Chapter 7

Perfectionism and Perfectionistic Self-Presentation in Social Anxiety

Implications for Assessment and Treatment

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The role of perfectionism in social anxiety has been a consistent theme in the exponentially growing literature on perfectionism. Clearly, a strong case can be made for the relevance of perfectionism in trying to understand a substantial proportion of the people suffering from social anxiety and related forms of distress and dysfunction. Perfectionism can play a role due to the pressure inherent in exceptionally high standards and expectations, but it also plays a role in terms of the maladaptive self-regulation tendencies of perfectionists once failures and embarrassments have been experienced or are expected and anticipated to take place.

Accordingly, in the current chapter, we selectively review the previous research and more recent research on perfectionism and social anxiety after first describing perfectionism as a multidimensional construct. One key element of our analysis is that it extends beyond trait perfectionism to include an emphasis on individual differences in perfectionistic self-presentation in the development and experience of social anxiety. We also explore the role of cognitive elements of perfectionism in social anxiety and examine perfectionism and social anxiety from a treatment perspective, with a particular focus on how the interpersonal aspects of perfectionism have clear implications for recovery from social anxiety and social phobia. This chapter concludes by outlining an extended conceptual model of perfectionism and social anxiety that builds on recent developments in the perfectionism literature.

First, we begin by providing an overview of some of the many published case studies that illustrate the relevance of perfectionism in clinical forms of social anxiety. While most of this chapter focuses on descriptions of research findings from a variable-centered perspective, these person-centered case studies serve to remind us that that the people who suffer from social anxiety are

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complex individuals and their perfectionistic tendencies are accompanied by other personality features and characteristics and life circumstances that need to be considered in case formulations and treatment. Another theme that emerges from these case studies is that there is substantial heterogeneity among people who are perfectionistic as well as high in social anxiety and associated forms of clinical dysfunction. This heterogeneity extends to developmental precursors, in that certain perfectionists with diagnoses of social anxiety or social phobia have a history of harsh experiences, including family experiences, but this is not always the case. These case histories will also be used, where possible, to illustrate how a multidimensional approach to perfectionism fits with the various ways in which social anxiety is experienced and expressed.

CASE EXAMPLES LINKING PERFECTIONISM WITH SOCIAL ANXIETY

One of the most compelling and complete accounts of perfectionism and social anxiety was included in an intriguing paper titled *Stuck Behind a Wall of Fear* by Karp and Dugas (2003). They applied cognitive-behavioural therapy (CBT) to address social anxiety disorder in a 48-year old woman. This woman, referred to as Jane, avoided social situations, had few friends, and was deeply concerned about being negatively evaluated in social situations. She experienced social anxiety across a broad range of situations. Jane reported cognitive distortions including her need "to be 'perfect' in social encounters" (p.176), the belief that "if she made one mistake during a conversation, she was a complete failure" (p. 176), and that "she had to be perfect or else others would think negatively of her" (p. 181). A 16-session treatment plan that was ultimately successful was implemented to treat her social phobia and her cognitive distortions.

Karp and Dugas (2003) acknowledged that one complicating factor in the case was that Jane placed the therapist on a pedestal; she felt that the therapist was incapable of making mistakes during role-playing exercises while she was not. That is, Jane idealized her therapist as being perfect. Jane viewed the therapist as having already achieved perfection, and Jane used her perception of the therapist's flawlessness as the basis for an upward social comparison that fuelled her own inadequacies and her own sense of falling short of expectations as well as her tendency to focus on her own mistakes. As noted astutely by Karp and Dugas (2003), Jane progressed in therapy only when the therapist modelled mistakes to demonstrate that no one was perfect.

As another example, Mersch, Hildebrand, Lavy, Wessel, and Van Hout (1992) described three people with social phobia who were treated with rational emotive therapy and paradoxical intervention. The person referred to as Patient C had clear struggles with perfectionism. He was described as a 30-year old married man who worked as a high school teacher. His main symptom of blushing in social situations was traced to when he was 22 years old and he was teased by a teaching colleague in front of 20 other people and his blushing was pointed

out by another teacher. Cognitively, Patient C had a belief system that reflected his conviction that people were either strong or weak and he was determined to make an impression on other people that would put him in the strong category. At the root of his difficulty was his tendency to equate making a mistake with failure and his preoccupation with displaying tendencies that others would see as a sign of weakness. Patient C tried to manage his symptoms through the use of medication and alcohol and avoiding informal situations where his blushing would be on display. He also jogged every morning so that having a red face could be attributed to running strenuously rather than to blushing. He also worked on his suntan so blushing would be less visible.

