DEVELOPMENTAL CONSIDERATIONS IN SPECIFIC TRAITS AND PERFECTIONISTIC SELF-PRESENTATION

We have discussed, rather generally, the developmental antecedents of perfectionistic behavior. In this section, we describe some of the developmental features that may be relevant to the unfolding of specific perfectionism traits and perfectionistic self-presentation. It should be noted that we do not view the trait dimensions and self-presentational facets as

TABLE 4.1. Correlations between Generations on MPS Dimensions

MPS dimensions	Grandmothers and mothers	Mothers and daughters	Grandmothers and granddaughters
Self-oriented	.34***	.39***	.13
Other-oriented	.33***	.23**	.02
Socially prescribed	.19*	.36***	−.05

Note. Correlations for 130 three-generation triads (*n* = 390) are presented above. MPS, Multidimensional Perfectionism Scale (Hewitt & Flett, 1991a, 2004). Data from Flett, Besser, and Hewitt (2016).

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

completely independent of one another in any individual; research indicates overlap among these components. Moreover, there is broad agreement that personality is complex and is shaped by a multitude of factors, including intrapsychic, interpersonal, and environmental influences. Thus we expect that the norm for an individual troubled by perfectionism would involve development of numerous aspects of these components, rather than the development of one component solely.

Self-Oriented Perfectionism

We have suggested that early asynchronous caregiver–child relationships are characterized by inconsistent responding, and that this pattern is associated with the development of self-oriented perfectionism as well as socially prescribed perfectionism. In such a relationship, the infant's emotional displays and the associated needs are registered accurately by the parent only a portion of the time. This may be a function of limitations in the child's expressive abilities, the parent's receptive capacity, or both. Furthermore, even on occasions when the child conveys a clear signal that is recognized by the parent, the parent may fail to respond to the child's need or to respond adequately. Given that in the early years of development children's understanding of their interpersonal world is characterized by a high degree of egocentricity, the child understands instances of synchrony as "I've done something right, and so I must do more of it," while asynchrony is translated into "I've done something wrong, and I must do better next time." This becomes fertile ground for a manner of relating to others that is driven by a need to be perfect.

For self-oriented perfectionism, it would appear that demands from external sources become internalized and take the form of exacting self-expectations and personal demands for perfection. Budding self-oriented perfectionists who fail to meet their own expectations are apt to experience marked negative affect that drives them to demand more

of themselves, while also going to great lengths to conceal their distress from others due to their histories of repeated early asynchrony. Thus the self-oriented perfectionists tend to look at introjected expectations for how to be in the world and how to garner others' respect or acknowledgment. There may be several reasons for this. For example, children who repeatedly are left alone or experience emotionally traumatic separations from their parents may come to understand that others are not consistently available as sources of support, guidance, or help, but rather are there to pass judgment on their adequacy and worth. These children may learn that "If anything good is to happen to me, then I need to do it myself," and this may engender the development of a kind of autonomy. Such autonomy can take the form of being overly responsible for one's destiny, as well as a need to feel responsible for the welfare of others. We have found that women with excessive self-oriented perfectionism are certainly overly responsible (see the case of Anita in Chapter 6; see also Habke & Flynn, 2002).

Another possible trajectory in the development of self-oriented perfectionism is that of a child who develops an advanced level of competence in a domain that brings success, attention, and affirmation; in turn, this competence becomes a core component of the child's emerging identity. Thus an individual with excessive self-oriented perfectionism may focus energy on this activity or pursuit because of the attention, support, or respect (i.e., the indication that the individual matters, is cared for, or has a place in the world) garnered from others, and not from an intrinsic interest or desire in the pursuit itself. Failure to achieve and advance in that domain is experienced not only as a failure, but as an ego-involving assault on the self and on the person's sense of identity (see Hewitt & Flett, 1993; Hewitt et al., 1996). In fact, we have found that many middle-aged perfectionistic patients we have seen have hit a point in their careers when accomplishments, attainments, or success in their careers come to feel empty and meaningless, and they experience a profound sense of being lost in the world.

