

THE POLISH SOCIETY FOR MENTAL HEALTH

MENTAL HEALTH
IN A CHANGING WORLD

Edited by
BRUNON HOŁYST

Warsaw 1990

Linda KREGGER SILVERMAN (USA)

THE CRUCIBLE OF PERFECTIONISM

Perfectionism is not a malady; it is a tool of selfdevelopment. It manifests as dissatisfaction with what is, and a yearning to become what one ought to be. There is an inner knowing that there is more to life than the mundane, and a desire to create meaning of one's life by doing the best one is capable of doing. Perfectionists set high standards for themselves, and then feel inferior if they do not meet those standards. They are besieged with guilt and shame that no one seems to understand. Their unrelenting self-criticism appears maladjusted; even when others applaud them, they feel miserable--knowing they've cheated themselves and others by not fully realizing their potential.

There have been many modern attempts to "cure" perfectionism. Whole therapeutic systems have been derived from the supposition that individuals ought to bring their ideals in line with reality, and learn to be satisfied with who they are. Dąbrowski (1964) takes the opposite stance; he would rather we stretch our reality until it is in keeping with our ideals. Within the context of Dąbrowski's Theory of Positive Disintegration, perfectionism takes on new meaning. It becomes understood as an early form of the drive toward self-perfection, and it is closely allied with the multi-level dynamisms: positive maladjustment, feelings of guilt, feelings of shame, inferiority toward oneself, disquietude with oneself, and dissatisfaction with oneself (Piechowski, 1975). In other words, perfectionism becomes a driving force within the individual which serves to promote higher level development.

Apparently, it is this sense of "drivenness" in the perfectionist that others find distasteful. In a world in which emotional health is defined in terms of contentment, ability to relax, satisfaction

with self and with life, and lack of inner conflicts, it is no wonder that the perfectionist is perceived as neurotic. Worse, the consistent messages that perfectionists receive throughout life convince them that there is some basic flaw in their personality which must be eradicated. This greatly exacerbates the amount of inner conflict with which they must cope. Not only do they feel shame, guilt and inferiority for not meeting their own standards; in addition, they feel shame, guilt and inferiority for having all this inner conflict. And this is where the tension can mount to the point of paralysis.

In his poem, "Be Greeted, Psychoneurotics", Dąbrowski poignantly expresses the conflicts of the multilevel person:

...for your fear of being locked in the world's
limitations,
for your fear of the absurdity of existence...
for your creativity and ecstasy,
for your maladjustment to that "which is" and
adjustment to that which "ought to be,"
for your great but unutilized abilities...
for that which is prescient, unsaid, infinite in you...
Be greeted! (Dąbrowski, 1972).

From a Dąbrowskian perspective, the polarity between inner conflict and mental health is a function of a unilevel conception of reality. At the lower levels in Dąbrowski's hierarchy, life goals involve adjustment to what is. At the higher levels, the goal is to create of one's life what ought to be. Inner conflict and the drive toward self-perfection are requisites of the evolutionary process toward the higher levels of development.

Since the term "perfectionism" has many different meanings, I would like to explore the aspects of perfectionism that appear at different levels--the distortions of the drive for self-perfection at the lower levels, and the transformational potential of this personality trait at the higher levels.

Level I

At Level I, perfectionism is absent, but some manifestations of Level I egocentrism may be erroneously labeled "perfectionistic." A type of "drivenness" may appear at Level I that is self-serving, such as a drive for power, for wealth, for prestige. More is better, and there is no vision of "what ought to be," only a desire for

greater self-aggrandizement. There is an absence of inner conflict, and the end justifies any means. Perfection at this level is having everything one wants; it does not mean striving toward becoming a better human being.

The "imperfections" of others are grounds for attack, and they consist mainly of failing to serve the Level I individual in some way. Some examples would be (1) not being totally controllable by the Level I individual; (2) not being available whenever needed; (3) not doing things exactly the way the Level I person would do them; (4) failing to meet other person's fantasized standard of bodily perfection. At Level I, individuals feel no guilt or shame about ridiculing the handicapped or making fun of others physical attributes. If the person's agenda is to make everyone else perfect, but there is no concern for self-perfection, this is not a true case of perfectionism. Unfortunately, this differentiation is not always clear. In therapy, a woman may say, "He's very perfectionistic. He is always pointing out my flaws. He wants me to look like a movie star all the time."

Level II

Some rudimentary forms of perfectionism can manifest at Level II, in which the individual truly wants to improve the self. But since a hierarchy of values has not yet developed, there is no clear sense of the direction that improvement should take, and behavior can be circular. It is at Level II that the most distortions of the drive for self-perfection occur. Perfectionism may appear as perversions, obsessions, compulsive behavior, phobias, rigid control of self or others, and excessive anxiety about other people's opinions of oneself. Perfect at Level II means homeostasis: freedom from inner conflict and living in accordance with societal expectations.

