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Trait perfectionism and perfectionistic self-presentation in personality pathology

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Abstract

Perfectionism is a vulnerability factor for distress that is considered either a form of personality pathology (PP) per se or an associated feature of PP. This study investigated trait perfectionism, perfectionistic self-presentation, and PP using two large samples and two leading models of PP (see APA, 1994; Livesley, Jackson, & Schroeder, 1992). Perceiving perfectionistic demands from others, promoting a perfect image to others, and concealing perceived imperfections from others were positively correlated with most forms of PP. In contrast, demanding perfection of oneself and demanding perfection from others were largely, but not entirely, unrelated to PP. Results also suggested that perfectionism dimensions provide unique information compared to each other and to the Big Five. For some domains of PP (e.g., Cluster C), perfectionism dimensions may operate as a central factor that drives core elements of the pathology. For other domains of PP (e.g., dissocial behavior), perfectionism may function as a peripheral feature that reinforces aspects of the pathology.

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1. Introduction

Theory and evidence suggest that perfectionism and PP commonly co-occur and that perfectionistic behavior may contribute to the development and the sequelae of PP. Bruch (1981), for example, argued that perfectionism and paralyzing dependency typify anorexic women and the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) noted perfectionism's importance to Obsessive–Compulsive Personality Disorder.

Perfectionism and PP also converge in that both involve an extreme, inflexible orientation toward the world that is accompanied by relational discord, occupational problems, and moderate heritability. Perfectionism and PP are also associated with the onset and the maintenance of psychopathology and the creation of treatment difficulties (see Flett & Hewitt, 2002; Millon, Davis, & Millon, 2000 for reviews). Overall, both perfectionism and PP seem to involve an enduring and a life-impairing pattern of thinking, behaving, perceiving, and relating.

Despite widespread discussion of the link between perfectionism and PP, research on this topic is scarce. This study begins to fill this void by examining the perfectionism–PP relation. Although several useful perfectionism models exist (e.g., Dunkley, Zuroff, & Blankstein, 2003), Hewitt and Flett's multidimensional model (Hewitt & Flett, 1991; Hewitt et al., 2003) was adopted in this study. This model involves multiple processes (e.g., trait vs. self-presentational) and perspectives (e.g., personal vs. interpersonal) and includes a focus on interpersonal dynamics and public presentations of an unrealistically perfect false self.

1.1. A multidimensional perfectionism model

Hewitt and Flett (1991) conceptualized *trait perfectionism* as three separate and stable dimensions: self-oriented perfectionism or SOP (i.e., demanding perfection of oneself), other-oriented perfectionism or OOP (i.e., demanding perfection of others), and socially prescribed perfectionism or SPP (i.e., perceiving that others are demanding perfection of oneself). Trait perfectionism thus distinguishes the source and the direction of perfectionistic expectations. Hewitt et al. (2003) also conceptualized *perfectionistic self-presentation* as three distinct, stable interpersonal dimensions: perfectionistic self-promotion (i.e., proactively promoting a perfect image), nondisclosure of imperfection (i.e., concern over verbal disclosures of imperfection), and nondisplay of imperfection (i.e., concern over behavioral displays of imperfection). An excessive need to appear perfect in the eyes of others is thus central to perfectionistic self-presentation.

Although perfectionism dimensions (i.e., trait perfectionism and perfectionistic self-presentation) overlap, they are, nonetheless, conceptually and empirically distinct. Whereas trait perfectionism focuses on motives and dispositions related to attaining perfection, perfectionistic self-presentation focuses on the expression of one's supposed perfection to others. In other words, trait perfectionism represents what perfectionism *is* and perfectionistic self-presentation represents what perfectionism *does* (Allport, 1937; Hewitt et al., 2003). Empirical studies also suggest that perfectionism dimensions are distinct and operate as unique vulnerabilities for various adjustment

difficulties, including depression (Dunkley et al., 2003) and interpersonal problems (Hewitt et al., 2003).