Several other factors may contribute to the development of self-oriented perfectionism across the childhood age span. For example, a useful clue to the development of high self-oriented perfectionism came from a qualitative study by Neumeister (2004), who found that gifted students with exceptionally high levels of self-oriented perfectionism had a history of mastering early academic challenges without exerting effort, while having had virtually no experience with academic failure. Here it is useful to underscore our finding that self-oriented perfectionists tend to be highly fearful and intolerant of failure (Flett, Hewitt, Blankstein, & Mosher, 1995). They possess a contingent sense of self-worth, consistent with the notion that striving for absolutes is a form

of overcompensation designed to ward off self-uncertainties and other negative feelings about the self.

Over the course of development, a person characterized by self-oriented perfectionism internalizes perceived external pressures that gradually become incorporated into his or her expectations of self. We have offered several examples above of how this might work, but there may be other components as well. For example, it may be important that the individual is rewarded (in the form of attention or caring), or perceives that he or she is rewarded, for striving for perfection. Slade and Owens (1998) suggested that perfectionism that is rewarded and leads to satisfaction is considered positive perfectionism rather than a self-limiting perfectionism, as we have argued. However, individuals who possess high levels of perfectionism are seldom satisfied and often exhibit other characteristics that erode the possibility of intrinsic satisfaction. One such factor is our observation that those high in self-oriented perfectionism are often hypercompetitive and acutely sensitive to social comparison outcomes. This is accentuated to an even greater degree in instances in which the social milieu of a developing child or adolescent is made up of competitive and skilled peers. Such conditions tend to promote the development of self-oriented perfectionism and the adoption of unrealistically high standards. However, as Albert Bandura noted, perfectionism fueled by social comparison concerns can come at a high cost in terms of self-evaluations and feelings of happiness. In his classic book *Social Learning Theory,* Bandura (1977) observed that children exhibiting high levels of self-oriented perfectionism had two clear vulnerabilities: (1) They possessed low levels of self-reward because, in their view, only perfect performances and perfect behaviors merited self-reward; and (2) they exhibited a highly maladaptive tendency to engage in social comparison with superior targets who set standards that were almost impossible to live up to. These factors merit further empirical investigation, because they may hold the key to helping us understand why some perfectionists can be so accomplished and yet derive little or no satisfaction from their accomplishments.

Other-Oriented Perfectionism

We have suggested that children who develop other-oriented perfectionism may experience asynchrony characterized by others' being incapable or unwilling to meet these children's needs. In the absence of adequate parental responsiveness, the emerging other-oriented perfectionists will develop a working model of others as not having the ability or desire to meet their needs; the children's experiences communicate to them that they are somewhat irrelevant, invisible, or not worth the effort. Not

surprisingly, this can serve to erode the children's self-concept. More-over, these children can develop narcissistic tendencies by using others as selfobjects as a means of building self-esteem, albeit a rather fragile form of self-esteem. Specifically, for a temperamentally irritable child, the resulting anger and frustration emerging from unmet emotional needs become the raw material that forms a foundation for interpersonal distance, a constricted capacity for empathy, and a determination to control the child's relational world by insisting that his or her expectations are met in a highly specific manner.

To date, there has been limited analysis of how and why some people come to expect and demand perfection from others. Those with excessive levels of other-oriented perfectionism tend to exhibit high levels of authoritarianism and narcissism, a strong need for control and dominance, and a tendency to blame others (Flett, Hewitt, Blankstein, et al., 1995; Hewitt & Flett, 1991b). Yet other-oriented perfectionists are less tough-minded and resilient than they may appear. Like people with extreme narcissism, other-oriented perfectionists project an image of positive self-regard; however, this apparent self-inflation tends to be based on a shaky and uncertain sense of the self. Our observation here is in keeping with evidence demonstrating that people high in other-oriented perfectionism possess low levels of unconditional self-acceptance (Flett, Besser, Davis, & Hewitt, 2003) and harbor the same need for validation that is linked with self-oriented and socially prescribed perfectionism (Flett, Besser, & Hewitt, 2014). Indeed, we (Flett, Besser, & Hewitt, 2014) found that other-oriented perfectionism was associated jointly with validation seeking and a heightened sensitivity to rejection. This is certainly not the image portrayed by those with excessive levels of other-oriented perfectionism.

