

# “Healthy Perfectionism” is an Oxymoron!

*Reflections on the Psychology of Perfectionism and the Sociology of Science*

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## Abstract

Perfectionism, with its harshly negative self-talk, is felt to be a burden by most people who experience it. Despite this, a body of literature asserts that some perfectionism is healthy, even though a critical review of this literature finds no factual or theoretical basis for such a claim. The commonly asserted belief in a dichotomy between healthy and dysfunctional perfectionism is based on a misunderstanding of the nature of perfectionism, in part confusing the concept with striving for excellence, and has apparently arisen from uncritical acceptance of early work on the subject. Perfectionism is discussed as an interpersonal and intersubjective phenomenon, involving the perfectionist's experience of other people's expectations and judgments. Implications for treatment are discussed.

## Key Words: Perfectionism; Healthy Perfectionism; Intersubjective

**P**erfectionism: . . . [2]. A disposition to regard anything short of perfection as unacceptable. (Merriam-Webster's Third New International Dictionary, 1986)

I would say that any person who thinks he or she is perfect almost certainly has real psychological problems, and the same is probably true of any person who wants to be perfect. (Pacht, 1984, p. 386)

Perfectionism is rampant today . . . and it is in this competitive drive to accomplish a moral and intellectual superiority that making a mistake becomes so danger-

ous. . . . If we can't make peace with ourselves as we are, we will never be able to make peace with ourselves. This requires the courage to be imperfect. (Rudolf Dreikurs, as cited in Turner & Pew, 1978, pp. 288–289; emphasis added)

Clinical and anecdotal experience indicates that most people who have the insight to see themselves as perfectionistic describe it as a burden. Despite this, the notion has arisen that there are two kinds of perfectionism: the bothersome kind and a kind described as “normal” or “healthy.” Articles in recent years by, among others, Orange (1997), Parker and his associates (Parker, 1997; Parker & Adkins, 1995; Parker & Mills, 1996; Parker & Stumpf, 1995), Schuler (1998, 1999), and Silverman (1998) all make such an assertion, based largely on a much earlier article by Hamachek (1978), in which he describes what he categorizes as “normal” and “neurotic” perfectionists.

A reading of the literature on perfectionism reveals at least two problems with such categorizations: (a) People defined as healthy perfectionists are never described as actually seeking perfection, and (b) the notion of a continuum from healthy to unhealthy perfectionism is simply asserted, without unequivocal empirical or theoretical support. A further observation is that debatable conclusions from data and misunderstandings of theory are so often uncritically repeated by later authors that they become accepted as statements of fact. What follows is a critical review of a body of literature that addresses the issue of healthy perfectionism. The progress of certain ideas related to the topic is traced over the last 35 years, and suggestions are made concerning the etiology of perfectionism and approaches to dealing with it on one's own and in a psychotherapeutic

context. A distinction is made between perfectionism and striving for excellence. A psychodynamic understanding of perfectionism reveals that a feeling of conditional acceptance underlies the desire for perfection.

### Origins of a Misnomer

More than 20 years ago, Don Hamachek published an article entitled "Psychodynamics of Normal and Neurotic Perfectionism" (Hamachek, 1978). The article is interesting for several reasons.

It lays out a brief but cogent description of the origins of perfectionism in the interpersonal environment in which a child grows up. Hamachek pointed out that perfectionism is not only a set of behaviors, but also a way of thinking about these behaviors and that perfectionism is less about a desire for improvement than about fear of failure. It is interesting that many later authors who base their thinking on Hamachek's normal/neurotic dichotomy miss this essential psychological point. Environments of nonapproval, inconsistent approval, or even conditional positive approval by adult caregivers lead to children's feelings that they can never be good enough. A child may learn to "overvalue

performance and undervalue the self" (p. 29, emphasis in original).

Nowhere in Hamachek's article does he say why the term normal perfectionist is used. Careful reading of his descriptive comments, in fact, leads one to conclude that the term is inappropriate. He referred to normal perfectionists as people who wish to do their best, but don't worry about being absolutely perfect. He then described people who are somewhat perfectionistic, a term with distinctly different connotations from normal perfectionist, and he pointed out that normal perfectionists "could just as easily [be referred] to as skilled artists or careful workers or masters of their craft" (p. 27). In fact, Hamachek never described normal perfectionists in terms that refer to being perfect in any way. What they prefer is

what is "correct, proper, better than average, and surely, the best one can do" (p. 30). Normal perfectionists can enjoy their accomplishments, and self-satisfaction and self-acceptance are characteristics of such persons. Fear of failure is not mentioned in descriptions of normal perfectionism. It is argued here that these descriptions eliminate the concept of normal perfectionism. Hamachek said flatly that there is no such thing as perfection and that one cannot be perfect. One wonders, then, how perfectionism could ever be considered normal or healthy?