1.2. *PP models*

In this study, perfectionism dimensions are examined in relation to two influential PP models. Both models were selected because they cover most major domains of PP. The first model comes from *DSM-IV* and includes three higher-order domains: Cluster A (i.e., odd and eccentric traits, including paranoid, schizoid, and schizotypal PP), Cluster B (i.e., dramatic, emotional, and erratic traits, including antisocial, borderline, histrionic, and narcissistic PP), and Cluster C (i.e., anxious and fearful traits, including avoidant, dependent, and obsessive–compulsive PP). This model has evolved over several versions of the *DSM* and has been shaped by many contributors (e.g., Millon et al., 2000).

The second model originates from Livesley, Jackson, and Schroeder (1992) and shares similarities with *DSM-IV*'s PP model. Livesley et al.'s model involves four higher-order domains: emotional dysregulation (resembling *DSM-IV*'s borderline PP and including affective instability, interpersonal discord, and identity confusion), dissocial behavior (resembling *DSM-IV*'s antisocial PP and involving stimulus seeking, callousness, and conduct problems), inhibition (resembling *DSM-IV*'s schizoid PP and including intimacy problems and restricted expression), and compulsivity (resembling *DSM-IV*'s obsessive–compulsive PP and involving orderliness and meticulousness).

Having outlined how both perfectionism and PP are conceptualized in this study, theory and research on their interrelation is now considered. Although investigation into perfectionism's overlap with PP is just beginning, discernable patterns have emerged, especially regarding the importance of interpersonal perfectionism dimensions in PP.

1.3. *Trait perfectionism and PP*

Past research (Hewitt, Flett, & Turnbull, 1992) has shown that SOP, the only intrapersonal perfectionism dimension, is largely unrelated to PP, except for a possible link with compulsivity. Early theory identified demanding perfection of oneself as basic to compulsivity (Horney, 1950); however, recent evidence on SOP and compulsivity is inconsistent, with some work finding a positive connection (Grilo, 2004) and other studies failing to uncover a link (Hewitt & Flett, 1991).

Other-oriented perfectionism may also comprise a basic feature of dramatic, emotional, and erratic individuals' relational functioning. For example, Kernberg (1975) suggested that narcissists often idealize others and then react angrily when others fail to live up to such lofty expectations. Entitlement, callousness, and grandiosity may also fuel dissocial individuals' criticism of and demandingness toward others. Supporting this viewpoint, Hewitt and Flett (1991) and Hewitt et al. (1992) found a positive association between OOP and dissocial and narcissistic PP.

In interpersonal PP models, mental representations of others as demanding and critical are central to PP (Benjamin, 1996), suggesting that interpersonal perfectionism dimensions may be especially important to PP. For instance, SPP may be seen as an overly articulated, chronically accessible, interpersonal schema that fosters the turbulent relational patterns and the distorted interpersonal appraisals typical of Clusters B and C pathology. Congruent with this position,

elevations in SPP distinguish women with Borderline Personality Disorder from schizophrenic patients and community controls (Hewitt, Flett, & Turnbull, 1994) and SPP is positively correlated with borderline, avoidant, and dependent PP (Hewitt & Flett, 1991; Hewitt et al., 1992).

An undifferentiated sense of self that is overly reliant on others' views and evaluations may also be seen as central to SPP. Hewitt et al. (1994) argued that such an inadequate sense of self is tied to difficulty in negotiating the process of separation-individuation. We believe that the self-other confusion typical of SPP may encourage the identity disturbance seen in Cluster B and the interpersonal sensitivity typical of Cluster C. Thus, theory and evidence suggest that SPP is a negative form of significant other representation that is prominent in emotionally dysregulated persons with dramatic and erratic traits as well as socially apprehensive persons with anxious and fearful traits.

Finally, the relation between trait perfectionism and PP was recently called into question to some extent by Shahar, Blatt, Zuroff, and Pilkonis (2003). These authors studied depressed patients and showed that perfectionistic attitudes positively correlated only with Cluster A and depressive PP. Thus, compared to past studies (Hewitt & Flett, 1991), Shahar et al. found a narrower association between perfectionism and PP.

