

Waltraud Rosner

**F A Q**  
about Perfectionism



## **FAQs about Perfectionism**

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*„Mistakes are a fact of life.  
It is the response to error that counts“  
(Nikki Giovanni)*

## What is perfectionism?

The definition of perfectionism is culturally bound and depends on the norms and values of the society (Silverman, n.d.; Stamm, 2008; Bieling et al. 2004; Burns 1980b). They determine, whether perfectionism is highly valued in one area and considered a problem in another. According to the prevalent values perfectionistic behaviour is either encouraged or pathologized. In our society excellence in sports or music is highly celebrated due to the perception that perfection is associated with important rewards (Bieling et al. 2004) and it is expected that excellent sportsmen or musicians train many hours every day in order to reach a top position. As Stamm (2008) points out very clearly, everybody accepts and understands that a competitive pianist practices the same short piece during eight months to master the technique and phrasing. These behaviours are considered to be “healthy” perfectionism. In contrast, we label the intellectual interest of a student, who invests a lot of time in mathematics, science, or literature, as perfectionistic behaviour, and we are very prone to define it as a neurotic or typical characteristic of a nerd (Stamm, 2008).

In order to understand a perfectionistic person one must first examine the construct of perfectionism and its inconsistency (Schuler, 1999). There are mainly two differences in approaching perfectionism; the first difference concerns the uni- or multidimensionality. Perfectionism is considered by some authors a uni-dimensional construct concerning only the individual and by others a complex construct which includes also environmental variables. The second difference appears in the distinction between functional and dysfunctional perfectionism. Considering the effects that perfectionism may have in the physical and emotional health of people there are classifications like normal versus neurotic, positive versus negative, healthy versus unhealthy.



What are the theoretical approaches to perfectionism? Half a century ago, Adler (1956) viewed perfectionism as an innate striving to rise above feelings of despair and hopelessness. He considered this striving for perfectionism healthy when it includes a social concern for others and the maximizing of one's potential.

Also Maslow (1954) emphasized the realization of a person's potential in the context of perfectionism. He defined perfectionism as a struggle for perfection through self-actualization by using all of one's talents. In Maslow's (1954) words, "self-actualization refers to our desire for self-fulfilment, namely, to the tendency for a person to become actualized in what he or she is potentially. . . the desire to become more what one is, to become everything that one is capable of becoming. . . what one can be, one must be" (1954, cited in Davis 2004, p.2). Hamachek (1978) described perfectionism as a combination of thoughts and behaviours associated with high standards or expectations for one's own performance. He distinguished two types of perfectionism: the normal or healthy perfectionists who derive pleasure from doing something that is difficult well, and the neurotic perfectionists who are unable to experience pleasure as a result of their efforts because they never feel that their accomplishments are good enough. According to Hamachek, there is a continuum between healthy and unhealthy perfectionism and it depends on the duration and the intensity whether it becomes a problem or not. For him, similar to Maslow, normal perfectionism is not only nonpathological, but desirable, because it is a component of achievement and self-actualization. Like Hamachek, Lazarsfeld (1991) distinguishes between perfectionism as a useful attitude and sound striving for perfection on the one hand and a neurotic striving for perfection that leads to withdrawal from reality on the other.

For other theorists like Pacht (1984) or Burns (1980b), perfectionism is inherently negative and is described as a destructive and compulsive pursuit of goals that are impossible to reach. According to Burns, perfectionists are self-oriented and always rely on their own standards and not on those of others.

In summary, theoretical explications and some empirical data suggest that perfectionism may have both adaptive and maladaptive features.



Functional perfectionism comprises high, but achievable personal standards, a high preference for order and organization (Frost et al., 1990), as well as high degrees of conscientiousness (Schuler, 1999), self-content and willingness to excel in order to receive motivationally positive rewards.

Characteristics of dysfunctional perfectionism are unrealistically high standards concerning the own achievement potential, concern over making mistakes, a negative academic self-concept, as well as factors of attribution that hinder development (Ziegler & Heller, 2000; cited in Stamm 2008). According to Pyryt (2004) a typical sign of perfectionistic thinking is dichotomous (all-or-nothing) thinking in which a child wants a project to be either perfect or he considers it worthless. Further indicators of perfectionistic thoughts are transforming desires (wants) into demands (musts), and focusing on unmet goals and challenges rather than savouring successes. These characteristics may be combined with intense anxiety and fear of making mistakes, preoccupation of deceiving others, as well as doubts about actions.