Hamachek attempted to bolster his argument for the normal/neurotic distinction by referring to theoretical statements by W. H. Missildine (1963) and Karen Horney (1945). Although Hamachek clearly implied that Missildine described distinctions between normal and neurotic perfectionists, such categorizations never appear in Missildine's work. In fact, Missildine wrote that not all striving for excellence is perfectionistic and that "One of the most important distinctions between the efforts of the true masters of their craft and those of the perfectionistic person is that the striving of the first group brings them personal satisfaction" (p. 77). Hamachek noted that Horney observed differences between normal and neurotic states, and he implied that she also distinguished between normal and neurotic perfectionists. She did not. Horney clearly described perfectionism as a pathological adaptation to alienation from one's true self (Horney, 1945).

One of Hamachek's suggestions for ways to combat neurotic perfectionism is to "give yourself permission to be less than perfect." This is not a prescription for becoming a normal perfectionist, but rather for being less perfectionistic. Any reasonable reading of Hamachek's article leads to the conclusion that normal perfectionism is a misnomer. The conclusion more in accord with his argument is that there are two kinds of people—perfectionists and nonperfectionists—and that perfectionists can be more or less perfectionistic. As Hamachek pointed out, this is not always a bad thing. It is certainly true that many perfectionistic people can do things very well. Perfectionism, however, represents some degree of adaptation to the idea that one's worthiness in the eyes of others is dependent on being as close to perfect as possible. Despite assertions to the contrary, it will be seen that the literature subsequent to Hamachek's

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article supports such a conclusion.

## Mainstreaming the Misnomer

Perhaps the most serious and thoroughgoing recent attempt to study the characteristics of perfectionists is that of Wayne Parker and his associates. In three studies, for example (Parker, 1997; Parker & Mills, 1996; Parker & Stumpf, 1995), a multidimensional perfectionism scale was used to examine different populations; in addition to several interesting and useful conclusions concerning the scale itself and its appropriateness for the different populations, a consistent assertion was made that a distinction between healthy and unhealthy perfectionistic types was found. All three studies made basically the same argument for this distinction, based ultimately on Hamachek's ideas.

In much of Parker's work, healthy perfectionism seems to be equated, inappropriately, with striving for excellence (1997; Parker & Adkins, 1995; Parker & Mills, 1996; Parker & Stumpf, 1995). The Multidimensional Perfectionism Scale (MPS) of Frost, Martin, Lahart, and Rosenblate (1990) was chosen by Parker as a tool for pursuing his argument, even though these authors are very clear that

perfectionism involves high standards of performance which are accompanied by tendencies for overly critical evaluations of one's own behavior. The psychological problems associated with perfectionism are probably more closely associated with these critical evaluation tendencies than with the setting of excessively high standards. (p. 450, emphasis in original)

Although the definitions of perfectionism have emphasized the setting of excessively high standards of performance, the present series of studies suggest that Concern over Mistakes is more central to the concept, and is the major component in other measures of perfectionism as well. (p. 465)

Hewitt and Flett (1991) also developed a perfectionism scale, with the same name, Multidimensional Perfectionism Scale, as that of Frost, et. al. They examined three elements of perfectionism and found that one of these "is not simply the tendency to have high standards for oneself; it also includes the intrinsic need to be

perfect and compulsive striving for perfection and self-improvement" (p. 468). They also found that self-criticism is correlated with all three dimensions of perfectionism.

In earlier work, Missildine (1963) wrote, "Our clinical work with children clearly indicates that this continual self-belittlement—rather than a desire to master the environment—is the real driving force behind the perfectionist's unending efforts" (p. 83). Burns (1980) pointed out that there is nothing inherently pathological about setting high standards for oneself. In fact, every attempt at a psychological understanding of perfectionism echoes this point: It is not the setting of high standards, nor taking "pleasure from painstaking efforts" (Parker & Adkins, 1995, quoting Hamachek), but rather the negative self-evaluation and feelings of conditional self-acceptance that are the hallmarks of the perfectionist. Parker wonders if one can adequately determine whether a gifted student or an Olympic athlete is engaging in a healthy striving for excellence, rather than a neurotic, obsessive preoccupation with perfection (Parker & Adkins, 1995). In point of fact, striving for goals that are literally beyond one's capacities is unhealthy for anyone, gifted or not; this does not represent perfectionism, although some perfectionists will do it. Striving to excel, by contrast, is healthy for anyone unless it becomes obsessive; perfectionism is not the simple wish to excel. Parker and Adkins pointed out that Adderholdt distinguished perfectionism, which has psychopathological implications for children, from the pursuit of excellence and that Webb, Meckstroth, and Tolan (1982) emphasized the difference between a child who wants to excel and a child who feels that he or she should excel. The "shoulds" experienced by perfectionistic children lead to unrealistic expectations and feelings of inadequacy, according to Webb et al.