1.4. Perfectionistic self-presentation and PP

As an exaggerated self-presentation style that is linked with social discord and experienced by others as interpersonally aversive (Hewitt et al., 2003), perfectionistic self-presentation may be a central aspect of personality disordered individuals' larger mode of disturbed social interaction. Although self-presentation is stressed in various PP models (Millon et al., 2000), the relationship between PP and extreme self-presentation styles such as perfectionistic self-presentation is seldom researched. This study is unique in that it examines the perfectionistic self-presentation–PP link for the first time.

Individuals with PP may use perfectionistic self-presentation to establish desired images that serve interpersonal needs. For example, dissocial and narcissistic individuals may proudly promote an image of perfect capability and invulnerability in pursuit of others' admiration. Thus, self-promotion (i.e., perfectionistic self-promotion) may operate as an interpersonal influence tactic that enhances and maintains dissocial and narcissistic individuals' desired image of strength and dominance.

Furthermore, individuals with paranoid or dissocial PP may adopt an exclusionary communication style such as nondisclosure (i.e., nondisclosure of imperfection) to guard against possible exploitation by others. Within a paranoid or an antisocial mindset, disclosing flaws to others may be tantamount to inviting victimization from others. Moreover, an aloof, emotionally inexpressive communication style such as nondisclosure appears compatible with the intimacy problems and interpersonal deficits typical of persons with odd, eccentric, and inhibited PP.

Several forms of PP also involve a tendency to either display an extremely false self or to be highly concerned that others will detect flaws inherent in the self. Benjamin (1996), for instance, argued that parents of avoidant individuals tend to regard visible imperfections as humiliating events and to pressure their children to present perfect social images in a manner consistent with nondisplay (i.e., nondisplay of imperfection).

Lastly, presenting the self as perfect to others may represent an attempt by individuals with PP to construct a socially desirable identity and to stabilize their precarious sense of self. Without an integrated, positive, stable identity (Blatt & Blass, 1992), individuals with PP may become overly dependent on how they present themselves to others and whether they are accepted by others. Thus, promoting a picture of perfection to others and concealing any hint of imperfection from others is likely to become a salient concern for people with PP.

1.5. Study hypotheses

Given the theory and the evidence reviewed above, interpersonal perfectionism dimensions, especially SPP and perfectionistic self-presentation, were hypothesized to positively correlate with higher-order PP domains. More specifically, regarding trait perfectionism, SOP was expected to positively relate to compulsivity. However, since evidence on SOP and compulsivity is equivocal, this hypothesis was exploratory. As in earlier research (Hewitt & Flett, 1991; Hewitt et al., 1992), it was also anticipated that OOP would be positively linked with Cluster B and dissociality (i.e., dissocial behavior) and SPP would be positively connected to Cluster B, Cluster C, and dysregulation (i.e., emotional dysregulation).

Building on the literature reviewed above, as well as Hewitt et al.'s (2003) model of perfectionistic self-presentation, it was further anticipated that self-promotion would be positively linked with Cluster B and dissociality. Nondisclosure was also expected to be positively linked with Cluster A, inhibition, and dissociality. Finally, nondisplay was expected to be positively related to Cluster C.

In addition to evaluating whether perfectionism and PP overlap in a predictable manner, this study tested the discriminant and incremental validity of Hewitt and Flett's model (Hewitt & Flett, 1991; Hewitt et al., 2003). In other words, the above hypotheses tested whether perfectionism dimensions are uniquely and differentially related to PP. This investigation also tested whether perfectionism dimensions explain incremental variance in PP above and beyond the Big Five (i.e., openness, conscientiousness, extraversion, agreeableness, and neuroticism). Because PP and the Big Five strongly overlap (Clark & Livesley, 2002), this represents a stringent test.

2. Method

2.1. Participants

Sample 1 focused on the relationship between perfectionism dimensions and *DSM-IV*'s PP model and involved 532 undergraduates (295 women) taking psychology courses. Students averaged 19.52 years of age ($SD = 2.81$).

Sample 2 focused on the link between perfectionism dimensions and Livesley et al.'s (1992) PP model and involved 350 undergraduates (289 women) taking psychology courses. Students averaged 19.13 years of age ($SD = 1.86$).

As this study involved students, the personality traits examined are, on average, less extreme than those defined as Personality Disorders in *DSM-IV*. However, as Millon and Davis (1997)

argued, “problematic trait[s] . . . deserve attention [even if they are] not so pervasively expressed as to constitute full-fledged personality disorders” (p. 75).

