When does conscientiousness become perfectionism?

Traits, self-presentation styles, and cognitions suggest a persistent psychopathology

Mr. C is a 50-year-old professional writer who recently made a serious suicide attempt. At his initial session, Mr. C was hesitant to discuss his situation and reason for attending. He did, however, bring a copy of his résumé so the therapist could “get to know him quickly.”

He said he had been depressed for a long time, especially since he found an error in one of his published works. His confidence and writing abilities seemed to decline after this discovery, his career took a downturn, and ultimately he was fired from his position. He described often being at odds with his supervisors at work, whom he saw as critical and condescending. He was mortified by his job loss and did not inform his wife or friends of his firing.

Mr. C had always been a bit of a loner, and after losing his job he further distanced himself from others. He began drinking heavily to avoid the pain of “letting everyone down.” His wife, family, and friends were shocked at the suicide attempt and expressed dismay that Mr. C had not confided in anyone.

Mr. C describes himself as being perfectionistic throughout his life and never being quite good enough in any of his pursuits. This leads to self-recriminations and persistent feelings of shame.

Far from being a positive attribute, perfectionism is a neurotic personality style that can result in serious psychopathology, including relationship problems, depression, anorexia nervosa, and suicide. Determining a patient’s perfectionistic traits is essential when evaluating those who seek treatment specifically for...
Clinical Point
Perfectionism is a neurotic personality style involving perfectionistic traits, self-presentation styles, and cognitions

Table 1: How perfectionism differs from conscientiousness

<table>
<thead>
<tr>
<th>Perfectionism</th>
<th>Achievement striving/conscientiousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receives no satisfaction from any performance</td>
<td>Experiences satisfaction with good performance</td>
</tr>
<tr>
<td>Experiences no rewards from any performance</td>
<td>Rewards self or others for good performance</td>
</tr>
<tr>
<td>Maintains expectations in the face of failure</td>
<td>Alters expectations in the face of failure</td>
</tr>
<tr>
<td>Is motivated by fear of failure</td>
<td>Is motivated by desire for success</td>
</tr>
<tr>
<td>Shows poor organization</td>
<td>Is organized</td>
</tr>
<tr>
<td>Focuses on flaws as indication of self-worth</td>
<td>Focuses less on flaws</td>
</tr>
</tbody>
</table>

this distressing behavior as well as patients in treatment for other issues who may have a perfectionistic personality. Accurately assessing perfectionism can help you predict and forestall noncompliance, assess suicide risk, determine appropriate treatment and identify circumstances under which a patient might be particularly vulnerable to relapse.

This article describes:
- 3 traits of perfectionism
- 3 dimensions of perfectionistic self-presentation
- perfectionistic cognitions
- useful self-report tools for clinical practice
- effective treatments.

Characteristics of perfectionism
Although perfectionism initially was viewed as self-related cognitions, recent models suggest it incorporates intrapersonal and interpersonal dimensions. A person with perfectionism has a marked need for absolute perfection for the self and/or others in many—if not all—pursuits that is strongly rooted in his or her intrapersonal and interpersonal worlds. Other characteristics of perfectionism include:
- equating self-worth or esteem with performance
- self-punishment in failure and a lack of satisfaction in success
- maintaining and needing to strive for unrealistic expectations
- unrealistic criteria for success and broad criteria for failure.

Some clinicians have suggested that perfectionism may be adaptive, but “adaptive perfectionism” is more likely a reflection of conscientiousness or achievement striving (Table 1). Although perfectionism can involve rumination, it is much broader than simply having an obsessional cognitive style.

We define perfectionism as a neurotic personality style involving perfectionist traits, self-presentation styles, and cognitions that is a core vulnerability factor for a variety of psychological, physical, achievement, and relationship problems (Table 2). 1,3

3 traits. Three traits of perfectionism reflect the desire for the self or others to be perfect:
- self-oriented perfectionism—a requirement for the self to be perfect
- other-oriented perfectionism—a requirement for others to be perfect
- socially prescribed perfectionism—a perception that others require perfection of oneself.