Although imitation may be operative in the development of other-oriented perfectionism as a child ages (i.e., observing parents' or the family's unrealistic expectations for others), other-oriented perfectionism is quite a distinct orientation, and other factors are likely to come into play. We maintain that other-oriented perfectionism reflects the externalization tendencies that Horney (1950) discussed in her accounts of experiencing and needing to express hostility. For many people with marked other-oriented perfectionism, this dimension of their personality develops as a defensive response that serves to deflect attention away from a flawed sense of self. In our experience, other-oriented perfectionism reflects an attempt to gain a sense of power and dominance in response to adverse life situations that contributed to feelings of powerlessness and submissiveness, which in turn fueled feelings of hostility and resentment. In some instances, other-oriented perfectionism is further accentuated by the presence of an overdeveloped sense of responsibility;

such individuals are apt to experience the mistakes and failures of others as poor reflections on themselves.

One theme seldom considered in accounts of the development of perfectionism within the family context involves the inconsistencies that often exist within the mother–father dyad. Other-oriented perfectionism can reflect a relatively chaotic and unpredictable experience of receiving mixed messages from one parent who is authoritarian and demanding, and another who is either encouraging and supportive or withdrawn and relatively unavailable. In such instances, other-oriented perfectionism represents an attempt to control and divert attention away from the self. One such example is presented in Hewitt and Flett (2004). Ms. M, who was one of nine siblings, suffered from depression and anxiety. Ms. M described her father as being highly authoritarian and domineering, while her relationship with her mother revolved around "a constant over-concern with obtaining and maintaining her mother's tenuous caring" (p. 28). Ms. M grew up to become a rather domineering individual. She demanded exceptional results from people around her, and frequently rebuked the secretaries at work as well as her children. Other-oriented perfectionism that is openly expressed and directed at others can lead to substantial interpersonal conflict, and this played a clear role in her psychological problems. In total, Ms. M had been in treatment for over 7 years. As an adult, she struggled with chronic irritability and impatience, but in keeping with Horney's account of children who suppress their basic hostility, Ms. M reported having been an extremely compliant and malleable child who went to substantial lengths to hide behaviors that her parents would not approve of. Over the course of treatment, her interpersonal patterns in adulthood betrayed the bitterness and resentment that had built up over the course of her childhood and adolescence.

Socially Prescribed Perfectionism

In our discussion above of self-oriented perfectionism, we have described the asynchrony that we believe underlies socially prescribed perfectionism. To review, we have suggested that inconsistent parental responses to a child's needs contribute to the child's developing a form of insecure attachment that can give rise to socially prescribed perfectionism. The child comes to understand that to experience safety and security in the world, he or she must look externally for "how to be" in the world and must be exquisitely aware of others' expectations, judgments, concerns, affective tones, and potential admonishments. Thus, rather than solidifying a capacity to look inward that guides actions, decisions, and relational choices (see Miller, 1997), the individual is guided by a hypersensitivity to the external interpersonal world. Individuals who

are identified as socially prescribed perfectionists have limited trust and knowledge of themselves. Thus the extent to which they experience feelings of pride, accomplishment, or self-satisfaction is largely shaped by the extent to which they are affirmed for having met others' expectations and requirements for them. The development of autonomy, independence, self-soothing, coping, and self-worth are all compromised, and the importance of others' power to accept and provide a sense of worth becomes a focus of how to be in the world.

In this way, the asynchrony between parent and child becomes a blueprint for the development of socially prescribed perfectionism. As noted earlier, in the absence of adequate parental responsiveness, an emerging socially prescribed perfectionist forms a working model of others as uninterested in or uncommitted to meeting his or her needs. This experience ultimately communicates to the child that he or she is irrelevant, invisible, or not worth the effort. The child's unconscious solution is to work hard to earn the attention and love of the caregiver. The caregiver's desires and expectations come to assume a central place in the child's emotional life and in the formation of the child's self and identity. Pleasing the caregiver becomes not only a preoccupation, but the child's very lifeline. In the most extreme instances, socially prescribed perfectionists may come to feel that their very existence hinges on attaining the approval of significant others.