Many people at Level II experience insecurity and feelings of inferiority toward others, and engage in self-deprecating behavior. Their conceptions of what they ought to be are introjected from others: family, friends, community, church, government, television or movie stereotypes, etc. They suffer a great deal if they feel that they do not live up to the expectations of others, and

fear that others will find them inadequate. The focus of their attention is their own imperfections: they magnify their flaws and overlook their strengths, thereby providing a distorted mirror of their own existence. The foundation of their self-concept is weak and easily shaken by external events. They have a great need for self-affirmation and validation from others. Their conception of the ideal self is one that is self-assured and not vulnerable to attack. This is why they are often willing followers of Level I leaders, who appear to have the qualities they feel lacking in themselves.

Individuals at Level II may appear at times to have multilevel values. However, higher level values and lower level ambitions are comingled indiscriminately. Some higher level values may occur in a more stereotyped form, as rules to live by, or clichés (e.g., "All mankind are brothers.") Yet, contradictory attitudes and behaviors are quite common, with little awareness of the discrepancies (e.g., "We ought to bomb those guys.") It is difficult for these people to determine which value is more important to them than any other, and to set priorities.

A substantial portion of therapy is devoted to sorting through the myriad of life experiences to determine the most important issues. Clients may rehash events, with little insight into their own part of the dynamics involved. Many contemporary therapies derived from the cognitive behavioral school are designed for this population, particularly those stressing positive self-talk. Perfectionism has not yet fused with hierarchization, so attempts at self-improvement at this level may be short-lived and easily sabotaged.

Level III

At Level III, perfectionism occurs in its pure form. There is a glimpse at the personality ideal, in which the person experiences or comprehends the possibility of universal love, understanding and compassion. This is usually followed by a period of torment because that reality cannot be maintained on a daily basis. It is possible for individuals at Level II to experience momentary euphoria during religious experiences (e.g., "I've been touched by

God."), or in mass therapy (e.g., EST), but the quality of the experience is often syntonic, followed by their adopting a set program, and rules for living, established by an external source. This is not the pattern for individuals at Level III.

Awareness of the ideal triggers an independent search involving scrutiny of the self according to specific criteria. The first step of the journey is often quite painful as the individual falls so far short of his or her own standards. Basic existential questions of "Who am I?" and "What is my purpose here?" begin to be the focus of attention, often accompanied by a sense of disorientation to the current reality. The desire for self-perfection becomes a burning force in the lives of individuals at Level III, often over-riding other people's expectations. Many defenses, patterns, relationships, and lifestyles break down during the initial phases of Level III. And there may be no clear sense of what is coming to replace them, only a profound sense of loss, and a recognition of the inevitability of the losses.

Perfectionism may seem to consume the person at Level III. At first, it may manifest in external pursuits, such as workaholicism, construction of new projects, going back to school, or pouring oneself into a cause. There is a desire to do the very best one can possibly do in whatever area the person invests his or her time and energy. The motive, however, is not to please others, but to achieve a vision or an ideal that makes full use of one's capabilities. The nature of "imperfections" shifts as well. Fears of being seen as inadequate by others are replaced by fears of failure to achieve one's potential, and shame at the discrepancies between one's ideals and one actual behavior. As development proceeds, the focus of the perfectionism changes from manifesting some perfect something in the world to inner development.

Level IV

Perfectionism at Level IV is coupled with commitment and strength of will to make one's vision a reality. Self-flagellation is replaced with compassion for one's own shortcomings, and a firm conviction that development is proceeding on a true course. Compassion for self and compassion for others emerge together, in-

creasing the availability of psychic energy for doing constructive work in the world.

Perfectionism in the service of the personality ideal fuels the process of self-actualization. There is an emerging sense of mission or purpose of one's existence, an awareness of one's potential, and a dedication to bringing one's life more and more in tune with the personality ideal. Perfectionism--the desire for self-perfection--provides the power behind one's dedication: "What ought to be will be."

Developmental Potential

In my counseling of gifted individuals over the past 25 years, I have noticed that perfectionism is a consistent personality pattern in the gifted. It is apparent in very young children and seems to continue throughout life. In one study of 16 children enrolled in a school for the gifted, 13 parents reported that their children evidenced perfectionism and 13 said that their children had intense reactions to criticism (Silverman, 1983). In a second study, 39 out of 40 parental reports cited evidence of emotional overexcitability in their children, and 18 of these parents described signs of perfectionism (Silverman, 1983).