In another case account, a 32-year old man named Jan was treated for social phobia that was accompanied by dependent, avoidant, perfectionistic, and narcissistic behaviour (see Scharwachter, 2008). Jan was characterized by feelings of loneliness and social isolation and he still lived in his parents' home. He had profound fears of criticism, rejection, and being humiliated. His problems were largely due to his father who demanded perfection and obedience and had a history of being physically abusive to Jan. His influence was profound such that "Jan's whole life is dedicated to prove (sic) to his father that he, in fact, can do things well" (p. 65). In other words, Jan had a profound need for validation and his behaviours were largely a reflection of this need. But, of course, Jan's definition of "doing well" translated into a need to be and to seem flawless.

One final intriguing case involves Carolyn, a fourth year African-American student who sought counseling for acute anxiety in public speaking situations (see Johnson, 2006). Carolyn had very impressive grades and she had already been recruited by a consultant management group but had been unable to participate in classroom discussions for over two months due to her anxiety. A related problem was her becoming highly self-critical for not being able to perform. Carolyn acknowledged that she felt great pressure to do well. Specifically, she acknowledged that "she spent a lot of time thinking about her responses and trying to make them perfect, in order to justify the excellent job offer she had accepted, and validate her presence at an Ivy League school." (p. 35). She also felt that she had been admitted to the university in part due to her color. This meant that the CBT used to treat Carolyn was quite complex because it also had to address the theme of perceived racial bias and "Carolyn's internalized pressure to perform perfectly as a compensation for racial bias" (p. 35).

Collectively, these case studies illustrate several themes that we will address in an extended model of perfectionism and social anxiety. These cases suggest not only that perfectionism and negative self-evaluations play a role in clinical levels of social anxiety, but it is also apparent that related beliefs about failure and its connotations are key contributors to the social anxiety, and contextual factors must also be taken into account. These socially anxious individuals also have deficits in cognitive and emotional self-regulation and much of their social anxiety is rooted in their maladaptive reactions to actual and perceived threats and challenges.

We now turn to a consideration of perfectionism as a multidimensional construct and the research linking social anxiety with multidimensional perfectionism. As noted above, our analysis focuses extensively on interpersonal perfectionism.

UNIDIMENSIONAL VERSUS MULTIDIMENSIONAL CONCEPTUALIZATIONS OF PERFECTIONISM

A common pattern in the personality literature is that personality constructs are first regarded as unidimensional and then specific facets or dimensions are eventually discovered. Indeed, a unidimensional approach to the study of perfectionism prevailed for many years (see Burns, 1980; Garner, Olmstead, & Polivy, 1983), but beginning in 1990, it was recognized by two research teams that the perfectionism construct is quite complex and actually consists of several dimensions that reflect personal and interpersonal concerns. Frost and associates conducted seminal work in this area. They constructed the Multidimensional Perfectionism Scale to assess six components of perfectionism (see Frost, Marten, Lahart, & Rosenblate, 1990). We will refer to this as the Frost Multidimensional Perfectionism Scale (FMPS). This scale assesses the personal aspects of perfectionism (i.e., personal standards, concern over mistakes, doubts about actions, organization) and the familial aspects of perfectionism (i.e., unrealistic parental expectations and parental criticisms). Frost and associates (Frost et al., 1990; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) established that the FMPS concern over mistakes subscale is the element linked most consistently with various forms of psychological distress. Overall, four factors (i.e., excessive concern over mistakes, doubts about actions, parental criticism, and parental expectations) have some obvious negative implications in terms of vulnerability to various forms of anxiety, including social anxiety. Note that these four subscales have often been combined in a composite factor typically called "maladaptive evaluative concerns" (e.g., DiBartolo et al., 2007; Kawamura, Hunt, Frost, & DiBartolo, 2001). While this is certainly justified from an empirical perspective, it is also worth considering the unique themes represented by each of these factors, especially at the level of unique individuals with social anxiety. For instance, one antecedent of social anxiety is the experience of adverse experiences earlier in life, including a history of maltreatment (Bruce, Heimberg, Golden, & Gross, 2013). One way of interpreting extremely high levels of parental criticism is that for some people it can constitute a harsh form of emotional abuse that can contribute to social anxiety and to other forms of distress (for related evidence, see Hamza & Willoughby, 2013). Chronic concerns about being criticized and humiliated for not living up to parental expectations can easily generalize to a broad tendency to anticipate negative social evaluation that can escalate into humiliation.