In his argument for healthy perfectionism, Parker (1997) made the point that constructs are frequently defined by the instruments used

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to measure them. Although many perfectionism scales exist in both popular and academic literature, Parker chose the MPS of Frost et al. (1990) as one of the more rigorous ways to define the construct of perfectionism. Parker goes beyond this, however, in attempting to support a construct of healthy perfectionism; in fact, such a construct is simply asserted by Parker et al. and nothing in their work or that of Frost et al. definitively supports attempts to sustain Hamachek's categories.

In his study of academically talented sixth graders, Parker (1997) administered the MPS and

several questionnaires. Analysis of the results yielded three categories of students: Cluster 1, labeled nonperfectionists; Cluster 2, labeled healthy perfectionists; and Cluster 3, labeled dysfunctional perfectionists. Parker's results, however, raise serious questions about such labeling. Cluster 2 students are described as manifesting

low Concern Over Mistakes, low levels of perceived Parental Criticism, low Doubts About Action, and highest amount of Organization. All other MPS scores, including total level of perfectionism, were moderate. . . . [These students had] focused on realistic standards . . . [and] scored the least neurotic, the most extroverted,

the most agreeable, and the most conscientious. . . . [They were] goal and achievement oriented, predictable, well-adjusted, and socially at ease. (p. 555)

Although Parker wrote, "It appears that these students could be characterized as healthy perfectionists" (p. 555), in fact there are no obvious grounds for such a characterization in this description or in any of the results. Scores on Concern Over Mistakes, the one subscale said by Frost et al. (1990) to be central to the concept of perfectionism, are low; Cluster 2 students appeared to be relatively well-adjusted and achievement-oriented young people. The moderate total MPS scores of Cluster 2 members could indicate one of two things: (a) These students are moderately

perfectionistic and have positive personality characteristics, as well, in which case it remains to be demonstrated that the perfectionism itself is healthy; or (b) a moderate level of perfectionism as defined by the MPS is not really a sign of perfectionism in any meaningful sense (no cut-off value is suggested for total MPS scores that would differentiate perfectionists from nonperfectionists). It seems that at most, then, Cluster 2 students can be characterized not as healthy perfectionists, but as moderately perfectionistic.

Parker concluded from this study that "The overriding characteristic of perfectionism in these talented children is conscientiousness, not neurosis" (p. 556) and that perfectionism is, therefore, not necessarily negative. To arrive at this conclusion, Parker used the NEO-FFI, an assessment tool that yields information about five personality variables, including conscientiousness and neuroticism. Having established the three clusters, he looked to see which of the five personality variables accounted for the most variance in the perfectionism scores. Among his findings was the fact that, of the five variables, conscientiousness was most strongly correlated with cluster membership, with effect size described as being high medium.

There are two problems with this analysis. First, it is restricted to the five personality factors measured by the NEO-FFI; and second, it is further restricted to the definitions of these personality factors set forth in the NEO-FFI. These are the problems attendant to defining a construct by tests used to measure it, and, of course, the same problems occur with the MPS itself. Although Parker established that conscientiousness is the best of the five variables at describing cluster membership, it is not known whether some other personality variable might be more relevant. Nothing in the NEO-FFI captures, for example, the perfectionist's feelings of conditional acceptability or fears of failure, discussed below. Furthermore, since Cluster 3 students were significantly less conscientious than Cluster 2 students, and since both clusters were labeled perfectionistic even though Cluster 3 students had higher MPS scores, it would be more accurate to conclude that, among the personality factors in this study, the most significant one was conscientiousness and that this most strongly describes Cluster 2 members rather than perfectionism per se.

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tionists as “stewing in their own juices,” always fearing they will do things less than perfectly. Since they always feel that they should be doing better, they are unable to feel satisfaction. This anxious, unfulfilled striving was meant to be operationalized by Parker’s use of the NEO-FFI. With this instrument, the personality domain of neuroticism is characterized by six traits: anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability (Costa & McCrae, 1992). The link between any of these traits and perfectionism is unclear; and, with the possible exceptions of anxiety and depression, Hamachek did not mention any of them in his discussion. This means that it is possible that perfectionistic people exhibit some, none, or all of these traits in varying amounts, so that perfectionists could be more or less neurotic as measured by the NEO-FFI. Perfectionists could still be unhealthy, although not neurotic as tested.