2.2. Measures

Five measures were utilized: (a) *Multidimensional Perfectionism Scale* (MPS; Hewitt & Flett, 1991, 2004). This 45-item scale involves three subscales: SOP, OOP, and SPP. (b) *Perfectionistic Self-Presentation Scale* (PSPS; Hewitt et al., 2003). This 27-item scale includes three subscales: self-promotion, nondisclosure, and nondisplay. (c) *Personality Diagnostic Questionnaire-4+* (PDQ-4+; Hyler, 1994). This 80-item questionnaire assesses the 10 PP types in *DSM-IV*'s Axis II. As in earlier research (e.g., Daley & Hammen, 2002), *DSM-IV*'s convention of dividing PP into Clusters A, B, and C was followed. O'Connor and Dyce's (1998) meta-analysis found support for this clustering system. (d) *Dimensional Assessment of Personality Pathology* (DAPP; Livesley et al., 1992). This 290-item scale measures four higher-order PP domains and 18 lower-order PP facets: dysregulation (including identity problems, submissiveness, cognitive distortion, affective instability, insecure attachment, oppositionality, anxiety, avoidance, and narcissism), dissociativity (involving stimulus seeking, callousness, rejection, conduct problems, and suspiciousness), inhibition (including restricted expression and intimacy problems), and compulsivity (involving only compulsivity). The DAPP has a replicable higher-order factor structure (Livesley, Jang, & Vernon, 1998). Consistent with previous research (e.g., Pukrop, Gentil, Steinbring, & Steinmeyer, 2001), the DAPP's higher-order domains served as units of analysis. In generating higher-order domains (e.g., rejection), DAPP facets (e.g., callousness) were summed. PDQ-4+ clusters were similarly generated. (e) *NEO Five-Factor Inventory* (NEO-FFI; Costa & McCrae, 1992). This 60-item scale assesses the Big Five.

2.3. Procedures

All participants completed the MPS and the PSPS. Sample 1 participants completed the PDQ-4+; Sample 2 participants completed the DAPP and the NEO-FFI. Participants were recruited from the participant pool of UBC's Psychology Department. Participants received a 1% bonus added to their grade for participating. Participation was voluntary and anonymous and all participants were debriefed. Both studies were approved by UBC's Ethics Board.

3. Results

3.1. Coefficients alpha and bivariate correlations

Coefficients alpha for all scales were adequate (see Tables 1 and 2). For Sample 1, perfectionism dimensions were positively correlated with Clusters A, B, and C (see Table 1). In Sample 2, SOP, OOP, and self-promotion were positively related to compulsivity (see Table 2). OOP was also associated with increased dissociativity and decreased inhibition. As in Sample 1, SOP and OOP were less strongly correlated with PP (except for SOP and compulsivity). Furthermore, SPP and perfectionistic self-presentation were positively related to dysregulation, dissociativity, and inhi-

Table 1

Coefficients alpha and bivariate correlations for the relationship between dimensions of perfectionism and DSM-IV's model of PP in Sample 1

	SOP	OOP	SPP	PSP	NDC	NDP	α
Cluster A	.14 ^{***}	.16 ^{***}	.30 ^{***}	.32 ^{***}	.34 ^{***}	.30 ^{***}	.74
Cluster B	.18 ^{***}	.23 ^{***}	.35 ^{***}	.37 ^{***}	.30 ^{***}	.28 ^{***}	.80
Cluster C	.21 ^{***}	.13 ^{***}	.31 ^{***}	.39 ^{***}	.29 ^{***}	.46 ^{***}	.76
α	.87	.77	.82	.85	.77	.85	–

Note. SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially prescribed perfectionism; PSP = perfectionistic self-promotion; NDC = nondisclosure of imperfection; NDP = nondisplay of imperfection.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 2

Coefficients alpha and bivariate correlations for the relationship between dimensions of perfectionism and Livesley et al.'s (1992) model of PP in Sample 2