Each of these traits is associated with different Axis I and Axis II disorders, which we outline below. In addition to these traits, perfectionism includes interpersonal and intrapersonal expressions.

3 self-presentational dimensions. The interpersonal expression of perfectionism is perfectionistic self-presentation. In our model, the 3 facets of perfectionistic self-presentation are:
- perfectionistic self-promotion—overt displays and statements of one’s supposed “perfection”
- nondisplay of imperfections—hiding any imperfections
- nondisclosure of imperfections—
Perfectionistic traits

Self-oriented perfectionism Requires self to be perfect Unipolar depression, anorexia nervosa
Other-oriented perfectionism Requires others to be perfect Personality disorders (PDs), relationship problems
Socially prescribed perfectionism Perceives that others require one to be perfect Suicidal behavior, general distress

Perfectionistic self-presentational styles

Perfectionistic self-promotion Overtly promotes one’s ‘perfection’ Narcissistic PD, other dramatic cluster PDs
Nondisplay of imperfections Avoids demonstrating one’s imperfection Poor help seeking, treatment nonadherence, anxiety in assessment and therapy
Nondisclosure of imperfections Hides perceived imperfections from others Poor therapy alliance, relationship problems
Perfectionistic cognitions Inner dialogue regarding requirement to be perfect General distress, severity of depression, anxiety

Source: References 1,3,5

avoiding disclosure or discussion of any imperfection.3

Perfectionistic cognitions. The intrapersonal expression of perfectionism is perfectionistic information processing and ruminative thoughts regarding the need for perfection for the self or others.5 This state component reflects the self-related inner dialogue of the patient’s requirement for perfection, recriminations, etc. Perfectionistic cognitions are associated with state levels of distress and symptom severity.

Traits tied to psychopathology

Each of the 3 traits of perfectionism in our model has been associated with psychopathology in multiple studies.

Self-oriented perfectionism is often involved in Axis I disorders, including unipolar depression. This trait is elevated among adults and children diagnosed with major depressive disorder and may be pernicious in the presence of stressors, particularly achievement-related ones. In other words, self-oriented perfectionism appears to be a risk factor for unipolar depression.7,8 It also is elevated in women with anorexia nervosa compared with normal and psychiatric controls.9 Individuals with anorexia nervosa appear to have the highest levels of self-oriented perfectionism among clinical groups.

Other-oriented perfectionism is associated with antisocial and narcissistic personality disorders.10,11 It also is related to interpersonal problems and difficulties with marriage and intimate relationships.12

Socially prescribed perfectionism is highly elevated in patients with social phobia13 and narcissistic11 or borderline personality disorder.10 It also is associated with severity of depression, anxiety, and symptoms of hostility.7

Perhaps most important, determining a patient’s level of socially prescribed perfectionism can aid in assessing suicide risk. Socially prescribed perfectionism has been shown to be highly relevant in suicide ideation, ratings of suicide risk, and moderate- to high-intent suicide attempts in adults,14 adolescents, and children.15 Socially prescribed perfectionism has been found to be a unique predictor of suicide
In addition, perfectionistic self-presentation appears to impair patients’ ability to access and benefit from treatment. Researchers (Hewitt PL, Lee-Baggley D, Sherry SB, et al., unpublished data, 2007) have found that the various dimensions of perfectionistic self-presentation are associated with:

- difficulty in seeking help for psychological problems
- increased distress in clinical interviews
- fears of psychotherapy and psychotherapists
- early termination of treatment.

**Assessing perfectionistic behavior**

A variety of brief self-report measures of perfectionism components—and at least one interview measure—can aid your assessment. These are brief instruments and take only a few minutes to complete. Each self-report measure assesses different aspects of perfectionism, such as traits, self-presentational styles, or cognitions (Table 3). The interview can be used as an alternative to the self-report tools.