Most people have opinions about how they should perform and about how certain things should be done. There are some standards that may be helpful, but others which may not be beneficial. For example, a pianist who will have to give a concert may have the belief: "it is important to play an excellent concert." Is this a perfectionistic belief or just an appropriate belief that leads to improved performance in public performance situations?

According to Antony & Swinson (1998: 11) the appropriateness of a belief about standards for performance depends on the following factors: First of all it is important to ask if the standard is excessive or if the goal can be met. Then one has to evaluate the accuracy of the belief and make sure that it is true that this standard must be met. The next question concerns the costs and benefits of imposing the standard – "does it help me to have the belief or standard?" Finally it is necessary to test the flexibility of the standard or belief and ask the question "Am I able to adjust my standards and change my beliefs when necessary?" A perfectionistic belief or behaviour may cause a problem in one situation but not in the other. Therefore it depends on the concrete situation whether a person's perfectionism is an issue.



If someone wants to overcome negative perfectionism it is important to address both the thoughts and behaviours that contribute to the problem. Our beliefs, thoughts and assumptions determine how we react to situations and events. They act as filters in the sense that people tend to surround themselves with experiences that confirm their beliefs. That means that they seek information in a biased way in order to support their thoughts and assumptions. In this way beliefs become self-fulfilling prophecies (Grochowiak & Haag, 2008). Children and adults with a high degree of perfectionism often tend to pay more attention to events that confirm their perfectionistic beliefs than to information that contradicts these beliefs (comp. Antony & Swinson 1998, 50). These kinds of cognitive distortions make people more likely to experience feelings of anxiety, depression, anger, and other negative emotional states (Beck et al. 1979; Burns 1980a).

## What are possible reasons for perfectionism?

Is perfectionism genetically inherited or is it learned through our experiences? Very little research has been done in this area and therefore there is no definitive answer to that question. From the knowledge we have about the origins of other personality styles we can assume that both biological factors (e.g., genetics) and psychological factors (e.g., learning) contribute to the development of particular personality traits. Similarly it is possible that biological and psychological factors both contribute to perfectionism in the same way as they do in other personality styles and in emotional difficulties that are often associated with perfectionism (Anthony & Swinson, 1998: 17). Plomin et al. (1990) state that the contribution of genetics to personality seems to be about 40% with the remaining 60% being due to other factors, such as learning and experience. For example, a child who is genetically predisposed for having excessively high standards may develop perfectionistic beliefs and behaviours if he/she is repeatedly criticized for making mistakes. Other ways in which perfectionism can be learned are reward and reinforcement, punishment, modelling and information and instruction (Anthony & Swinson, 1998). There are people who are less vulnerable to learning perfectionistic habits, while others respond to these experiences in more negative ways. However, although a person's patterns of thinking and behaving, as well as the way others have behaved around them, may contribute to the development of excessively high standards, there are many factors that interact to form a person's personality.

One factor that may contribute to perfectionism is birth order (Leman, 1985; Smith, 1990). According to Hetherington & Parke (1979) first and only children are more anxious and are worried about failure. Also Simonton (1997) describes that first borns tend to work hard, impress teachers and try hard on IQ tests. Several authors report the influence of dysfunctional families on the development of maladaptive perfectionism (Ackerman, 1989, Crespi, 1990; Smith, 1990). Children in such families often want to be able to please and think that being perfect is the only way to get their parents' attention. Moreover messages from the media (Barrow & Moore, 1983) as well as from perfectionistic teachers and peers (Adderholdt-Elliott, 1991) are considered possible reasons for perfectionism. As to the role of parents in the development of perfectionistic strivings in their children there are different points of view. While Stevenson & Baker





(1987) emphasize that parents' support for high achievement is important and facilitates achievement in children, Sigel (1987) stresses that unrealistic expectations of parents are likely to create pressure and foster performance anxiety in their children (for more information see the next section). Greenspon (2008) states that perfectionism has a relational developmental history which involves conditional acceptance in the sense that children get the emotional conviction that being perfect offers the opportunity to be acceptable as a person. The amelioration of perfectionism is therefore a process of recovery, involving increasing self esteem and a sense of acceptability.