	SOP	OOP	SPP	PSP	NDC	NDP	α
Dysregulation	.00	-.02	.44 ^{***}	.37 ^{***}	.41 ^{***}	.55 ^{***}	.98
Dissociality	-.06	.14 ^{**}	.26 ^{***}	.24 ^{***}	.32 ^{***}	.17 ^{***}	.94
Inhibition	-.08	-.11 [*]	.20 ^{***}	.14 ^{**}	.50 ^{**}	.23 ^{***}	.90
Compulsivity	.56 ^{***}	.22 ^{***}	.06	.28 ^{***}	.08	.09	.84
O	.06	.06	-.07	-.18 ^{***}	-.23 ^{***}	-.14 ^{**}	.68
C	.51 ^{***}	.23 ^{***}	-.17 ^{***}	.06	-.14 [*]	-.19 ^{***}	.83
E	.07	.08	-.29 ^{***}	-.20 ^{***}	-.40 ^{***}	-.34 ^{***}	.80
A	-.05	-.22 ^{***}	-.34 ^{***}	-.26 ^{***}	-.33 ^{***}	-.23 ^{***}	.75
N	.07	-.01	.38 ^{***}	.34 ^{***}	.28 ^{***}	.51 ^{***}	.85
α	.90	.77	.84	.87	.77	.86	–

Note. SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially prescribed perfectionism; PSP = perfectionistic self-promotion; NDC = nondisclosure of imperfection; NDP = nondisplay of imperfection; Dysregulation = emotional dysregulation; dissociality = dissocial behavior; O = openness; C = conscientiousness; E = extraversion; A = agreeableness; N = neuroticism.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

biton. Thus, as hypothesized, interpersonal perfectionism dimensions (particularly SPP and perfectionistic self-presentation) were positively and pervasively linked with PP.

In Sample 2, SOP and OOP were also positively linked with conscientiousness, whereas SPP, nondisclosure, and nondisplay were negatively related to conscientiousness (see Table 2). Moreover, OOP, SPP, and perfectionistic self-presentation were negatively related to agreeableness. And, SPP and perfectionistic self-presentation were negatively associated with extraversion and positively linked to neuroticism. Perfectionistic self-presentation was also negatively related to openness.

Finally, the link between the Big Five and Livesley et al.'s (1992) PP model was considered in Sample 2 (see Table 3). In terms of the most salient findings, openness was negatively correlated

Table 3

Coefficients alpha and bivariate correlations for the relationship between the Big 5 and Livesley et al.'s (1992) model of PP in Sample 2

	O	C	E	A	N	α
Dysregulation	-.07	-.46***	-.43***	-.40***	.74***	.98
Dissociality	-.12*	-.30***	-.05	-.63***	.15**	.94
Inhibition	-.36***	-.23***	-.47***	-.14*	.12*	.90
Compulsivity	.07	.62***	.07	.06	.02	.84

Note. O = openness; C = conscientiousness; E = extraversion; A = agreeableness; N = neuroticism; Dysregulation = emotional dysregulation; dissociality = dissocial behavior.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

with inhibition, conscientiousness was positively related to compulsivity, extraversion was negatively associated with inhibition, agreeableness was negatively connected to dissociality, and neuroticism was positively linked with dysregulation. These results support our assertion that the Big Five represent stringent control variables in the tests of incremental validity considered below.

3.2. Multiple regression

Three multiple regression analyses tested Sample 1 hypotheses. These analyses quantified the degree to which a given variable was uniquely related to PP, controlling for the effects of the other variables. As anticipated, nondisclosure was positively associated with Cluster A (see Panel 1, Table 4). An unexpected link between SPP and Cluster A was also observed. Additionally, OOP, SPP, and self-promotion were related to Cluster B, thereby supporting hypotheses (see Panel 2, Table 4). Finally, as expected, SPP and nondisplay were positively linked with Cluster C (see Panel 3, Table 4).

In sum, interpersonal perfectionism dimensions (especially SPP, self-promotion, nondisclosure, and nondisplay) were predictably and differentially associated with PP.