Mr. C’s scores on several of these measures appear in Table 4. Interpretive information is available from the authors (see Related Resources, p. 60). Empirical evidence supports the reliability and validity of these measures in clinical samples of both adults and children/adolescents.

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**Table 3**

**Perfectionism self-report assessment tools**

<table>
<thead>
<tr>
<th>Traits or trait components</th>
<th>Hewitt and Flett Multidimensional Perfectionism Scale (for adults)</th>
<th>Flett and Hewitt Child and Adolescent Perfectionism Scale</th>
<th>Frost Multidimensional Perfectionism Scale (for adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perfectionistic self-presentation</strong></td>
<td>Hewitt and Flett Perfectionistic Self Presentation Scale (for adults)</td>
<td>Hewitt and Flett Perfectionistic Self Presentation Scale Junior (for children and adolescents)</td>
<td></td>
</tr>
<tr>
<td><strong>Perfectionistic cognitions</strong></td>
<td>Flett and Hewitt Perfectionism Cognitions Inventory (for adults)</td>
<td>Dysfunctional Attitude Scale (one subscale measures perfectionism; for adults)</td>
<td></td>
</tr>
</tbody>
</table>

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**Table 4**

**Interpreting scores on perfectionism self-reports**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mr. C’s score</th>
<th>Possible outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPS: Self-oriented perfectionism</td>
<td>2 SD above normative mean</td>
<td>Depression symptoms</td>
</tr>
<tr>
<td>MPS: Other-oriented perfectionism</td>
<td>0.5 SD above normative mean</td>
<td></td>
</tr>
<tr>
<td>MPS: Socially prescribed perfectionism</td>
<td>1 SD above normative mean</td>
<td>Suicide behavior</td>
</tr>
<tr>
<td>PSPS: Perfectionist self-promotion</td>
<td>1.5 SD above normative mean</td>
<td></td>
</tr>
<tr>
<td>PSPS: Nondisplay of imperfection</td>
<td>1.5 SD above normative mean</td>
<td>Shame, avoidance</td>
</tr>
<tr>
<td>PSPS: Nondisclosure of imperfection</td>
<td>2 SD above normative mean</td>
<td>Withdrawal from others, nondisclosure</td>
</tr>
<tr>
<td>PCI: Perfectionistic cognitions</td>
<td>.75 above normative mean</td>
<td></td>
</tr>
</tbody>
</table>

MPS: Hewitt and Flett Multidimensional Perfectionism Scale; PCI: Hewitt and Flett Perfectionism Cognitions Inventory; PSPS: Hewitt and Flett Perfectionistic Self-Presentation Scale; SD: standard deviation

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**Clinical Point**

Perfectionistic self-presentation appears to impair patients’ ability to access and benefit from treatment.
highest dose of oral olanzapine (15±2.5 mg/d). In controlled clinical trials of intramuscular olanzapine for injection, there were no statistically significant differences from placebo in occurrence of any treatment-emergent adverse events, except for dizziness, which was more common in the olanzapine group. The incidence of treatment-emergent adverse events, assessed by either rating scales or spontaneously reported adverse events.

Other Adverse Events: Close-Retinopathy of adverse events was assessed using data from the same clinical trial involving 3 fixed oral dosage ranges: (5±2.5, 10±2.5, or 15±2.5 mg/d) compared with placebo. The following treatment-emergent adverse events showed a statistically significant trend: asthma, dry mouth, nausea, somnolence, tremor.

In an 8-week, randomized, double-blind study in patients with schizophrenia, schizoaffective disorder, or schizoaffective disorder comparing fixed doses of 10, 20, and 40 mg/d, statistically significant differences were seen between doses for the following: baseline to endpoint weight gain, 10 vs. 20 mg/d: incidence of treatment-emergent prolactin elevations; 8 mg/d (females) or >18±7.7 mg/d (males); 10 vs. 40 mg/d and 20 vs. 40 mg/d: fatigue, 10 and 40 mg/d and 20 vs. 40 mg/d: dizziness, 20 vs. 40 mg/d.