Using the same argument, the conscientiousness domain of the NEO-FFI includes the six traits of competence, order, dutifulness, achievement striving, self-discipline, and deliberation. Each of these is clearly also a trait that perfectionists and nonperfectionists alike might have in greater or lesser amounts. Again, conscientiousness seems not to characterize perfectionism, but rather those students in this study most especially belonging in Cluster 2.


The work of Parker and Stumpf (1995) is also open to reinterpretation. The authors again used the MPS to examine a group of gifted sixth graders. A factor analysis of these scores alone yields two factors, accounting for something less than two-thirds of the variance in the data and arbitrarily labeled healthy and dysfunctional perfectionism. No rationale is offered for this labeling, other than that, as in the 1997 study, the factors “appear to reflect” (p. 380) Hamachek’s categories. The NEO-FFI was again used; the result was that neuroticism was most highly correlated with dysfunctional perfectionism, whereas conscientiousness was most highly correlated with healthy perfectionism. Again, this contravenes Parker’s 1997 statement that conscientiousness and not neuroticism is the overriding characteristic of perfectionism (p. 556). Furthermore, the healthy perfectionist factor described in the study had the highest loadings on the Personal Standards and Organization subscales of the MPS. The relevance of this outcome to perfectionism is not stated.

What Frost et al. (1990) said, however, is that, while these two subscales reflect several positive personality characteristics, Personal Standards is also significantly correlated with depression, and Organization “does not appear to be a core component of perfectionism” (p. 465). In other words, of the two scales Parker and Stumpf found most closely to characterize healthy perfectionism, one reflects both depression and positive personal characteristics, and the other is probably not related to perfectionism.


### **Other Recent Work**

Several authors in recent years have uncritically accepted the healthy/dysfunctional distinction as part of a discussion of giftedness and perfectionism. Silverman (1998), referring to Parker’s work, confused striving for excellence with perfectionism when she made the assertion that, without perfectionism, there would be no Olympic champions, or concert pianists, or teachers working overtime to do their job. The same confusion led her to assert that perfectionism is different for gifted individuals, and that “[t]herapists need to be able to distinguish between an unreachable, punitive set of standards of an average client and a level of excellence within the grasp of a gifted one” (p. 206). Certainly therapists should be aware that their gifted clients may be capable of great achievements and that striving for lofty goals may be a healthy pursuit for such people. The necessity of achieving perfection, however, as distinct from the desire to achieve excellence, represents an unreachable, punitive set of standards for persons at any intellectual level.

Schuler (1998) has studied perfectionism and various personality characteristics in gifted adolescents. She has described her findings as supporting the healthy/dysfunctional dichotomy, accepting Parker’s conclusions, yet her descriptions of the two categories do not bear out this assertion. The healthy perfectionists “displayed self-acceptance of mistakes . . . had role models who emphasized doing one’s best,” while dysfunctional perfection-



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ists “lived in a state of anxiety about making errors . . . questioned their own judgments . . . exhibited a constant need for approval.” Self-acceptance of mistakes is not a characteristic most people attribute to perfectionists.

In her monograph detailing a study of rural middle school gifted students, Schuler (1999) replicated Parker’s work using a modified form of the Multidimensional Perfectionism Scale. The monograph is problematic in several ways. Like Parker, she asserted that the data clusters resulting from her analysis represent nonperfection-

ists, healthy perfectionists, and dysfunctional perfectionists; like Parker, Schuler presented no basis for making this claim. There are no data to indicate how the three clusters are established, and there appears to be considerable overlap between clusters. The study was based on a sample of only 20 students; even granting that this would be enough for a significant case study approach, the descriptions provided of the various students are easily open to psychological interpretations that would throw Schuler’s categorizations into doubt. As with previous studies of this type, Cluster 2 students can at most be said to be, not healthy perfectionists, but moderately perfectionistic, and it is not established that such perfec-

tionism is in fact healthy.

Orange (1997) also has accepted the dichotomy, beginning with Hamachek’s definition and referring to Parker, et al., as well. Unfortunately, her work suffers from a number of misstatements of published theories and data. The concept of perfectionism seems to lose all meaning when she writes that normal perfectionists “allow themselves to fail and be imperfect” (p. 39). Orange administered a Perfectionism Quiz to gifted high schoolers. The questionnaire was taken from an article by Raudsepp (1988), published as part of a group of self-help pieces on obsessive-compulsive disorder in *Harper’s Bazaar*. In fact, Raudsepp described the quiz as a way to determine whether one might have obsessive-compulsive attributes; he mentioned workaholism, compulsive perfec-

tionism, and procrastination as three possible categories of obsessive-compulsive behavior. It should be clear that the quiz was not about perfectionism per se, even though Orange described obsessive-compulsive disorder as a negative form of perfectionism. Once again, a distinction between healthy and unhealthy, or positive and negative, perfectionism was asserted, but not supported.