3.3. Hierarchical multiple regression

Four hierarchical multiple regression analyses evaluated Sample 2 hypotheses. Step 1 of these analyses consisted of gender and the Big Five. Step 2 of these analyses involved perfectionism dimensions. Including gender and the Big Five in Step 1 tested whether perfectionism dimensions explained incremental variance in PP. Step 2 also quantified the degree to which a particular perfectionism dimension was uniquely associated with PP, controlling for the effects of the other perfectionism dimensions. Only aspects of these analyses directly pertinent to study hypotheses are discussed.

As expected, SPP was positively related to dysregulation beyond gender and the Big Five (see Panel 1, Table 5). An unexpected link between nondisplay and dysregulation was also found in this analysis. Furthermore, self-promotion and nondisclosure were positively related to dissociality beyond gender and the Big Five, thereby supporting hypotheses (see Panel 2, Table 5). How-

Table 4

Multiple regression analyses predicting the three higher-order domains of PP in DSM-IV's model of PP with dimensions of perfectionism in Sample 1

Panel 1: Predicting Cluster A			Panel 2: Predicting Cluster B			Panel 3: Predicting Cluster C		
R^2	F	β	R^2	F	β	R^2	F	β
.17	15.78***		.19	18.01***		.24	24.08***	
Gender		-.10*	Gender		-.04	Gender		.08
SOP		-.09	SOP		-.10	SOP		-.03
OOP		.07	OOP		.12**	OOP		.02
SPP		.13*	SPP		.18***	SPP		.13**
PSP		.13	PSP		.24***	PSP		.09
NDC		.15**	NDC		.07	NDC		.02
NDP		.11	NDP		.03	NDP		.35***

Note. For gender, men = 1 and women = 2. SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially prescribed perfectionism; PSP = perfectionistic self-promotion; NDC = nondisclosure of imperfection; NDP = nondisplay of imperfection.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

ever, the expected association between OOP and dissociation was not observed. As anticipated, nondisclosure was also positively linked with inhibition beyond gender and the Big Five (see Panel 3, Table 5).

An unanticipated negative relation between self-promotion and inhibition also emerged. Finally, as hypothesized, SOP was positively associated with compulsivity beyond gender and the Big Five (see Panel 4, Table 5).

To summarize, perfectionism dimensions explained a small, but incremental, amount of variance in PP beyond gender and the Big Five. Perfectionism dimensions were also predictably and differentially associated with PP.

4. Discussion

This study is, to our knowledge, the most comprehensive test thus far of the postulated connection between PP and perfectionism as a multidimensional construct. Key aspects of perfectionism (i.e., perfectionistic self-presentation) that have not yet been evaluated in terms of links with PP were included in this investigation. A pervasive relation between perfectionism dimensions and PP was found using two large samples and two different PP models, suggesting that the perfectionism–PP connection is robust. Perfectionism dimensions were also predictably associated with PP and offered unique information compared to each other and to the Big Five.

4.1. Trait perfectionism and PP

Regression analyses revealed that SOP was not related to PP, aside from a link with compulsivity. Although earlier research has not identified perfectionism as a salient aspect of compulsivity (Hewitt & Flett, 1991), this study suggests that perfectionism may be an important feature of

Table 5

Hierarchical multiple regression analyses predicting the four higher-order domains of PP in Livesley et al.'s (1992) model of PP with dimensions of perfectionism in Sample 2

Panel 1: Predicting dysregulation			Panel 2: Predicting dissociality			Panel 3: Predicting inhibition			Panel 4: Predicting compulsivity		
	ΔR^2	ΔF	β		ΔR^2	ΔF	β		ΔR^2	ΔF	β
Step 1	.64	101.38***		Step 1	.47	50.46***		Step 1	.30	24.95***	
Gender			.00	Gender			-.17***	Gender			-.02
O			-.05	O			-.08*	O			-.27***
C			-.21***	C			-.20***	C			-.09
E			-.09*	E			.18***	E			-.41***
A			-.15***	A			-.59***	A			-.01
N			.60***	N			.03	N			-.06
Step 2	.04	6.17***		Step 2	.03	3.52**		Step 2	.13	12.75***	
SOP			.02	SOP			-.10	SOP			.04
OOP			-.03	OOP			.03	OOP			-.06
SPP			.09*	SPP			.04	SPP			.05
PSP			.01	PSP			.14*	PSP			-.18**
NDC			.06	NDC			.13*	NDC			.46***
NDP			.14**	NDP			-.07	NDP			-.01