In terms of later development, socially prescribed perfectionism and the associated belief that perfection is being demanded from the self may be a reflection of perceived or actual exposure to excessive parental expectations and high parental criticism. Moreover, these individuals possess a deep conviction that mattering and fitting in the world is in the control of other people, and that they are not capable on their own.

In contrast to self-oriented perfectionists, socially prescribed perfectionists' lack of autonomy and limited capacity to self-soothe compel them to turn to the external world to determine how they should be in the world, and to evaluate their worth in terms of the extent to which they meet the expectations of significant others. Although this is appropriate behavior in the early stages of development, these individuals must ultimately develop a sense of autonomy and self-efficacy that fosters individuation, rather than maintaining a self-limiting connection to and dependency upon others. It is not surprising that socially prescribed perfectionism is associated and implicated most broadly with both mild and severe pathology, and with the poorest levels of ego strength, coping, and effective defensive structures. Moreover, socially prescribed perfectionists exhibit significant psychopathology (similar to borderline psychopathology) in terms of identity diffusion and relatively diffuse boundaries.

Although parental factors play a significant role in the development of socially prescribed perfectionism, a more nuanced and complex developmental account is needed. First, we have encountered family situations in which parental pressures to be perfect were not overtly evident, suggesting that other factors may shape the development of socially prescribed perfectionism. In such instances, the children may possess a heightened level of interpersonal sensitivity that can arise from a preoccupied attachment style, and that contributes to a tendency to be highly reactive to interpersonal evaluations and apparent criticism. This link with heightened interpersonal sensitivity has been confirmed in empirical research (see Hewitt & Flett, 1991b). Second, our original developmental model pointed to the role of sociocultural pressures to be perfect. Here, however, it must be noted that such pressures are apt to affect everyone in a particular sociocultural context, but that they can have a much greater impact if a developing child or adolescent lives in a community or has a peer group that pressures him or her to live up to high expectations. We argue that personal sensitivities and attunement to these social cues must still play some role, in order to account for why certain people develop high levels of socially prescribed perfectionism.

Perfectionistic Self-Presentation

We have indicated in our CMPB (see Chapter 2) that perfectionistic self-presentation reflects the interpersonal expression of one's purported "perfection." We view this as an attempt in the interpersonal domain to procure the sense of mattering, belonging, being accepted, and being good enough that has eluded the perfectionistic individual throughout life. Thus we can understand that projecting an appearance of perfection, concealing imperfection, and creating a façade of flawlessness will potentially bring acceptance by others, reparation of the flawed self, and feelings of belonging. Consistent with our contention that perfectionistic behavior arises early and involves a sense of defective self, Hilde Bruch (1988), in her classic book *Conversations with Anorexics,* suggested that the need to seem perfect is fueled by the approval that is received for appearing perfect. Yet at the root of this behavior is a deep dissatisfaction with the self. As we have indicated, this negative orientation toward the self is rooted in early developmental experiences, but childhood is not the only key developmental period. This is clearly demonstrated by further consideration of those adolescents who go on to develop anorexia nervosa. Bruch (1988) noted that striving for perfection and the perfect body becomes quite complicated and confusing when pubertal changes occur, because these are beyond personal control, and the message is received that the current level of striving is not working. At this point, many young individuals with anorexia nervosa come to believe that the

standards they are pursuing must be made even more stringent, in order to restore a sense of control and receive the desired approval.

Perfectionistic self-presentation is rooted in either insensitive or non-responsive reactions from significant others. This is particularly the case when a child who is vulnerable and hypersensitive to others' emotions and feedback acts or performs in ways that are less than ideal. Others can react negatively to the child's misdeeds and mistakes, or instances in which the child has disappointed or fallen short of expectations, and this may be apparent to the child. Even when mistakes or shortfalls are not evident to others, the child will be vigilant for any indication of dissatisfaction on the part of others.

