanalysts have articulated, in a variety of ways, the subjective experience of perfectionism and the forces driving it. Alfred Adler—a onetime participant in Freud’s famous Wednesday-night gatherings, who

later parted ways with him—is most known today for his notion of the “inferiority complex,” the idea that human nature is shaped by the desire to overcome personal deficiencies. (Adler, among the first psychologists to see birth order as a crucial shaping force, had an inferiority complex about his older brother—who was, incidentally, named Sigmund.)

In 1960, D. W. Winnicott put forward the theory that most people will develop a False Self that hides and protects a more essential self by complying with the expectations of others. In the seventies and eighties, Hilde Bruch drew upon her work with anorexic patients in framing perfectionism as a response to a deep-seated sense of inadequacy. “All her efforts, her striving for perfection and excessive thinness, are directed toward hiding the fatal flaw of her fundamental inadequacy,” she wrote of the typical patient.

The critic and psychoanalyst Adam Phillips has written that the superego, with its relentless demand for perfection, is a “boring and vicious soliloquist with an audience of one.” If so, why do we keep listening? Phillips suggests that it’s because the soliloquist promises to “know us in a way that no one else, including ourselves, can ever do.” Any avid self-deprecator immediately understands this logic: if we believe that the worst version of ourselves is the true one, we’re protected from being ambushed by our own inadequacy. Better to overestimate our flaws than to fail to see them in the first place. But this strategy is fundamentally isolating, leading us to create a brittle carapace of a “perfect” self that doesn’t need anything from anyone. Perfectionism estranges us from everyone else, Phillips argues, and traps us in endless conflict with ourselves: “We continually, if unconsciously, mutilate and deform our own character. So unrelenting is this internal violence that we have no idea what we’d be like without it.”

An 1843 short story by Nathaniel Hawthorne, “The Birth-Mark,” reads like a fable about such violence. A “man of science” named Aylmer is so determined to remove his wife’s only imperfection, a hand-shaped birthmark

on her cheek, that he ends up killing her. (The story offers a dark inversion of the ancient Greek myth of Pygmalion, a sculptor so disappointed by the flaws of the women around him that he creates a perfect one from ivory and, when she comes to life, marries her.) The most unnerving part of Hawthorne's story is how readily Aylmer's wife, Georgiana, becomes his co-conspirator. "Either remove this dreadful Hand, or take my wretched life!" she says. He manages to do both, concocting an alchemical potion that dissolves the birthmark but poisons her in the process:

As the last crimson tint of the birthmark—that sole token of human imperfection—faded from her cheek, the parting breath of the now perfect woman passed into the atmosphere, and her soul, lingering a moment near her husband, took its heavenward flight.

If humanity is imperfection, the only perfect woman is a dead one.

In 2009, Flett was invited by the Canadian Security Intelligence Service to speak at a conference. Addressing the agents, Flett said that many terrorists could be categorized as "malevolent perfectionists," citing the Unabomber as a textbook example, and offered some tips about how to avoid hiring such people: in interviews, don't just ask candidates for their biggest mistake—ask them for their *second*-biggest mistake. Flett has spoken about perfectionism to a wide array of audiences. He has talked to mothers' groups about its links to postpartum depression and has addressed a sports-psychology conference on the so-called perfection paradox: the more you want perfection, the more you thwart yourself from achieving it. Andre Agassi's memoir describes a coach telling him that perfectionism was making him miss shots, because he wanted to "hit a winner on every ball," and one study has found that psychology professors who hold themselves to a perfectionist standard were "less likely to produce publications, receive citations, and publish in high-impact journals."

Flett is all too familiar with this dynamic, having supervised the research of countless grad students hounded by perfectionism. "Once you start studying something, you attract students who are drawn to it because they struggle

with it,” he told me. In his living room, he showed me a photograph from the early nineties, of himself and a student named Tom, planting a maple sapling in Flett’s back yard. Tom was charming and gregarious, Flett told me, full of talent and promise, but he held himself to impossible standards and was prey to procrastination fuelled by a deep fear of failure. Tom seemed hostage to an imaginary audience criticizing his every move, poking holes in the work he’d already done and in the dissertation he hadn’t yet written, and telling him that he had no right to feel depressed about his predicament. Tom co-authored several papers with Flett about perfectionism and procrastination, but his Ph.D. was taking so long that he fell into debt and had to put his work on hold. Later, he resumed, paying off his debt and starting a new dissertation, but by then he was dealing with long-term health problems worsened by chronic stress. He died at the age of forty-one, and Flett is convinced that perfectionism contributed to his early demise. In the picture Flett showed me, Tom is grinning beneath a Cleveland Indians baseball cap as he steadies the spindly young tree. That day, they planted two saplings: one eventually died, but the other towers over the yard, shading the lawn with a thick canopy of leaves.