At the same time that Frost and his associates were developing their measure, Hewitt and Flett (1990) also began exploring different dimensions

of perfectionism; this work culminated in the development of another multifaceted measure of perfectionism also called the Multidimensional Perfectionism Scale (see Hewitt & Flett, 1991b, 2004). We will refer to this measure as the Hewitt and Flett Multidimensional Perfectionism Scale (HFMPS). This 45-item scale taps three trait dimensions—self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Whereas self-oriented perfectionism entails a striving for personal standards of perfection, other-oriented perfectionism involves a focus on the need for other people to be perfect. Socially prescribed perfectionism is the trait component in this framework that is related most consistently to maladjustment, including social anxiety. Socially prescribed perfectionism is a stable trait that is based on the perception that others have unrealistic standards and perfectionistic motives for one's own behaviors and that others will be satisfied only when these standards are attained. It involves a sense of pressure stemming from the view that others have imposed perfectionistic demands on the self. Socially prescribed perfectionism can be veridical and reflect the presence of significant others in one's life who demand perfection (see Hewitt, Flett, & Mikail, 1995), but it can also reflect broader social pressures and the perception that others demand perfection from the self.

OVERVIEW OF PREVIOUS RESEARCH

Other influential models of perfectionism and measures of perfectionism have been developed but our review will focus primarily on research involving the FMPS and the HFMPS because one or both of these measures have been used in most studies conducted thus far. We noted at the outset of this chapter that we have provided a "selective review" because the research in this area is now quite extensive and this topic was well-covered in a chapter by Frost, Glossner, and Maxner (2010) in an earlier volume of this book. Thus we will place more emphasis on current research and on proposing an expanded conceptualization of the role of perfectionism in social anxiety.

The research described below focuses initially on correlational research that shows consistent links between maladaptive elements of trait perfectionism and indices of social anxiety and social phobia. Next, we summarize research that examines levels of trait perfectionism in people with clinical diagnoses of social phobia. Our extended analysis then introduces the concepts of perfectionistic self-presentation and perfectionistic automatic thoughts and we examine their roles in social anxiety.

Correlational Research

Kawamura et al. (2001) examined how multidimensional perfectionism related to various clusters of anxiety symptoms in 209 university students. Key measures for our purposes included the FMPS, fear of negative evaluation, social phobia, and anxiety sensitivity. Perfectionism was assessed with factors labelled

as adaptive perfectionism (i.e., the original FMPS personal standards subscale) and maladaptive evaluative concerns perfectionism. A factor analysis yielded three anxiety factors including one involving social anxiety, trait anxiety, and worry. Maladaptive perfectionism had a robust positive association with this factor (r = .453) and there was also a small positive association between adaptive perfectionism and this factor (r = .157) that did not achieve statistical significance.

DiBartolo et al. (2007) reported data linking perfectionism and social anxiety in 342 college women. Their analyses focused on the maladaptive evaluative concerns perfectionism composite. DiBartolo et al. (2007) also reported the results for the personal standards subscale and a measure of pure personal standards (the original scale minus two items from the original subscale reflecting contingent self-worth and a negative self-evaluative tone). The social phobia subscale of the Social Phobia and Anxiety Inventory (Turner, Beidel, Dancu, & Stanley, 1989) was included along with several other measures. Results indicated that the measure of pure personal standards was not associated significantly with social phobia but there was a robust positive link (r = .47) between social phobia and maladaptive evaluative concerns. Supplementary analyses with other measures in this study indicated that the link between perfectionism and social phobia was partly mediated by the perceived costs and perceived probability of hypothetical negative events. One of the main conclusions of this work is that perfectionism becomes maladaptive when it is associated with a judgmental bias.