## Is perfectionism due to “hothousing” or pushing parents?

Various authors have pointed out that parents of the gifted often “hothouse” or push their children to achieve at exceptional levels at quite early ages (Elkind, 1981; Gallagher & Coche 1987). The evidence of empirical studies doesn’t confirm this phenomenon so clearly.

A study of Parker and Stumpf (1999) showed that mothers’ level of perfectionism was more related with children of either sex than the fathers’ level of perfectionism being the impact on the daughters higher than on sons. The main impact of fathers on perfectionism in their children is the development of organization (Parker, 2000). Ablard and Parker (1997) showed that most parents of the gifted have a learning goal orientation, which means that they encourage their children to enjoy learning, to master the content and to seek challenges. In contrast, if parents have a performance goal orientation and value external indicators of academic success (grades, test scores), their children are more likely to manifest dysfunctional perfectionistic tendencies (Parker, 1997).

In general, however, empirical results indicate that parents have a more limited role than expected in the development of perfectionism in their children (Parker 2000).





## What types of perfectionists exist?

There is no definitive answer to the question whether there are certain types of perfectionism that are healthy and others that are unhealthy, but there are indications from empirical studies that point into that direction. Self-oriented perfectionism appeared to have mainly adaptive consequences whereas socially-prescribed perfectionism has more negative consequences (Hewitt et al. 1992). Similar findings were reported by Frost & Henderson (1991) who studied the impact of perfectionism on athletic performance. The result was that athletes with high scores on the “Personal Standards” subscale of the Multidimensional Perfectionism Scale (Frost et al., 1990) had greater success in competition, than those who had high scores on the “Concern over mistakes” subscale – the latter were more negativistic and less successful. The negative impact of high scores in the “Concern over Mistakes” and “Doubt about Action” subscales were also reported by Adkins & Parker (1996) who studied the relationship between perfectionism and suicidal ideation.

In summary it can be said that high personal standards and self-oriented perfectionism are associated with the healthy form of perfectionism, while socially prescribed perfectionism with high concern over mistakes and doubts about actions are reported to have negative consequences (Parker 2000).

## Is there a relationship between perfectionism and giftedness?

Perhaps one of the questions that cause most confusion is that concerning the relationship between perfectionism and giftedness. It is widely assumed that perfectionism is disproportionately present in the gifted and that it is inherently destructive. Hollingworth (1926) has defined for the first time perfectionism as a main characteristic of gifted children. Also in Terman's study the gifted students showed higher perfectionistic tendencies as average students (Oden, 1968). However, Terman (1925) showed that the gifted tend to have superior adjustment, which was confirmed by many other researchers (e.g. Richardson & Benbow, 1990 etc.).



Of particular interest are also qualitative approaches to the construct of perfectionism, which are the result of ex-post-facto-research studies on the lives of eminent persons. The research of Roes (1952) on eminent scientists, as well as the case studies of Helson and Crutchfield (1970) and Ochse (1990) show high personal standards and drive for excellence of these persons, which is combined with high concentration, introversion and readiness to assume risk as well as the ability to accept loneliness, failure and defeat.

Today the tendency toward perfectionism is seen mainly as a negatively connotated characteristic of gifted students (Kreger Silverman, 2000; Stapf, 2003), which is found in many checklists for identifying gifted students. Articles on counselling of the gifted often mention perfectionism as a risk for gifted students. Within the non-empirical gifted literature the predisposition of the gifted to being perfectionistic has repeatedly been emphasized (e.g., Adderholt-Elliott, 1987; Clark, 1983, Whitmore, 1980) There are numerous contributions that stress that the gifted children's perfectionism produces maladjustment including depression, eating disorders etc. (Kreger Silverman, 1999; Webb, Mockstroth & Tolan, 1982). This belief is quite pervasive within the gifted education community although there is little quantitative evidence to support this assertion. Empirical knowledge on giftedness and perfectionism is still in its infancy (Parker & Adkins 1995). There are only few studies, which have explored empirically perfectionism in gifted students. In their results they show the existence of very different forms of perfectionism with different consequences for the individual development.



Parker & Mills (1996) conducted a study with 600 academically talented, 12 years old students and compared it with a control group of 412 students. They hardly found differences in the negative characteristics of perfectionism between the two groups. The percentage of healthy perfectionism was in both groups between 40 and 45%.