The physical toll of perfectionism has been a particular focus of Flett and Hewitt’s research. Perfectionists experience higher than normal rates of ulcers, hypertension, fibromyalgia, arthritis, irritable-bowel syndrome, and Crohn’s disease, but they are also slow to seek care. Their fervent desire to “be O.K.” (or to seem that way) can hinder them from looking for the help they need. Samuel Mikail, a psychologist who has co-written a book with Flett and Hewitt, has researched the links between perfectionism and chronic pain. He told me about a patient in his late thirties who was totally debilitated by flareups of excruciating pain. The man started treatment in a state of despair: pain made it impossible to get down on the floor to play with his kids, and also to have sex with his wife, so he felt he was failing as a father and a husband. One Saturday, before watching a hockey game on TV, he went to buy a case of beer but, instead, sat crying in his car outside the

store, paralyzed with shame, because he realized he wouldn't be able to carry the beer back to his car.

I asked Mikail how he differentiates between the emotional exhaustion that anyone suffering from chronic pain would feel and the sharpened anguish of a perfectionist. He said that another patient who could no longer play on the floor might focus on other ways of connecting with his kids, such as reading in bed or sharing an ice-cream sundae. But perfectionists live in an all-or-nothing world: because something has been lost, *everything* has been lost. That attitude is likely to carry over into recovery, with the perfectionist thinking, *I need to be just as I was before*, rather than appreciating partial progress. When I asked Mikail if therapy had helped this particular patient, he said, "Yes and no." The man had come to appreciate bonding with his children in other ways but still found it hard to think of himself as a "real husband" to his wife. Mikail added that a case like this also requires the therapist to surrender the ideal of perfect recovery—to accept that patients can heal in meaningful ways even if their healing isn't complete.

As with any kind of suffering, the burdens of perfectionism are not evenly distributed. In the early eighties, the epidemiologist Sherman James coined the term "John Henryism" to describe "the determined hopeful manner in which numerous black Americans engage day-to-day life stressors." The phrase derives from a folktale about a railroad worker named John Henry who was said to have outperformed a mechanical steam drill and then died of exhaustion. John Henryism involves pressure not just to be good but to be *impossibly* good—superhuman, better than a machine, whether the machine is literal (the steam drill) or figurative (systemic racism). Kiese Laymon, in his memoir "Heavy," writes about growing up under the "directive to be excellent, disciplined, elegant, emotionally contained, clean, and perfect in the face of American white supremacy." Michelle Obama summed up the dilemma in her memoir, "Becoming," writing, "There's an age-old maxim in the Black community: *You've got to be twice as good to get half as far.*"

James understood John Henryism in historical terms. In the aftermath of the Civil War, “a newly freed people faced . . . the daunting task of creating for themselves an American identity,” one that expressed “core American values such as ‘hard work,’ ‘self-reliance,’ and ‘freedom.’ ” A century later, James designed a twelve-point scale to measure, among other things, his subjects’ “single-minded determination to succeed,” by asking how fully they agreed with such statements as “Once I make up my mind to something, I stay with it until the job is completely done” or “When things don’t go the way I want them to, that just makes me work even harder.” As an epidemiologist, James focussed his research on the relationship between John Henryism and hypertension, a condition that disproportionately afflicts Black Americans, making them more likely to suffer strokes and kidney disease.

In the four decades since James introduced the notion, John Henryism has found much broader cultural traction. In Colson Whitehead’s novel “John Henry Days” (2001), a journalist called J. travels to West Virginia to cover a festival celebrating the release of a special John Henry postage stamp. On his first night there, while a local baritone croons a ballad about John Henry (“I will beat that steam drill down / Or hammer my fool self to death, Lord”), J. nearly dies choking on a piece of prime rib from a complimentary buffet. The scene exposes the mythic hero and the choking mortal as two sides of the same coin: the fantasy of striving as salvation, and the ugly truth of its price.

The rat race of American capitalism, with its ethos of competitive individualism, is fertile soil for perfectionism, but it has thrived in other cultural traditions, too. Flett told me about a graduate student from China who informed him that Confucianism requires perfection on as many as five different points: benevolence, righteousness, propriety, wisdom, and trustworthiness. When this student conducted research with Chinese schoolchildren about the pressure to be perfect, a group of Chinese teachers she presented her findings to told her that they’d never heard anyone even speculate that perfection could have a downside.