Several recent studies have yielded relevant data by including a social anxiety measure along with the Frost MPS as part of a broader investigation. For instance, in their analysis of social anxiety and intolerance of uncertainty, Boelen and Reijntjes (2009) established significant links between social anxiety and scores on three Frost MPS dimensions (i.e., concern over mistakes, doubts about actions, and parental criticism). An intriguing element of this study is that it was part of a longitudinal study of people coping with loss, and the intervening role of a challenging life context in the link between perfectionism and social anxiety certainly merits further investigation. Other recent data suggest that maladaptive evaluative concerns mediate the link between social anxiety and bulimic symptoms (Menatti, Weeks, Levinson, & McGowan, 2013).

Another relevant investigation was conducted by Santanello and Gardner (2007), who included a measure of social anxiety as part of a study on multidimensional perfectionism and experiential avoidance. This investigation with 125 undergraduate students found that a combined factor (concern over mistakes and doubts about actions) was linked with social interaction anxiety but personal standards and a combined parental factor (criticism and expectations) was not associated significantly with social anxiety.

Finally, and more recently, in research on perfectionism, fear of negative evaluation and social appearance anxiety, it was found in two samples of undergraduate students that the pure personal standards factor was not associated

with social anxiety. However, the maladaptive evaluative concerns composite factor was linked with social anxiety in both samples (*r*'s of .35 and .36) (see Levinson et al., 2013).

Investigations with the Hewitt and Flett MPS (HFMPS) support the role of socially prescribed perfectionism in social anxiety. Several studies have established links between socially prescribed perfectionism and fear of negative evaluation, including the research conducted as part of the original development of the HFMPS (see Flett, Coulter, & Hewitt, 2012; Flett, Hewitt, & DeRosa, 1996; Hewitt & Flett, 1991b). Fee and Tangney (2000) also measured these variables as part of a broader investigation of procrastination and shame. Although they did not report the link between fear of negative evaluation and socially prescribed perfectionism, socially prescribed perfectionism was linked with shame, which, in turn, had a robust link with fear of negative evaluation. We mention this study because of our sense that shame (i.e., the emotional experience of self-deficiencies being known publicly) is a central element that underscores the link between perfectionism and social anxiety. In all likelihood, a sense of shame also underscores evidence suggesting that trait self-concealment and contingent self-worth act as mediators of the link between perfectionism and fear of negative evaluation (see DiBartolo, Li, & Frost, 2007). DiBartolo et al. (2007) found that this pattern of results was obtained regardless of whether the focus was on maladaptive evaluative concerns perfectionism (i.e., concern over mistakes, doubts about actions, parental expectations and parental criticism) or perfectionism in the form of high personal standards.

As we illustrate below, investigations with additional measures of social anxiety also point to a role for socially prescribed perfectionism in social anxiety. Saboonchi and Lundh (1997) examined trait perfectionism and social anxiety in 70 university students. Social anxiety was assessed in terms of self-reported social interaction anxiety and social phobia symptoms. The association between self-oriented perfectionism and social phobia ($r = .31$) was statistically significant at the $p < .01$ level and the correlation of .23 with social interaction anxiety approached significance ($p < .06$), but there were stronger links between socially prescribed perfectionism and both measures (*r*'s of .43 and .41, respectively). Even stronger associations were found when correlations were computed between the social phobia and social interaction anxiety measures and the FMPS measures of concern over mistakes and doubts about actions.

One of the largest investigations with the HFMPS was conducted by Xie, Leong, and Feng (2008) who examined perfectionism and social anxiety as part of a broader study of the personality correlates of anxiety in 324 university students from mainland China and 333 Caucasian university students from the United States. Analyses of the data from the U.S. sample found no links between social anxiety and self-oriented or other-oriented perfectionism, but there was the expected positive link with socially prescribed perfectionism ($r = .21$, $p < .05$). Analyses of data from the students from China found a small positive

link between other-oriented perfectionism and social anxiety ($r = .13$, $p < .05$) and a much stronger link between socially prescribed perfectionism and social anxiety ($r = .38$, $p < .01$). Socially prescribed perfectionism in both samples was also associated negatively with indices of public self-esteem and private self-esteem taken from a measure of collective self-esteem.