Other Data Changes—Oral olanzapine was associated with orthostatic hypotension and tachycardia in clinical trials. Intramuscular olanzapine for injection was associated with bradycardia, hypotension, and tachycardia in clinical trials (see PRECAUTIONS).

Malignant G—In placebo-controlled 8-week schizophrenia studies, weight gain was reported in 5.9% of oral olanzapine patients (average 2.8 kg gain) compared to 0.8% of placebo patients (average 0.4 kg loss); 29% of olanzapine patients gained ≥7% of their baseline weight, compared to 3% of placebo patients. During continuation therapy (228 median days of exposure), 50% of patients met the criterion for having gained ≥7% of their baseline weight during long-term therapy. AUC 0-24 was 6.6±4.2.

Laboratory Changes—Olanzapine is associated with asymptomatic decreases in SGoT, SGot, and alkaline phosphatase (see PRECAUTIONS). Hematopoietic recovery of eosinophils was reported in 0.2% of olanzapine patients in premarketing trials. There was no indication of a risk of clinically significant neutropenia associated with olanzapine in the premarketing database.

In clinical trials among an olanzapine patients with baseline random triglyceride levels <150 mg/dL (N=665), 0.1% experienced triglyceride levels ≥200 mg/dL, anytime during the trials. In these same trials, olanzapine-treated patients (N=1878) had a mean triglyceride increase of 20 mg/dL, from a mean baseline of 175 mg/dL. In placebo-controlled trials, olanzapine-treated patients with baseline triglyceride values ≥250 mg/dL had a mean increase of 43 mg/dL, anytime during the trials more than placebo-treated patients (N=826): 2.3% vs. 2.2%, respectively). In these same trials, olanzapine-treated patients (N=708) had an increase of 0.4 mg/dL, in cholesterol from a mean baseline of 203 mg/dL, which was significantly different compared to placebo (N=715) patients; triglyceride events occurred in 1/1000 to 1/1000 patients; zero events occurred in <1/1000 patients. Body as a Whole—Frequent: decreased weight, weight loss, altered and fever, hangover, sudden death, tetany, vertigo, long QT s. Rare: metabolic disturbances, hiccups, drowsiness, tremor.

CNS/Musculoskeletal—Frequent: tremor, ataxia, dizziness, constipation, somnolence. Rare: dystonia, tardive dyskinesia.

Gastrointestinal—Frequent: constipation, diarrhea, abdominal cramps, bloating, flatulence, eructation, nausea, vomiting, dry mouth, dysphagia, anorexia.

Hematologic—Frequent: leukopenia, thrombocytopenia, anemia, pancytopenia.

Hepatic—Frequent: transient increase or decrease in ammonia, alkaline phosphatase, bilirubin, ALT, AST, GGT.

Metabolic—Frequent: weight gain.

Musculoskeletal—Frequent: joint stiffness, twitching, infrequent: arthritis, arthrosis, leg cramps, myalgia.

Special Senses—Frequent: altered taste, deafness, tinnitus, hyperacusis. Rare: hearing loss, vertigo.

Psychiatric—Frequent: anxiety, agitation, depression, suicidal ideation, emotional lability, insomnia, sexual desire disturbance, aggression, hostility, hypomania, mania, hostility, mood swings, thought disturbance, hallucinations, paranoia, delusions, talkative.

Psychological—Frequent: anxiety, agitation, depression, suicidal ideation.

Psychopharmacology Focus on perfectionism's underlying mechanisms and attempt to alter the patient's personality structure. Studies suggest that one of the most important ways to achieve this goal is by improving the patient's self-esteem and self-efficacy. More recent evaluations suggest that highly perfectionistic patients can be treated effectively only with intensive, long-term psychodynamic psychotherapy or other treatments.