Recently, Rogers (1986) completed a study of gifted and average students on an extensive number of dimensions through parental report. Gifted children were more perfectionistic ($p > .003$), had more intense reactions to frustration ($p > .009$), and had more intense reactions to criticism ($p > .08$) than their nongifted peers. All of these personality factors appear interrelated. In addition to these factors of emotional overexcitability, Rogers found strong evidence of imaginal overexcitability and overwhelming evidence of intellectual overexcitability in third and fourth grade gifted children in comparison to their average peers. In many cases, the parents were able to trace the first appearance of these traits to the first three years of life.

Dąbrowski contended that the overexcitabilities are innate, and that emotional, intellectual and imaginal overexcitability signify high developmental potential. The early appearance of the overexcitabilities in my studies and in Rogers' (1986) lends sup-

port to these contentions. Perfectionism is not mentioned *per se* as an overexcitability (Piechowski, 1979), but intensity of feeling is, and the case study material we have collected at the Gifted Child Development Center would indicate that the majority of gifted children are intense little human beings ($N = 850$).

Following are some typical examples from some of our parent questionnaires:

C (6 years old) is a very intense little girl. When she's happy everyone around her radiates happiness. When she's miserable, her surroundings are tense and uneasy. She is extremely sensitive and has high expectations of herself.

J (4 years old) is a very sensitive person. He gets his feelings hurt easily and doesn't like to hurt others' feelings. He seems to have the qualities of a perfectionist. Things are to be done correctly and he doesn't easily accept alternative ways of doing them. At 18 months, he used to line cars, shoes, cards, etc., in perfect rows and from smallest to largest.

From descriptions like the ones above, it is apparent that perfectionism is inborn in some individuals, as is its companion, sensitivity. These children show early signs of sensitivity and compassion for others. In response to an open-ended request, "Describe your child's personality", ($N = 40$) the most frequently mentioned characteristic was "sensitivity," often appearing in the first sentence of the parent's response. In another study of 80 children, parents of 25 children described their children as "sensitive," and 20 more used synonyms, such as "intense," "emotional," etc. (Silverman, 1983). In a study of 16 parents of children enrolled in a private school for the gifted, 12 recalled incidents of compassion before their children were of school-age. Of these, 8 described examples before their children were three years old, 6 before their second birthday, and 1 before the age of one. These events occurred well before the age at which Piaget thought children could understand another's viewpoint. These data would seem to indicate that gifted children are born with the raw materials of developmental potential.

In my presentation for the Third International Conference on TPD in 1980 (Silverman & Ellsworth, 1980), I described my experiences in counseling and teaching gifted adolescents, in which I

noted many multilevel dynamisms in this population. This prompted a study of the overexcitabilities (oe's) of gifted adults. Emotional oe and intellectual oe were nearly equal in strength in that sample, with imaginal oe taking third place. All three of these overexcitabilities were significantly stronger than those found in a study of college graduates (half of whom were counseling psychology majors) (Lysy & Piechowski, 1983). Similar results have been obtained in subsequent studies of gifted adolescents and pre-adolescents (Gallagher, 1985; Piechowski & Colangelo, 1982; Schiever, 1985). In fact, the average profile found in the first study of gifted adults was closely matched in the studies of gifted adolescents. This would lend support to the stability of overexcitabilities across the lifespan of gifted individuals.

Where does perfectionism fit into developmental potential? It may be a key factor in emotional overexcitability, or it may be related to the dynamism of self-perfection, or it may be both. It seems to me that it begins as a facet of emotional overexcitability, and as the individual develops, it evolves into the drive for self-perfection, as it merges with the personality ideal.

Therapeutic Perspectives

At the beginning of this presentation, I mentioned that individuals are often made to feel ashamed of their perfectionistic tendencies, which enlarges their anxiety. In my practice, I deal quite frequently with gifted children, adolescents and adults. Most of my clients have strong perfectionistic leanings. Most of the parents of gifted children that I address at workshops and seminars reveal that they are perfectionistic as well.

My first task as a therapist is to help my clients see their perfectionism as a strength instead of a weakness. I share with them the strong linkage between perfectionism and giftedness, and explain that it comes with the territory of giftedness. It is not created by bad parenting, nor is it "cured" by self-help techniques. It is a permanent part of the personality that has a positive function.

At this point, I introduce Dąbrowski's theory, describe the levels and overexcitabilities, and explain how the problematic ele-

ments of perfectionism are simply distortions of the developmental drive for self-perfection. This information may be the most healing part of my work. Parents and clients are deeply relieved to discover that there isn't something wrong with them. When the positive aspects of perfectionism are appreciated, this frees up the energy to synthesize their perfectionism with the personality ideal.