Similar results were found in a study of Parker and Stumpf (1995). In a national US longitudinal study on intellectual and psychosocial development ("Longitudinal Developmental Study Talented Youth") they analysed functional and dysfunctional aspects of perfectionism in intellectually talented compared to average students of the same age. In that study 41,7% of the participants showed evidence of functional perfectionism and 25,5% showed aspects of dysfunctional perfectionism. However, 32,8% didn't show any signs of perfectionism.

Also the study of Siegle and Schuler (2000) with 391 twelve to fourteen years old students in gifted programs showed similar results, however with gender-specific differences to the disadvantage of the girls.

Against the background of these empirical studies, it seems that perfectionism is a characteristic of many gifted adolescents, although being much more frequent the functional than the dysfunctional forms.

There are differences in the literature concerning the relationship between underachievement and perfectionism. There are theoretical contributions of Whitmore (1980), DeLisle (1990), Adderholt-Elliott (1991) or Pyryt and Mendaglio (1994); empirical studies were conducted by Colangelo et al. (1993), Parker (1997), Flett et al. (1998); Brown et al. (1999) or Speirs (2004).

In essence they understand underachievement as a consequence of a dysfunctional strive for perfectionism, which is developed in learning situations that are little challenging and not adapted to the prior knowledge of the students. Due to the fact that underachievers often explain their failures internally (internal attribution), they show a tendency toward perfectionism when confronted with mistakes or intellectual challenges. This behaviour is

strongly oriented towards other persons and their reactions, which is why it is combined with the fear of not being able to live up to the expectations of others and an excessive concern for mistakes. Underachievement, expressed in procrastination, passivity and apathy, becomes therefore a tactic for not having to assume opportunities (Stamm, 2008).





## How can unhealthy perfectionism be recognized?

Schuler (1997) emphasized that it is important to learn and recognize the symptoms of maladaptive perfectionism in gifted kids when it becomes stressful. One of the manifestations of perfectionism can be delayed starts and the refusal to hand in work or accomplish goals. Perfectionistic gifted students often do not submit work unless it is perfect and it might happen that they run out of time because they do and redo their work over and over again. These students may have high levels of anxiety and oversensitivity to criticism or rejection. They want to demonstrate to the teacher, that they have done exactly what he/she wanted and how he/she wanted it instead of stretching their brain and assume risks. Unhealthy perfectionistic gifted children often don't like to work in cooperative working groups, because they don't accept inferior work of less talented peers and are unable to tolerate mistakes of others. In that kind of groups they are unlikely to learn much, sometimes not even socially and they often do the work for others in order to get an A. It may also be that they show feelings of superiority accompanied by loneliness. If these students are in cooperative working groups it has to be in groups with high ability peers. Another frequent characteristic of unhealthy perfectionism is relentless self-criticism combined with the tendency to magnify and generalize self imperfections. Especially perfectionistic female students are prone to magnify their assumed physical imperfections when they identify themselves with their appearance. The results are feelings of inferiority and depression. Another manifestation of maladaptive perfectionism in gifted children is the imposture syndrome, which refers to the belief that "I am not what others believe who I am".

Pyryt (2004) states that the first signs of perfectionism can be recognized in the way how children respond to competition "I must be the best" and compliments "It's nice of you to say, but I should have done much better".

The question whether parents should look for professional help if they have a perfectionistic child depends on the degree of perfectionism and the extent to which perfectionist tendencies are leading to other problems, like social isolation, panic attacks, eating disorders, or depression.

## How can perfectionism be measured? What instruments exist for measuring perfectionism?

Until recently, the instrumentation for perfectionism has been quite limited. In the 1980s Burns (1980b) developed the Burns Perfectionism Scale, which is a uni-dimensional 10-item questionnaire that focuses primarily on self-directed attitudes. This scale is limited by its unidimensional structure and has only a modest internal reliability (Hewitt, Mittelstadt, & Wollert, 1989). The Perfectionism Cognition Inventory (PCI) of Flett et al. (1998) aims at measuring perfectionistic cognition. It is a uni-dimensional 4-choice Likert Scale with 20 items.