Nepon, Flett, Hewitt, and Molnar (2011) examined the correlates of perfectionism in a sample of 155 university students. Once again, self-oriented and other-oriented perfectionism were not associated with social anxiety, but there was a significant correlation ($r = .29$) between socially prescribed perfectionism and social anxiety. We will revisit this study in a later segment of this chapter because of other measures that were also included.

Laurenti, Bruch, and Haase (2008) reported a strong positive association between socially prescribed perfectionism and social anxiety as part of a laboratory investigation in which community college students were told individually that they would be interacting with an opposite-sex stranger. The interaction did not actually take place but participants were asked to rate their anticipated level of self-efficacy and the standards that their interaction partner would have for them. A discrepancy measure was calculated to reflect the difference between the perceived standards of the other person and the self-efficacy rating. In addition, participants completed an abbreviated version of the Social Interaction Self-Statement Test (Glass, Merluzzi, Biever, & Larsen, 1982). It was used in this instance to assess negative self-statements and positive self-statements in anticipation of the social interaction. In addition to the link with social anxiety, socially prescribed perfectionism was also associated robustly with the discrepancy between other's perceived standards and performance self-efficacy ratings as well as negative self-statements. There was also a smaller but still significant association between socially prescribed perfectionism and fewer positive self-statements. Importantly, socially prescribed perfectionism also moderated the association between social anxiety and the discrepancy between other's perceived standards and self-efficacy ratings; that is, higher levels of socially prescribed perfectionism were associated with a much stronger association between discrepancy and social anxiety, suggesting that socially prescribed perfectionism had an amplifying effect.

Collectively, the pattern of findings that emerges from these studies is that there is little consistent evidence linking social anxiety with perfectionism in the form of striving to attain exceedingly high personal standards. In contrast, social anxiety is associated consistently with various elements of the perfectionism construct such as concern over mistakes and socially prescribed perfectionism. These dimensions are elements of an evaluative concerns perfectionism construct that seems to tap a perfectionistic personality orientation focused on the need to live up to social expectations while being cognitively preoccupied with the very real possibility that these standards will not be attained and expectations will not be met. This sense of falling short of expectations is discussed in more detail below in our discussion of research on discrepancies from perfection.

PERFECTIONISM AND THE ROLE OF DISCREPANCY IN SOCIAL ANXIETY

The concept of perfectionism discrepancies was introduced by Robert Slaney and his colleagues (see Slaney et al., 2001; Slaney, Rice, & Ashby, 2002). Discrepancy is a maladaptive form of perfectionism that taps evaluations of falling short of standards and associated feelings of dissatisfaction. While there has not been extensive work on the role of perfectionism discrepancies in social anxiety, tests of the self-discrepancy model proposed by Higgins have shown that people prone to social anxiety do indeed have a discrepancy between their actual self and their ought self (see Strauman, 1989; Strauman & Higgins, 1988). Some evidence of the role of perfectionism discrepancies was provided by Shumaker and Rodebaugh (2009), who examined the correlations among the *Almost Perfect Scale – Revised* and measures of social anxiety and self-consciousness in a sample of 383 students. Discrepancy was associated jointly with social anxiety (r = .38) and self-consciousness (r = .26). Another investigation with college students by Wu and Wei (2008) found a comparable correlation between the discrepancy subscale and fear of negative evaluation (r = .42). These data suggest that the sense of not measuring up to standards and expectations is a key element of the social anxiety of perfectionists and, as a result, we have opted to incorporate this component into an extended model of perfectionism and social anxiety that is described later in this chapter.

Levels of Trait Perfectionism in Clinically Diagnosed Social Phobia

A key issue is whether overall levels of perfectionism are elevated among people suffering from clinically diagnosed social phobia. Elevations should be detectable, even allowing for people with social anxiety who are not perfectionists. Hewitt and Flett (1991b) conducted one of the first studies of multidimensional perfectionism and clinical anxiety and found that socially prescribed perfectionism was elevated among people with anxiety disorders. However, while the anxiety disorders group included people with social phobia, they did not distinguish a group with social phobia. In contrast, Juster et al. (1996) focused specifically on patients with social phobia and found that when they were compared with a nonclinical comparison group, the social phobia group had significantly higher mean scores on three FMPS subscales—concern over mistakes, doubts about actions, and parental criticism.