To summarize the preceding points:

1. The term perfectionism logically relates to a felt need to do things perfectly.
2. Since perfect performance is extremely rare, healthy perfectionism is a misnomer and is in fact oxymoronic.
3. The perfectionist’s ceaseless striving for self-improvement and constant lack of self-satisfaction can be neurotic, but perfectionists may not qualify as neurotic by some definitions.
4. It is possible to be psychologically healthy in many ways, to be a high achiever, and still be perfectionistic. The perfectionism itself is still unhealthy. Some perfectionists are successful despite their perfectionism, not because of it (Burns, 1980).
5. Perfectionism does not determine success; talent and energy do. Some outstanding individuals are perfectionistic, some are not.
6. It is possible to be more or less perfectionistic. Frost et al. (1990) explicitly stated this in their work.
7. The essence of perfectionism is not striving for excellence, but rather, feelings of conditional self-acceptance. It is for this reason that perfectionism has a negative connotation, not simply, as Parker and Adkins (1995) asserted, “from a belief that perfectionism is inherently frustrating” (p. 173). Frost et al. (1990) found that “most of the dimensions of perfectionism are associated with psychological distress” (p. 466).
8. The recent broad acceptance of the term healthy perfectionism is based neither on logical argument nor on scientific reasoning, but rather on uncritical acceptance of assertions made in the literature on perfectionism.

Parker and Adkins (1995) wrote, “If a perfectionistic child was described instead with labels such as persevering, high achiever, or exhibits high standards, the impression of the same child engaged in the identical behaviors would be

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much more positive" (p. 173, italics in original). Indeed, and such a child could still have the separate, less healthy characteristics of perfectionism. As Hollender (1965) wrote, "Perfectionism . . . is often of social value. Only rarely is it recognized that the perfectionist tends to be so exacting that he becomes bogged down in details" (p. 102).

## The Psychology of Perfectionism

Why does someone become a perfectionist, and what does it signify when it appears? Apart from Hamachek, those who have written at length about these issues begin from the position that perfectionism is not synonymous with striving for excellence, and that it is a burdensome and self-defeating personal characteristic. Perfectionism is understood at different levels, depending on one's theoretical stance; both cognitive/behavioral and psychodynamic explorations exist in the literature.

In the cognitive/behavioral domain, the problem is that perfectionists engage in negative self-talk and then act accordingly. For example, those who believe "I'm not lovable unless I'm perfect," or "I'm either perfect or I'm worthless" will struggle to reach perfection and will not be satisfied with anything less (although they may give up). Beck (1976), Burns (1980), Hamachek (1978), Missildine (1963), and others clearly speak from this domain.

Those who adopt a psychodynamic perspective agree about the organizing message perfectionists give themselves, but will focus also on the underlying affective issues involved, including one's feelings of acceptability and worth as a person, inferiority feelings and shame, and the sense of coherence of the self-experience (Greenspon, 1998, 2000; Hollender, 1965; Missildine, 1963; Pacht, 1984; Sorotzkin, 1985).


Most authors agree that the origins of perfectionism are in the messages adult caregivers give to children; perfectionists may be acting, for example, to please their parents in ways they have learned might work, or they may be acting to heal a sense of shame and restore a sense of self-coherence that childhood experience has left in a state of disrepair. Many of Pacht's (1984) patients, for example, felt that, if only they could be perfect, their parents would love them.

Perfectionists can be annoying, either when they are pressuring others to be perfect or when


they engender inferiority feelings in others by their high standards.<sup>1</sup> Hollender (1965) pointed out, though, that perfectionistic striving is not about the narcissistic gratification of being seen as a perfect being, but rather about the struggle to perform perfectly in order to gain acceptance by others. There is certainly a sadness to the ceaseless striving of a perfectionist living his or her life like the inspector at the end of a production line (Hollender, 1965). Hollender described the origins of perfectionism in the childhood environment, noting that a sensitive and insecure child is especially vulnerable. Such a child may become perfectionistic in an environment of conditional acceptance; the dynamic is intensified in those cases where the message about underperformance is not just that the child is unacceptable, but that he or she might even be a bad person. These messages can be transmitted in quite subtle ways, as when "the parental smile turns into a sad face, a frown, a sigh of disappointment or exasperation, a gentle suggestion for more effort, more care, more attention, more thoughtfulness, more consideration, and so on" (Missildine, 1963, pp. 84–85).