Note. Dysregulation = emotional dysregulation; dissociality = dissocial behavior. For gender, men = 1 and women = 2. O = openness; C = conscientiousness; E = extraversion; A = agreeableness; N = neuroticism; SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially prescribed perfectionism; PSP = perfectionistic self-promotion; NDC = nondisclosure of imperfection; NDP = nondisplay of imperfection.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

compulsivity (see also Grilo, 2004). Results from Sample 2 further suggest that SOP is more than just high achievement striving and may involve a sense of being compulsively driven. Lastly, SOP was correlated with Cluster A and B. Smaller samples utilized in previous investigations (e.g., Hewitt et al., 1992) may have obscured similar results, although a replication of these unanticipated findings is clearly needed.

Congruent with Hewitt and Flett's (1991) understanding of OOP as a domineering orientation that involves harshly imposing perfectionistic demands on others, OOP was correlated with externalizing PP characterized by entitled, dramatic, and aggressive interpersonal behavior (i.e., Cluster B and dissociality). Such findings correspond with Dutton and Golant's (1995) description of maritally violent men as "perfectionistic and domineering" (p. 29). However, contrary to expectations, OOP was not associated with dissociality beyond the Big Five, leaving open to question OOP's relevance to erratic, overbearing, and externalizing PP over and above broadband traits such as agreeableness.

Overall, fewer significant results involving SOP and OOP were found, although both dimensions were associated with particular forms of PP. SOP's and OOP's more circumscribed link with PP suggests that these forms of perfectionism are likely to fall outside certain individuals' behavioral repertoires. For example, as results in Table 2 suggest, self-driven perfectionistic strivings may fall outside dissocial individuals' range of interests or capabilities.

In contrast, SPP appears common among persons with PP and seems particularly important to those with emotionally dysregulated, Cluster B pathology. SPP may operate as a negative interpersonal expectancy that drives turbulent interpersonal patterns in individuals with PP. For instance, after sensing perfectionistic demands from others, individuals with borderline PP may respond angrily toward the perceived source of those demands. This position is consistent with interpersonal PP models wherein mental representations of others as critical and demanding are believed to create (inter)personal distress (Blatt & Blass, 1992). SPP may also be seen as a perfectionism-specific example of the type of distorted schema Young (1999) saw as central to individuals with PP.

The expected link between SPP and Cluster C was also observed, thereby replicating past findings from clinical samples (Hewitt et al., 1992). Individuals with anxious and fearful PP may gravitate toward dominant and demanding others who offer strength and guidance—and who expect a lot in return. Alternatively, the paralyzing sense of ineffectiveness typical of anxious and fearful PP may magnify realistic expectations from others into seemingly insurmountable, perfectionistic demands.

4.2. Perfectionistic Self-presentation and PP

An extensive correlational relationship between perfectionistic self-presentation and PP was observed in this study. For individuals with PP, who generally lack a stable, positive, and consolidated sense of self (Blatt & Blass, 1992), perfectionistic self-presentation may represent an attempt to construct a socially desirable identity and to regulate an often precarious sense of self. Individuals with Cluster B pathology, for example, may present a false façade of perfection in an effort to bolster their unstable sense of self by winning others' admiration and acceptance (Masterson, 1993). Persons with Cluster B traits may also use self-promotion to mask or to disavow the subjective distress and the negative circumstances that often accompany PP. Finally, individuals with PP may engage in perfectionistic self-presentation in an attempt to elicit desired self-verification from others. For instance, consistent with regression analyses from Samples 1 and 2, individuals

with narcissistic, dissocial PP may brashly promote their supposed perfection to others in an effort to obtain feedback that complements their inflated self-view.

Regression analyses also supported the expected link between (a) nondisclosure and Cluster A and (b) nondisclosure and inhibition. Nondisclosure may contribute to and/or arise from the guarded and the disengaged interpersonal style typical of inhibited, Cluster A pathology. Thus, nondisclosure may be understood as a communication style that is tied to the chronic social pathology seen in those with aloof and withdrawn PP. As anticipated, nondisclosure was also positively related to dissociality, suggesting that dissocial persons may use nondisclosure to preserve their rugged, invulnerable exterior.