We talk about those aspects of perfectionism that yield great benefits to the self and to society, and then we discuss those aspects that lead to repeated suffering. I try to help my clients sort out those elements they wish to retain and those they would like to dissolve. For example, perfectionism applied to oneself may lead to higher accomplishment, whereas perfectionism applied to others may to unfair expectations, disappointment and resentment. Perfectionism that translates into trying again and again leads to success, whereas perfectionism that results in paralysis, avoidance, anxiety attacks, and withdrawal guarantees failure. Perfectionism facing forward leads to striving to create a better life, while perfectionism facing backward leads to self-flagellation, overconcern with one's mistakes, and wallowing in self-pity. Perfectionistic tendencies are tools which can be used to produce growth or produce agony. The client then has a set of criteria with which to monitor and moderate his or her behavior.

We do a great deal of priority setting, facing the painful realization that one cannot be perfect in everything. We have to make choices about what to strive for, and where we can settle for less than our best. I acknowledge that there is pain in perfectionism. I try to teach my clients not to be afraid of the pain. It is good pain--growing pain. And I assure them that they have the inner strength to cope with it.

Summary

There appear to be many forms of perfectionism, some more constructive than others. We commend a person's willingness to pursue his or goals in the face of obstacles, setbacks and failures. We exhort children to do their best in everything. Idealism is a function of the ability to perceive "what ought to be," instead

of only "what is" in oneself and society. The vision of what is possible is a sign of multilevel positive disintegration. The determination to create one's life as a reflection of that vision sets apart multilevel from unilevel development.

Some of the negative aspects of perfectionism are the fear of mistakes, allowing the fear to paralyze future efforts, imposing one's standards on others, and trying to be perfect in too many areas simultaneously. These can all be dealt with through therapeutic intervention. However, in addition, individuals have to cope with an overlay of fear that their perfectionistic feelings are indicative of mental illness. As a therapist, I find that sharing Dąbrowski's theory with my clients releases them from the bondage of their secret terror that perfectionism marks them as psychologically disturbed. Once they recognize the positive value of their drive for perfection, they are able to deal more effectively with the negative aspects, changing attitudes and behaviors that are self-defeating and retaining those aspects that further their personal development.

Multilevel development begins with an intense awareness of the gap between where one is now and where is possible to be. It takes great personal courage to live in that gap and try to close it. The desire for self-perfection is painful and not everyone is willing to experience that pain. This is what separates the person of high moral commitment in adult life from the apathetic person who is comfortable with the way things are or adapted to the limitations that currently exist in oneself and the world. The therapist's role is not to protect clients from their pain, but to reassure them that they have enough inner strength to use that pain in the service of their development.

"The pursuit of self-perfection is a personal journey into higher realms of existence, a journey that enriches the self and the world through its bounty. It is the crucible that purifies the spirit—the manifestation of life's longing for evolution."

REFERENCES

- K. DĄBROWSKI, *Positive disintegration*, London 1964.
K. DĄBROWSKI, *Psychoneurosis is not an illness*, London 1972.
S. A. GALLAGHER, A comparison of the concept of overexcitabilities with

measures of creativity and school achievement in sixth grade students, *Roeper Review*, 8, 1985, p. 115—119.

- K. Z. LYSY, and M. M. Piechowski, Personal growth: An empirical study using Jungian and Dąbrowskian measures, *Genetic Psychology Monographs*, 108, 1983, p. 267—320.
M. M. PIECHOWSKI, A theoretical and empirical approach to the study of development, *Genetic Psychology Monographs*, 92, 1975, p. 231—297.
M. M. PIECHOWSKI, Developmental potential, in: N. Colangelo and R. T. Zaffran (Eds.), *New voices in counselling the gifted* (p. 25—57), 1979 Dubuque, IA: Kendal/Hunt.
M. M. PIECHOWSKI and N. COLANGELO, Developmental potential of the gifted, *Gifted Child Quarterly*, 28, 1984, p. 80—88.
M. T. ROGERS, A comparative study of developmental traits of gifted and average children, published doctoral dissertation, University of Denver, Denver 1988.
S. W. SCHIRVILL, Creative personality characteristics and dimensions of mental functioning in gifted adolescents, *Roeper Review*, 7 (4), 1985, p. 233—220.
L. K. SILVERMAN, Personality development: The pursuit of excellence, *Journal for the Education of the Gifted*, 6, 1983, p. 5—19.
L. K. SILVERMAN and B. ELLSWORTH, The theory of positive disintegration and its implications for giftedness, in: N. Duda (Ed.), *Theory of positive disintegration: Proceedings of the Third International Conference* (p. 170—184), Miami, FL: University of Miami School of Medicine 1980.