Antony, Purdon, Huta, and Swindon (1998) assessed trait levels of perfectionism in 175 patients who had social phobia, specific phobia, obsessive compulsive disorder (OCD), or panic disorder. The FMPS and HFMPS were both included. The scores of the patients in the various clinical groups were compared with the scores of 49 nonclinical volunteers. Group comparisons distinguished the group of 70 patients with social phobia relative to the patients in the

other clinical groups and the nonclinical controls. Specifically, the patients with social phobia had elevated levels of concern over mistakes, parental criticism, and socially prescribed perfectionism. They also had higher levels of doubts about actions than all of the other groups except the OCD patient group and they had higher levels of socially prescribed perfectionism than all of the groups except the panic disorder group. Published norms are available for the HFMPS (see Hewitt & Flett, 2004) and the mean level of socially prescribed perfectionism was slightly elevated relative to the means for community participants as described by Hewitt and Flett (2004).

A more recent clinic group comparison was conducted by Wheeler, Blankstein and associates as part of their broader work establishing the merits of a measure of self-critical perfectionism (see Wheeler et al., 2011). Their sample of 190 outpatients was comprised of participants with a diagnosis of social anxiety disorder, panic disorder, OCD, or major depressive disorder. Once again, a group of non-psychiatric control participants was also included. Analyses of scores on the FMPS found significant group differences for the subscales assessing concern over mistakes, doubts about actions, and parental criticism. The highest scoring groups tended to be the participants with social anxiety disorder or major depressive disorder followed by the participants with OCD with those high in social anxiety disorder or major depression having significantly higher scores relative to the panic disorder and control groups. Analyses of responses to the HFMPS found no group differences in other-oriented perfectionism, but there were robust group differences in socially prescribed perfectionism and self-oriented perfectionism. The patients in the social anxiety disorder and major depressive disorder groups had comparable scores on socially prescribed perfectionism that were much higher than the mean scores found for the other three groups. The mean scores were high relative to community and clinical norms (see Hewitt & Flett, 2004). The participants in the social anxiety disorder, major depressive disorder, and OCD groups were also distinguished from the other two groups by higher levels of self-oriented perfectionism.

A more complex person-centered approach was employed by Lundh, Saboonchi, and Wangby (2008) to examine how patterns of perfectionism, as assessed by the FMPS, are related to various forms of clinical disorder and functioning in nonclinical participants. Various patterns of perfectionism were explored in terms of their prevalence among patients with social phobia and patients with panic disorder. The cluster analysis yielded a 10-cluster solution with several combinations deemed to reflect clinically significant perfectionism. Three patterns involving extreme perfectionism across most of the FMPS subscales were clearly over-represented among the patients with social phobia and they were under-represented among the nonclinical participants. Lundh et al. (2008) cautioned that it is inappropriate to characterize high scores on the personal standards factor as adaptive because when the focus is on an individual person, the patterns involving high perfectionism often reflect combinations of high concern over mistakes and high doubts about actions along with high

personal standards. Specifically, the authors noted that for patients with social phobia, high PS (Personal Standards) scores seem to be part of a completely different "Gestalt" (p. 346) in that they were accompanied by high scores on the other factors. Another intriguing finding emerging from this research is that about 1 in 4 people with social phobia did not show a pattern of maladaptive perfectionism (see Lundh et al., 2008) and the authors noted that this could have important implications for treatment, given earlier pilot data indicating that patients with high standards, concern over mistakes, and doubts about actions tended to have poor responses to CBT (Lundh & Ost, 2001).

Extending the Hewitt and Flett (1991) Model: Perfectionistic Self-Presentation

The research described thus far has focused on classic trait elements of perfectionism. A central theme in this chapter is the need also to consider the role of perfectionistic self-presentation in social anxiety. Hewitt, Flett, and associates introduced the multi-faceted construct of perfectionistic self-presentation as an extension of the focus on trait perfectionism that prevailed until that point (see Hewitt et al., 2003). Perfectionistic self-presentation is a maladaptive self-presentational style composed of three facets: perfectionistic self-promotion (focusing on proclaiming and displaying one's perfection); nondisplay of imperfection (concentrating on concealing and avoiding behavioral demonstrations of one's imperfection); and, nondisclosure of imperfection (centering on evading and avoiding verbal admissions of one's imperfections). Perfectionistic self-presentation is illustrated by the person who publicly tries to project an image of being perfect and having the perfect life (perfectionistic self-promotion) while also defensively covering up mistakes (nondisplay of imperfections) and denying or simply not talking about mistakes (nondisclosure of imperfections). Extreme forms of perfectionistic self-presentation displayed by someone with reasonable social skills can resemble a chameleon-like form of behavior expressed by someone who is trying to fit in perfectly with a social situation or they would like to seem like a perfect member of a group or organization. As we see below, however, this extreme public self-presentation is often a defensive overcompensation for a highly negative and uncertain sense of self.