The perfectionist's childhood environment engenders shame and feelings of inferiority (Hollender, 1965; Missildine, 1963). Sorotzkin (1985) has discussed the roles of shame and guilt in perfectionism from differing psychoanalytic points of view. He pointed out that diminished self-esteem is a cause of perfectionism, not a result of it. Hollender (1965) wrote, "Perfectionism is motivated. . . both by an effort to create a better self-feeling or self-image and to obtain certain responses or supplies from other people" (p. 99).

As Burns (1980) pointed out, there is ample, deeply rooted cultural support for the relentless pursuit of excellence. The impression one gets from watching TV coverage of the Olympics, for example, is that there are gold medalists and there are losers, nothing else (Greenspon, 1998). While culture forms the social context, however, the family is where perfectionism is generated. This



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can be described both as a learning environment and as a milieu in which one's self-experience develops, with greater or lesser feelings of affirmation and acceptance. Hamachek (1978) described the dynamic well in his discussion of the antecedents of neurotic perfectionism. Some home environments are nonapproving, leading children to believe they can never be good enough. In this case, "Being perfect . . . is not only a way of avoiding disapproval, but it is an active striving for self-other acceptance through super-human effort and grandiose achievements" (p. 29). Other emotional

environments may exhibit conditional positive approval. In the absence of unconditional love ("I love you because you are you"), the message a child may get is, "I love you (I approve of you, recognize you, value you) when you finish your work and do a good job" (p. 29). If this is the only message that gets through, the child "learns that it is only through performance that he has a self" (p. 29, emphasis in original).

It should be noted that none of the theories of the interpersonal origins of perfectionism is an attempt to put blame on parents. Parents are blameworthy when they intend to injure their children in some way; no such intention is implied here. Personalities arise in a

human context, and the individuals to whom one is closest during the early stages of development have the most profound influence (Galatzer-Levy & Cohler, 1993; Greenspon, 2000; Stern, 1985). The net effect of these influences can indeed be altered later in life, though not easily.

Asher Pacht (1984) mused about perfectionism in an awards address to the American Psychological Association. He viewed perfectionism as a kind of psychopathology and, unlike Hamachek, did not accept the label normal perfectionism. Pacht emphasized the driven nature of perfectionists and the no-win scenario in which "Their goals are set so unrealistically high that they cannot possibly succeed" (p. 387). He spoke of the "God/scum phenomenon," the kind of dichotomous, all-or-none thinking described by

Burns (1980), as well as by Beck (1976), in which it seems the perfectionist must either be perfect or be a total failure. The internal message is, "I'm either perfect or I'm worthless"; in the words of a Gospel song, "ninety-nine and a half won't do!" Weisinger and Lobsenz (1981) described the resulting "self-destructive double bind. If one fails to meet the unrealistic expectation, one has failed; but if one does meet it, one feels no glow of achievement for one has only done what was expected" (p. 281, italics in original).

Parker and his associates (Parker, 1997; Parker & Adkins, 1995; Parker & Mills, 1996; Parker & Stumpf, 1995), have discussed the writings of Adler and Maslow, which they suggest support a theory that perfectionism is a fundamental characteristic of all healthy people: "Adler's view is that . . . striving for perfection is healthy when it includes a social concern for others and the maximizing of one's abilities" (Parker & Adkins, 1995, p. 173). In fact, this is a misreading of both Adler and Maslow. The "striving for perfection" to which Parker referred is one of the many attempts to translate Adler's ideas for American audiences. Adler described a general movement in human life from below to above, minus to plus. One strives for completion, overcoming, success, and competence (Ansbacher & Ansbacher, 1956, pp. 101–103). Adler realized that his early discussions of a superiority striving were being interpreted as a "will to power," so he devoted much time to a deeper understanding of the concept. He was very clear about the fact that personal superiority over others is a form of mental disorder (Ansbacher & Ansbacher, 1973/1964, p. xiii). More specifically, he said that the exaggerated goal of self-enhancement is part of the neurotic disposition (Ansbacher & Ansbacher, 1956, p. 243; Ansbacher & Ansbacher, 1973/1964, p. 304). Adler's original terms, *Überlegenheit* and *Überwindung*, signify preponderance or overcoming. When Adler spoke of perfection, it was in this sense of overcoming, completion, or wholeness, not the perfect performance of a task. He pointed out that such an idea is embodied in the Judeo-Christian concept of God as perfection (Ansbacher & Ansbacher, 1973/1964, p. 33), God as alpha and omega.

Parker also misinterpreted Adler's concept of social interest. Parker's term is social concern (e.g., p. 546), but the *Gemeinschaftsgefühl* of Adlerian theory is not a simple caring or concern for others; rather, it is a fellow-feeling involving a sense of

empathy and oneness with humanity (Ansbacher & Ansbacher, 1973/1964). Social interest is threatened by the inferiority feelings that accompany questions about whether one is good enough to be loved.