In our experience [PLH] perfectionistic individuals can improve significantly with long-term intensive treatment. On the other hand, we recently completed a study of the efficacy of a short-term, intensive psychodynamic/interpersonal group approach for treating perfectionism and its sequelae.

In this study, we focused on treating the interpersonal precursors or causes of perfectionism, such as attachment styles; interpersonal needs for respect, caring, acceptance, and belonging; and need to avoid rejection, abandonment, and humiliation. In 70 patients with high levels of perfectionism, this treatment significantly decreased perfectionism, symptoms of depression and anxiety, and interpersonal problems. These symptoms continued to be reduced from baseline 6 months later.
One study linked reductions in socially prescribed perfectionism to concomitant reductions in depression. 21 Yet other data show that patients with perfectionism traits experience residual depression even when treatment reduces perfectionism. 22 This is consistent with findings that patients with social phobia who did not respond to treatment had slightly diminished but still relatively high perfectionism levels. 23

Cognitive interventions can reduce perfectionistic concerns about mistakes and doubting actions, but other aspects of perfectionism—such as perceived parental unrealistic standards and criticisms—remain elevated and appear more treatment-resistant. 24 Collectively, these data suggest that some treated patients may be at risk for relapse because persistent perfectionism contributes to a vulnerability to distress.

**Medication.** No studies have specifically assessed whether medications might reduce perfectionism. Imipramine did not have a significant effect on perfectionistic attitudes when used in the medication protocol of the National Institute of Mental Health Collaborative Study on Depression. 25 Amitriptyline has alleviated some dysfunctional attitudes in depressed patients but not perfectionism. 26

Research is needed to evaluate the efficacy of various treatments. At this early stage, it appears that:

- short-term gains might be achieved by reducing symptoms
- long-term, intensive psychodynamic treatment may be required to change the perfectionistic personality and its vulnerability effects.

Changing a patient’s characterologic aspects tends to be difficult, however, and perfectionistic individuals often seem intransigent (Table 5).

**References**


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**Table 5**

<table>
<thead>
<tr>
<th>Treating perfectionism: Common patient challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transference characterized by extreme hostility, need to be a perfect patient, or extreme supplication, depending on the kind of perfectionism</td>
</tr>
<tr>
<td>• Countertransference characterized by intimidation, anger, deflation, pressure to perform</td>
</tr>
<tr>
<td>• Suicide risk</td>
</tr>
<tr>
<td>• Patient attributes accomplishments to perfectionistic behavior and does not want to relinquish perfectionism</td>
</tr>
<tr>
<td>• Perfectionistic appraisals of treatment efficacy and pressure to see quick changes</td>
</tr>
<tr>
<td>• Early termination, noncompliance, missed sessions</td>
</tr>
<tr>
<td>• Demands for therapist to be perfect, difficult therapeutic alliance</td>
</tr>
<tr>
<td>• Nondisclosure, prevarication, extreme anxiety in session</td>
</tr>
</tbody>
</table>

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**Clinical Point**

Some treated patients may be at risk for relapse because persistent perfectionism contributes to a vulnerability to distress.
Perfectionism

Clinical Point
Long-term, intensive psychodynamic treatment may be required to change the perfectionistic personality and its vulnerability effects.

Related Resources
- For more information on interpreting self-report measures of perfectionism, contact Dr. Paul Hewitt, phewitt@psych.ubc.ca; 604-822-5827.

Drug Brand Names
Amitriptyline - Elavil, Endep
Imipramine - Tofranil

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Bottom Line
Perfectionism is a neurotic personality style that is associated with numerous Axis I and Axis II disorders and other psychopathologies. Facets of perfectionism can have an impact on therapeutic alliance, compliance, and other relevant features that influence treatment outcome. Research suggests that although treatment may be challenging, some approaches, especially psychodynamically oriented therapy, can reduce perfectionistic behavior and symptoms.

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