Perfectionistic self-presentation can also stem from a child's hypersensitivity to the moods and feelings of parents. But perhaps the most critical domain for the development of perfectionistic self-presentation involves situations in which a child openly displays distress involving complex emotional blends (i.e., anxiety, dysphoria, anger, shame, fear), and a parent is seen to react in either a dismissive or critical manner. The various ways in which this can occur are clearly illustrated by the scale content of an intriguing new measure developed by Barbot, Heinz, and Luthar (2014). These researchers developed a scale entitled the Perceived Parental Reactions to Adolescent Distress (PRAD), to assess parents who react adaptively versus maladaptively to the emotional displays of their children. The assumption underlying the development of this instrument is that insensitive parental reactions reported by adolescents reflect long-standing patterns that may go back to the adolescents' infancy. The PRAD is designed to capture different attachment styles. One PRAD subscale, comfort, taps secure attachment; scores on this subscale are linked both conceptually and empirically with a parent who provides comfort in response to an adolescent's distress—a characteristic of the synchronous responses of secure attachment. This type of response contrasts with a dismissive response, tapped by the avoidance subscale. Here the parent minimizes the adolescent's emotional response and views it as unimportant. The third subscale is the harshness subscale, which taps the tendency for the parent to respond in a critical and punitive manner that conveys disdain and shame. A fourth subscale is equally relevant, as it taps the reactions of self-centered and probably narcissistic parents. The self-focus subscale is described as assessing the reactions of self-involved parents who are focused on how their adolescents' distress has just added to their own emotional distress.

A history of negative parental reactions to emotional displays is particularly central to an understanding of the developmental origins of perfectionistic self-presentation. A hypersensitive child of parents who respond in a comforting manner is unlikely to have a need to seem perfect. In contrast, a child who perceives parental disdain learns quickly

that emotional displays will only result in more shame and humiliation, and so it is best to act not only as if everything is OK, but as if everything is absolutely perfect. The tendency to put on such a façade is also likely to be evidenced by a hypersensitive child whose attempts to discuss his or her feelings are repeatedly dismissed, minimized, or denied.

Finally, a hypersensitive child who is raised by a self-focused parent may quickly learn to suppress emotions and act as if things are perfect after having learned time after time that expressing distress compounds the parent's distress. The act of hiding emotions behind a façade functionally limits the degree to which a bad situation is made demonstrably worse. More generally, the vulnerable child who is deprived of warmth and empathy by a self-involved parent may engage in the pursuit of great accomplishments that are highly visible in order to obtain validation, praise, and positive recognition, either from the parent or from other people in the broader social network.

Another key factor in the development of perfectionistic self-presentation is being raised in a family environment that demands a public image of the family as demonstrating perfection (or an absence of imperfection). This is a theme that has emerged frequently in our clinical work among perfectionistic self-presenters. Directly or indirectly, the family makes it clear that problems and imperfections must be kept out of public view. Public displays of tension or conflict among family members are discouraged in ways that invalidate the emotional experience of family members. The stance is sustained by having pivotal family members who are psychologically invested in appearing to have the "perfect family." The position requires familial collusion. In some instances, we have witnessed the family as a whole engaged in an excessive form of overcompensation, as if the family itself is dealing with an inferiority complex. The child raised under such conditions learns that the family's public image is valued above all else, including the needs and feelings of individual members. This is often seen in families of highly public figures, or families that hold positions of significant social status, particularly in small communities where their affairs tend to be visible to everyone else.

A child with a highly emotional temperament who is easily aroused is in a particularly difficult predicament if he or she happens to be born into a family that prohibits emotional expression. The developmental framework for perfectionism outlined by Flett et al. (2002) also allows for the role of the child's temperament in the development of perfectionism, with a particular emphasis on anxious emotionality and anxiety sensitivity. Several recent studies have confirmed that perfectionists possess an overly active behavioral inhibition system as described by Gray (1982; see also Randles, Flett, Nash, McGregor, & Hewitt, 2010). Thus being discouraged to express emotionality is yet another illustration of how a developing child may experience situations that do not fit his or

her natural disposition. The child who is raised in these circumstances may develop the sense that his or her feelings do not matter. This can result in a generalized unwillingness to disclose emotions and the imperfections that gave rise to these emotions.