Maslow (1968) defined self-actualization as including "acceptance and expression of the inner core or self, i.e., actualization of these latent capacities and potentialities, 'full functioning,' availability of the human and personal essence" (p. 197). There is no hint of a striving to do things perfectly, but rather of a full flowering of one's potential. Maslow (1968) said, "We learn also about our own strengths and limits and extend them by overcoming difficulties, by straining ourselves to the utmost, by meeting challenge and hardship, and even by failing" (p. 200; emphasis added). In a discussion of the nature of theory in gifted education, Grant and Piechowski (1999) decried the equating of self-actualization with the self-centered pursuit of individual fulfillment. Such emphasis on achievement and success is said to push gifted students away from self-actualization.

Rudolf Dreikurs (1964), an author of *Children: The Challenge*, was a student, colleague, and friend of Alfred Adler's and was Adler's choice to speak for Adlerian psychology in the U.S. (Dreikurs, 1953). The passage in the introduction to this article is from a speech Dreikurs gave in Oregon in 1957. At that time, he also said,

this mistaken idea of the importance of mistakes leads us to a mistaken concept of ourselves. We become overly impressed by everything that is wrong in us and around us . . . To be human does not mean to be right, does not mean to be perfect. To be human means to be useful, to make contributions—not for oneself, but for others—to take what there is and make the best out of it. (Terner & Pew, 1978, p. 289).

Thus, when Adler is translated to say, "the norm for perfection is social interest" (Adler, 1956, p. 108), he is not referring to a motivation to do things perfectly, but rather to a general human tendency for movement toward self-actualization, wholeness, and oneness with humanity.

## **Transforming Perfectionism**

It can be said, then, that a perfectionist struggles to do things perfectly, not for the joy

of accomplishment, but because he or she hopes finally to find love, or to be acceptable as a person, or perhaps to maintain a sense of order in the world. Perfectionism is an interpersonal and intersubjective phenomenon, not something that simply exists within one person's mind (Greenspon, 2000). To overcome it, a new relationship with more affirming others has to develop hand in hand with a new set of beliefs about oneself. Nor is this a short-term project. Recognizing patterns of negative self-talk and substituting more positive patterns; learning to challenge old ways of behaving; and, most especially, developing a new, more trusting pattern of relationships with people (Pacht, 1984), all take time to accomplish. Perfectionism is not a mental disorder that is to be cured; rather, it is a set of beliefs about oneself and one's relation to others that needs time and an affirming relationship with someone in order to be transformed. Such a set of beliefs is referred to by the intersubjectivity theorists within current self-psychology as an unconscious, invariant organizing principle (Stolorow, Atwood, & Brandchaft, 1994; Stolorow, Brandchaft, & Atwood, 1987).

Human motivation is crucially dependent on our capacity to experience a maintained sense of organization and meaning, which is the essence of our self-experience (Greenspon, 2000). The meanings we ascribe to our world of experience are altered by mutual interactions with others. As an example relevant to perfectionism, parents whose self esteem rests on the accomplishments of their children will be disappointed, embarrassed, fearful, or even angry when the child makes a mistake (Hamachek, 1978). What children may experience as a result is a lack of acceptance or even an outright rejection of themselves as people. The children come to believe they are conditionally acceptable as people, worth something only by virtue of specific accomplishments. A mistake is not simply a mistake for such children; it is evidence of a character flaw. Parents and children are locked in an interactive system of personal meanings, or, as Burns (1980) has put it, a *folie-à-deux* (p. 41).

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Adlerian psychologists might include these invariant organizing principles in the concept of style of life, or lifestyle (Ansbacher & Ansbacher, 1956). This is the general movement of one's life, and it is capsulized in certain belief statements, such as "I am either perfect or I am worthless," or "I am never good enough." Such beliefs and modes of being are induced by significant people in one's environment and, again, cannot be dislodged by simple logic. Many beliefs one has about oneself are irrational when tested logically, yet they persist because of the psychological sense they make.

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Telling a perfectionist not to be so hard on him- or herself may make logical sense; what he or she is likely to hear, however, is the criticism that he or she has not been a good enough perfectionist.

Should perfectionism be overcome at all? An implication of the concept of healthy perfectionism is that perfectionism can be the engine of success for some people. Burns (1980) discussed research that directly contradicts this. Examining business executives, law students, high-level athletes, and others has led to the conclusion that perfectionistic strivings tend to hamper success, and that very successful people are not highly likely to be perfectionistic; this is because, in part, self-

punishment is an ineffective learning tool (Burns, 1980, p. 38; Kohn, 1993).