In the 1990s two multidimensional scales were developed to measure perfectionism and both are called Multidimensional Perfectionism Scale (MPS). The version of Frost et al. (Frost, Marten, Lahart, & Rosenblate, 1990) is a 35-item, 5-choice Likert scale which produces an overall perfectionism score as well as subtest scores for \*Concern over Mistakes, \*Personal Standards, \* Parental expectations, \*Parental criticism, \*Doubts about Actions, and \*Organization. The subscales are divided into a functional and a dysfunctional component. This Questionnaire has been translated into German by Altstötter-Gleich and Bergemann (2003).

The other Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) is a 45-question, 7-choice Likert scale, which produces the three scores of \*self-oriented, \*other-oriented, and \*socially prescribed perfectionism. Self-oriented perfectionism focuses on high personal standards and on the evaluation of the own achievement against these standards. Other-oriented perfectionism is defined as setting unrealistically high expectations for significant others. Finally, socially-prescribed perfectionism is characterized by the need of the individual to live up to the high expectations established by significant others. While the instrument of Frost et al. (1990) has a strong intrapersonal focus, based on Hamachek's (1978) construct of perfectionism, the emphasis of the second scale (Hewitt et al.1991) is on the interpersonal nature of the construct.

Schuler's (1994) Goals and Work Habits Survey was adapted from the Multidimensional Perfectionism Scale of Frost et al. (Frost, Marten, Lahart, and Rosenblate, 1990) and has been standardized for gifted children by Siegle and Schuler. Finally there is a Multidimensional Parenting Perfectionism Questionnaire (MPPQ), developed by Snell et al. (2005), which is a self-report instrument designed to measure multiple aspects of parenting perfectionism.



## What can teachers do to help perfectionistic children?

One of the first things that teachers can do is to help students appreciate the positive aspects of perfectionism and see it as strength instead of a weakness. Once the students recognize the positive value of their drive for perfection, they will be able to deal more effectively with the negative aspects, changing attitudes and behaviours that are self-defeating and retaining those aspects that further their development (Kreger Silverman, 1999). Sorting out the elements that students want to retain and those they would like to dissolve is crucial since perfectionism is part of the personality and has also a positive function. Teaching students the distinction between adaptive and maladaptive perfectionism helps students understand that perfectionism that consists in trying again and again leads to success, whereas perfectionism that results in paralysis, avoidance, anxiety attacks, and withdrawal guarantees failure.

It is important to focus on the perfectionists' strength and successes, not on the mistakes they make. One has to be careful about criticism because it can add to their own self-criticism for not being the perfect student. The rewards provided by the teacher should be connected to improvement, not to perfection. The question should always be "have you stretched your brain today?" or "have you tried to do different things even with the risk of failing? Students should learn and understand that mistakes and risks are part of the learning process. A way to make this more palpable to students is to expose them to "bloopers that have changed history". Another possibility is to conduct bibliotherapy sessions, where students read biographies of eminent people who failed at first and then moved to success or fame. Helping them understand and accept failure is one of the principal goals in working with perfectionistic young people. A teacher can talk with his students about how high standards can serve as motivators and how he/she has handled failure and successes in his/her life.

Perfectionistic children often have problems with finishing a product, as they always try to further improve it. The emphasis should therefore be on the process of learning rather than on perfect products in the sense of enjoying the journey. It's important to plan the projects in small steps and use specific criteria for assignments. Goal setting and student evaluation should be incorporated into major facets of the curriculum.

Children with a highly developed perfectionism want to succeed always and in all spheres of life. They have to face the painful realization that one cannot be perfect in everything and teachers are well advised to teach those kids priority setting strategies. It is essential that students understand that we have to make choices about what to strive for and where we can settle for less than our best. By the same token it is important to make students know when to quit and what are the expectations. Many perfectionistic students have difficulties with matching the time commitment to the value of the assignment. Teachers should therefore encourage students to channel their perfectionism into what they care about the most, rather than dissipating it in areas that are unimportant to them.

A very useful tool in the work with perfectionistic children is the use of humor in the classroom. Students can create a "Humor" bulletin board and the class can discuss together the different types of humor and choose a joke of the day. Humor may also be incorporated in writings and problems. One of the ways students learn is by imitating role models. Teachers do a good job if they are able to laugh at themselves and if they model the joy of struggle and the joy of discovery.



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