Linehan (1993) has described being raised in the "perfect family" as one way of accounting for the inhibition of negative emotional expression among people with borderline personality disorder. This type of family invalidates emotion because emotional displays are not permitted, especially when they come from a child. It is believed that the true roots of this phenomenon reside in the inability of one or both parents to tolerate their own emotional experiences. Furthermore, this type of "perfect family" is also mentioned frequently by theorists seeking to account for the development of eating disorders. For instance, Root, Fallon, and Friedrich (1986) differentiated various types of families, including the "overprotective family" and the "perfect family." A distinguishing feature of the perfect family was overresponsiveness to external social expectations. A similar family (the "All-American family") was described by Schwartz, Barrett, and Saba (1985), who made the point that in this type of family, the family's ideals are substantially more important than the personal needs or desires of any given member, particularly the children. As Humphrey (1992) noted, "the clinical picture of the anorexic family [is one of] trying to present a public image of perfection . . . while underneath the façade are many unacknowledged needs and problems" (p. 271). In such a family environment, women with anorexia nervosa may have learned to maintain a façade of domestic tranquility by promoting a picture of perfection and concealing any hint of imperfection. It is not uncommon to use the outward appearance of the perfect family as a way of masking severe abuse and other forms of maltreatment that are taking place behind closed doors.

We have started empirically exploring the presentation of the perfect family with a 21-item family version of the PSPS (see Chapters 2 and 7), which we have tentatively named the Perfect Family Scale. This instrument comprises subscales that parallel those found in the PSPS. Research thus far has focused on university student samples. As expected, when the PSPS and the Perfect Family Scale have been administered together, strong positive associations are found between personal perfectionistic self-presentation and family perfectionistic self-presentation. For instance, in unpublished data from 104 undergraduate women, the subscale tapping family perfectionistic self-promotion correlated .55 with the PSPS perfectionistic self-promotion subscale, .37 with the nondisplay of imperfections subscale, and .33 with the nondisclosure of imperfections subscale. Examination of correlations with the subscales of the FMPS showed that the strongest links were with parental expectations, with correlations ranging from .51 to .55. These results are not

surprising. They also have potentially grave implications when viewed within the broader context of psychological distress. A person who is high in perfectionistic self-presentation, and who has been raised in a family where perfection was a family dictate, is someone who is unlikely to seek help when it is needed. The unwillingness to seek help will be even greater if the person comes from a culture that emphasizes suppressing emotion and hiding true feelings behind a front. If these individuals actually find their way into treatment, the level of defensiveness surrounding discussions of family members and of emotional topics and themes may be difficult to penetrate.

CONCLUSION

In this chapter, we have presented a model explicating the development of perfectionistic behavior. This model involves not only the early life of a potential perfectionist, but also the kinds of continued parenting and family environments that can foster, reinforce, or exacerbate perfectionistic behavior and inclinations. Although there is some research addressing these developmental issues, further work is needed to clarify these dynamics and interactional patterns. At the same time, developmental information can be seen to be complex and idiosyncratic, and it can provide a valuable basis for the assessment and treatment of perfectionistic behavior.

Throughout the chapter, we have discussed the relational beginnings and underpinnings of perfectionism, and have underscored that the purpose of perfectionistic behavior is relational in its goals. Underscoring the importance of the relational world for perfectionistic individuals, Conroy, Kaye, and Fifer (2007) reported research showing the need to consider fear of failure and perfectionism as complex constructs. Their main finding based on research was a pervasive link between socially prescribed perfectionism and various types of interpersonal fear of failure, including fears of shame and embarrassment, fears of important others' losing interest, fear of upsetting important others, and fears of devaluing one's self-estimate. Significant links were also found between these same fears and self-oriented perfectionism. In addition, Conroy et al. (2007) reported the intriguing result that greater fear of shame and embarrassment was found among those who were characterized jointly by elevated self-oriented and other-oriented perfectionism. One implication of this pattern of results is that strong interpersonal elements underlie the fear of failure and the concern with errors and mistakes that characterize perfectionism.