Many of the authors discussed here point out that perfectionism is related to various mental disorders, such as depression, suicidality, eating disorders, anxiety disorders, obsessive-compulsive disorders, and others (Frost et al., 1990; Pacht, 1984). The exact connections are not completely understood, but clinical experience leads one to the conclusion that such connections are varied. For example, eating disorders in some people may represent an assault on the body to make it perfect, whereas in others it may have nothing to do with perfectionism. The emotional aspects of depression may arise out of despair at not being able to be perfect, and therefore lovable, or perfection may not be part of the picture at

all. Perfectionism itself reflects a set of meanings one gives to one's experience, from which a set of behaviors follows. The perfectionist is burdened by the resulting feelings and behaviors, and other emotional disorders may be part of the picture; overcoming perfectionism often has to include working on these other issues, as well.

Much has been made of the possible connection between giftedness and perfectionism. Parker and Mills (1996) found no significant differences between gifted and nongifted populations in a carefully constructed approach to the question of whether gifted people are more likely to be perfectionistic. It makes sense to apply the same reasoning to the gifted population as to other populations, including those with mental illness: Some gifted individuals are perfectionistic and some are not. Many gifted people are capable of doing certain tasks perfectly; one cannot conclude from this, however, that they will necessarily try to do so. Here one must distinguish between the desire to do one's best, which is not per se perfectionistic, and the desire to be perfect, which is.

It is possible that misconstruing perfectionism as a healthy aspect of some gifted children's personalities could be dangerous to their development. In encouraging a perfectionistic gifted child's continued insistence on perfect achievement, one might inadvertently reinforce the child's underlying belief that such achievement is the way to acceptance as a person. One might also be fostering a level of anxiety that will ultimately hinder the child's performance.

Since a prime element in the etiology of perfectionism is the conditionality of interpersonal relationships, Pacht's (1984) statement about his approach to therapy is especially poignant:

My own therapy uses the therapeutic relationship to help individuals modify their value systems with respect to perfectionism. The prerequisites include: strong motivation; the ability to develop a close caring therapeutic relationship; agreement on the goals of therapy . . . ; reasonable ego strength; and a recognition that therapy may be painful. (p. 389)

The various cognitive and behavioral interventions will be most successful in an environment where the perfectionistic individual feels acceptable and safe from harsh judgment. Criticism is

only a problem when someone feels conditionally acceptable and perhaps flawed. In an affirming environment, where the therapist, parent, or teacher is willing to highlight the positive elements in an individual and perhaps share some of his or her own imperfections, criticism is useful, growth is possible, and one truly develops, as part of a sense of self-cohesion, the "courage to be imperfect."

Perfectionists, as Hamachek (1978) pointed out, can be eager and thorough learners, although some may have quit trying out of despair over ever achieving perfection. The treatment goal must be, in Pacht's (1984) words, to "move patients toward a modified style that they can feel more comfortable with and that returns to them the control over their own behavior" (p. 389). It should be apparent that perfection in the treatment of perfectionism is not a reasonable goal.

## Conclusion

Perfectionism is not a particular set of behaviors, nor is it a struggle to achieve excellence. It is a phenomenon that is truly intersubjective: It arises out of the interaction between the worlds of experience of two or more people. Although many times it will seem as though the motivation comes entirely from within, the developing perfectionist most often wishes to be perfect to fulfill the desires of someone he or she seems to have disappointed. The healing of perfectionism involves not only the discovery and counteracting of perfectionistic internal messages, but also the development of feelings of unconditional acceptability as a person.

Perfectionism is a wound; it is never healthy, and it may never heal entirely. Perhaps the wish to see some types of perfectionism as healthy is in part a desire not to make oneself aware of this painful reality. Since much research on perfectionism has been done by individuals involved in meeting the needs of gifted children, perhaps the concept of healthy perfectionism is part of a larger, entirely laudable attempt to avoid pathologizing giftedness. Perhaps, finally, it is part of an attempt to see some of our own perfectionism as not wholly bad. Whatever the motives to see it otherwise, the concept of healthy perfectionism makes little logical or psychological sense, nor does it receive any credible support in the literature. It is, in the end, a commentary on imperfec-

tions in the pursuit of scientific truth that such a construct is advanced in one place and accepted uncritically in another, where it forms a distorting lens for the viewing of further research.

Asher Pacht (1984) jokingly said that "True perfection exists only in obituaries and eulogies" (p. 388). In a more serious vein, he made a statement that would ring true for anyone who has struggled with perfectionism: "In true life, not only is perfection impossible, but the cost to those who seek it is inordinately high" (p. 390).

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## Author Note

1. See Hewitt and Flett (1991) for a discussion of self-oriented and other-oriented dimensions of perfectionism.