Still, other cultural practices suggest that different paths might exist. The so-called “Persian flaw” refers to the way traditional Persian-carpet weavers would deliberately include a flaw in their rugs to acknowledge that only God was perfect. The Law of Jante is a social code prevalent in Scandinavia that encourages people not to strive for exceptionalism. It takes its name from a 1933 novel by the Danish Norwegian writer Aksel Sandemose, in which a fictional town, Jante, is governed by ten rules designed to guard against the threat that individual ambition poses to social harmony. One rule is “You shall never indulge in the conceit of imagining that you are better than we are.”

Flett and Hewitt, thirty-five years into their collaboration, strike similar silhouettes at first glance—sixty-eight, genial and quick to smile, devoted fathers and grandfathers, and fluent in the role of intellectual ambassadorship. But they bring different lenses to their shared subject: Flett, chatty and digressive, specializes in quantitative research that demonstrates patterns and correlations. Hewitt has the measured demeanor of a practiced therapist, and his insights often arise from the nuances of clinical work. If Flett is surveying the forest, Hewitt looks closely at each individual tree. He wants to discover when and how a patient arrived at perfectionism as a solution, and what problem it was unconsciously designed to solve.

In many cases, a frustrated desire for parental acceptance has produced a tyrannical taskmaster driven by a false conditional: *If I am perfect, then I'll be loved*. Hewitt told me about a forty-five-year-old woman who sought help with chronic anxiety. She needed to keep up a façade of perfection but didn't know where this need came from. After a few weeks, they started to discuss her having been adopted; after a few more weeks she told him about the conversation in which her parents revealed this information to her. They framed everything with great tenderness and care, she stressed, lovingly telling her the story of “going to the place with babies” and specifically selecting her to bring home with them. They said, “We fell in love with you, and chose you.” Her parents had wanted to make her feel loved rather than

abandoned, but the more she and Hewitt talked the clearer it became that this framing had led her to imagine that adoption worked like shopping. From that point onward, she'd carried a subconscious fear that, if she wasn't perfect, she might not be wanted anymore—and could potentially be returned.

Hewitt told me that perfectionists are often acutely uncomfortable in his office waiting room; he sees it in their body language. It's difficult for them to submit to a dynamic that continually obliges them to expose their vulnerabilities and shortcomings. Many also have an intense fear of relinquishing their perfectionism, which feels like the only thing that is holding them together. A lot of the time, what prompts a perfectionist to go to therapy is an issue such as chronic anxiety or depression, with perfectionism only gradually revealing itself as an important force. The precipitating incident may be a tangible failure that the patient is struggling to get past, but sometimes the larger problem is success—specifically, that success has not delivered the expected dividends of happiness and self-worth. For this reason, middle age is often a time of crisis in the life of a perfectionist, though the affliction manifests at all ages. “I even see patients in their nineties, still trying to please parents who are long dead,” Hewitt said.

Once a patient surrenders the notion that being perfect is a viable solution, another problem can arise: the patient may become perfectionist about getting rid of her perfectionism. She may try to be an exemplary patient, never showing unregulated emotions and coming up with insights that demonstrate how readily she has internalized the message. But exactly the opposite needs to happen: the patient needs to enact her struggle in the room, to be messy, irrational, resentful, out of control. Progress comes when the patient reveals her ugly imperfect side and learns that, as Hewitt puts it, “the therapist isn't repulsed—the sky doesn't fall.”

Hewitt can sense when a patient is letting her imperfect self into the room:

she may preface whatever she says with phrases like “I’ve never said these words out loud before.” Such moments remind him of the sensation of singing onstage, the terror of going out there with nothing but your naked, human voice. Hewitt’s musical training has made him extremely attuned to shifts in vocal tone; he can detect when a voice starts to issue from a different part of the throat and finds that these shifts can be clues that something important is happening. He tries to instill this habit of close listening in his students. He’ll play back recordings of therapy sessions for them, and when there’s a shift in the patient’s tone he’ll ask, “Did you hear that?” He’ll play it again and again, until they do.

Sometimes the physical tells are more dramatic. Mikail once treated a mother in her early forties plagued by fears that her husband would leave her. She dealt with these fears by transforming herself into a domestic paragon, keeping her home and kids immaculate and spending hours producing spectacular meals. Mikail noticed that whenever he gave the woman a compliment she glanced down at the floor, breaking eye contact, and appeared to be holding her breath. “It seemed that she was unable to take in not only the affirmation, but the very air that carried it,” he later wrote. For her, it felt like dangerous complacency to accept the false refuge of a compliment when the work of forging an impeccable self—a self that could not be abandoned—remained unfinished.