Lastly, individuals with PP may also promote their perfection to others and/or conceal their imperfections from others in an attempt to elicit valued interpersonal rewards. For example, individuals with anxious and fearful PP (e.g., dependency) may adopt perfectionistic self-presentation in an effort to garner interpersonal rewards (e.g., approval) and to avoid feared outcomes (e.g., abandonment). As suggested by regression analyses in Sample 1, individuals with anxious and fearful PP may also utilize nondisplay in an attempt to minimize their exposure to anticipated rejection and criticism. Given their decidedly negative self-view (APA, 1994), persons with anxious and fearful PP may feel that, if others correctly discern who they truly are, an undesirable impression will ensue and rejection will occur.

4.3. Discriminant and incremental validity

In both samples, regression analyses suggested that perfectionism dimensions provided unique information compared to each other, thereby supporting the discriminant validity of Hewitt and Flett's multidimensional perfectionism model (Hewitt & Flett, 1991; Hewitt et al., 2003). SOP, for example, was related to compulsivity, but not to dissociality, whereas self-promotion was associated with Cluster B, but not with Cluster C.

Furthermore, in Sample 2, perfectionism dimensions demonstrated incremental validity, explaining an additional 3–13% of the variability in PP beyond gender and the Big Five. Such evidence is notable given that the Big Five strongly converge with PP (Clark & Livesley, 2002) and moderate associations exist between perfectionism dimensions and the Big Five (Enns & Cox, 1999; Hill, McIntire, & Bacharach, 1997). Results from Sample 2 in this study suggest that perfectionism dimensions make a unique, but small, contribution to our understanding of PP. Although some may see perfectionism dimensions as extreme, maladaptive expressions of five-factor traits (Costa & McCrae, 1992), the Big Five are unlikely to capture the excessive striving, interpersonal processes, and reactivity to failure that we regard as central to the perfectionism construct. Overall, this investigation, and others studies involving different perfectionism models (e.g., Dunkley, Sanislow, Grilo, & McGlashan, 2006), suggest that perfectionism represents a unique and a specific lower-order domain of PP that is neither captured by nor redundant with broader models and measures of personality (see also Hewitt et al., 2003).

4.4. Secondary considerations

Although not focal points of this study, two additional topics warrant discussion. First, congruent with earlier research, perfectionism dimensions exhibited a distinctive pattern of intercorrela-

tion with the Big Five, including relationships between SOP and conscientiousness, SPP and neuroticism (Enns & Cox, 1999; Hill et al., 1997), and perfectionistic self-presentation and extraversion (Hewitt et al., 2003). In addition, the Big Five were related to Livesley et al.'s (1992) PP model in a manner consistent with prior research. For example, this study joins Clark and Livesley (2002) in showing that conscientiousness and compulsivity, extraversion and inhibition, agreeableness and dissociality, and neuroticism and dysregulation overlap substantially. This investigation thus contributes to, and agrees with, a larger literature on perfectionism's convergence with the Big Five and the overlap between normal and abnormal personality.

4.5. Study limitations

One limitation is that only self-report questionnaires were used in this study. Interview measures, informant reports, and self-report questionnaires may yield different findings in studies of PP. Future studies should use multiple methods (e.g., interviews and questionnaires) and involve multiple sources (e.g., self-reports and informant reports). Additional research involving psychiatric patients is also needed to establish whether our findings generalize to persons with more severe PP. Furthermore, this study involved a cross-sectional design. Future studies should utilize a longitudinal or an experimental design so as to clarify issues of directionality. Lastly, this study involved broadband, high-order PP domains. Future research should further illuminate the perfectionism–PP link by focusing on perfectionism's association with narrowband, lower-order PP domains.

In summary, this study showed that trait perfectionism and perfectionistic self-presentation intersect with PP in a predictable manner. For some domains of PP (e.g., Cluster C), perfectionism dimensions may operate as a central factor that drives the pathology, whereas, for other domains of PP (e.g., dissociality), perfectionism may function as a peripheral feature that reinforces the pathology.

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