This is classic “self-oriented” perfectionist behavior. Conversely, an “other-oriented” perfectionist may respond to the discomfort of the therapeutic process by blaming the therapist. Hewitt told me about a patient who grew aggressive toward a grad student training as a clinician. Knowing that Hewitt, the student’s adviser, was observing the session, the patient started leveraging this against him: “You’re trying to get your Ph.D.—your supervisor is watching and won’t like what he sees.” But Hewitt *did* like what he was seeing, precisely because the patient’s hostility suggested that the student was getting somewhere important. The analyst Elizabeth Spillius wrote about a time when she felt that sessions with one patient were going

badly; then she realized that her perfectionist patient was subtly “trying to make me want to be perfect and then to feel discouraged and despairing, just as she expected herself to be perfect and was constantly disappointing herself.”

Hewitt has found that perfectionists can benefit when he acknowledges his own errors, whether small (misremembering a name) or large (forgetting an important confession). Once, he asked a patient, near the end of their four-year relationship, what had been most helpful for her. She said, “The thing that was most helpful was when you made a mistake you recognized it, and we got through it.” When the perfectionist sees her therapist owning up to a mistake, she has an opportunity to see that imperfection “just *is*,” Hewitt told me. “There’s no devastating consequence.” All the same, he still remembers his surprise at learning that it was his mistakes, rather than his insights or compassion, that had proved most useful.

For the past decade, Flett has been devoting much of his attention to what he calls “the psychology of mattering.” As with many psychological concepts, the importance of mattering sounds self-evident, which Flett suspects is why it’s been neglected as a field of study. But mattering isn’t just about being loved or having a sense of belonging; it’s about feeling essential and unreplaceable. As Flett puts it, “Feelings of mattering are often rooted in having someone recognize our distinctiveness.”

Flett’s work on mattering was spurred in part by a near-death experience in his forties; a protracted illness put him in the hospital for weeks, during which he got sicker and sicker, losing almost forty pounds and turning orange from jaundice, as doctors tried to discover what was wrong. (It turned out that a medication he was taking was inducing liver failure.) One day, in the hospital bathroom, Flett found himself uttering a kind of prayer: “If anybody is listening, this is too soon. I’ve still got work to do.” He told me, “When you have that kind of experience, you just want to use the rest of your time to do things that matter.”

Flett was inspired not only to do work that mattered but also to think about how we come to feel that we matter in the first place. He recalled a childhood experience: his grandmother managed the cafeteria at an asbestos factory, and sometimes he got to go see her there. On those trips, he felt like a visiting celebrity. He got as much free food as he wanted (usually cherry Jell-O and chocolate milk), but, more than that, the workers took evident delight in his presence. He remembers them hanging on his every word, giving him a sense of mattering that has resonated ever since.

Flett has come to understand mattering as a counterpoint to perfectionism, a more viable way to arrive at a sense of self-worth. One doesn't have to be perfect; one just has to matter to someone. Indeed, feeling invisible or undervalued—a feeling Flett calls “anti-mattering”—is often what fuels a perfectionist's neurosis. Flett's first peer-reviewed paper on mattering, published in 2012, reported a significant correlation between anti-mattering and perfectionism among hundreds of university students. Perfectionism may arise as an attempt to overcome a sense of insignificance, but it's a poor strategy, because each step toward perfection is a step away from distinctiveness, from the flawed, messy unrepeatability that we crave in others and want others to witness in us.

Flett has published two books and more than fifty papers on mattering, but last fall he went through a transition that made the issue more personal—retirement. When I suggested we take a look at York University's campus, he was initially hesitant. He hadn't been back since leaving, and there was a sting in his voice as he recalled having to vacate his parking spot the day after his position formally ended. Still, Flett's current work offers other ways to matter. When he gives talks on mattering, he often sees audience members crying. “It hits them somewhere so deep,” he said. Caregivers of all kinds—doctors, social workers, mothers, teachers—have thanked him for acknowledging this realm of human experience. His wife's cardiologist said that, during the pandemic, his way of staving off burnout had been to tell himself, “People need me right now.”

Mattering grants everyone dignity, even as it brings with it a certain humility. In the course of a day, we all pivot between contexts in which we matter quite a bit (nursing the baby) and ones in which we hardly matter at all (just another commuter on a crowded subway car). This can produce a sense of whiplash, but we might think of that feeling as an invitation to find ourselves right-sized. It can be a reprieve from the illusion that perfection was ever necessary, or even possible, and a reminder that we all matter, and also don't—that both feelings are true and worth remembering. ♦

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