Several studies involving diverse samples demonstrate that perfectionistic self-presentation is a valid and reliable construct and a consistent factor in personal and interpersonal psychological distress. Hewitt et al. (2003) argued that the need to promote one's perfection and the desire to conceal imperfections can be traced to a compensatory mechanism used to defend against a low or fragile sense of self-acceptance and a sense of not belonging or not being accepted by other people. Recent work indicates that this style can be detected in children and adolescents (see Hewitt et al., 2011).

The measure developed to assess this construct—the Perfectionistic Self-Presentation Scale—is a 27-item self-report measure with three facets

measuring perfectionistic self-promotion, nondisplay of imperfections, and nondisclosure of imperfections (Hewitt et al., 2003). As alluded to above, a comparable version has been developed for children and adolescents (see Hewitt et al., 2011). Collectively, these measures have now been used in a variety of contexts and they have demonstrated an ability to predict unique variance in psychological distress beyond the variance attributable to trait perfectionism. One way to conceptualize the differences between trait dimensions, such as socially prescribed perfectionism and concern over mistakes versus perfectionistic self-presentation, is by looking at a subset of individuals; this subset responds to pressures to be perfect, and concerns about possibly being imperfect, by adopting a public mask and persona focused on seeming perfect and avoiding situations where imperfections will be revealed. In contrast, other people may respond to pressures and demands to be perfect by rebelling and by refusing to live up to these expectations.

The potential relevance of perfectionistic self-presentation to the development, maintenance, and expression of social anxiety should be quite evident to people familiar with the nature of social anxiety. Indeed, a preoccupation with the possibility of making mistakes in public is a central theme. But how relevant is perfectionistic self-presentation in terms of actual empirical results? We have now conducted four published studies (with five samples) to examine this issue. Initial evidence was obtained from two university student samples in the initial scale development paper (Hewitt et al., 2003). More recently, data were also obtained from another university student sample that we mentioned earlier (see Nepon et al., 2011). As part of a broader investigation, the association between facets of perfectionistic self-presentation and social anxiety were also examined in a heterogeneous sample of clinical patients (see Hewitt et al., 2008). Finally, and more recently, we examined the extent to which the facets of perfectionistic self-presentation are associated with social anxiety in early adolescents in grades seven and eight (Flett, Coulter, & Hewitt, 2012). All three facets of perfectionistic self-presentation were linked with indices of social anxiety across these studies, with the strongest correlations involving the link between social anxiety and the need to avoid displaying imperfections. The correlations here have ranged from .33 to .59. Most noteworthy is the fact that when trait perfectionism measures have been included, socially prescribed perfectionism is linked with social anxiety but this association, while clearly significant, pales in comparison to the extent that perfectionistic self-presentation relates to social anxiety.

One key question is whether the Perfectionistic Self-Presentation Scale (PSPS) facets predict unique variance in social anxiety beyond the variance attributable to trait perfectionism. That is, does the PSPS have incremental validity? As might be expected given the magnitude of the correlations, perfectionistic self-presentation accounts for a highly significant amount of unique variance when evaluated as a subsequent predictor block in hierarchical regression analyses. For instance, as reported by Hewitt et al. (2003), with respect to one of their

university student samples, the PSPS predictor block accounted for an additional 15% of the variance in social interaction anxiety beyond the 17% of the variance attributable to the Hewitt and Flett MPS subscales. Similarly, in the same sample, the PSPS predictor block accounted for an additional 13% of the variance in social performance anxiety beyond the 12% of the variance attributable to the Hewitt and Flett MPS subscales.

The results for early adolescents reported by Flett et al. (2012) raise the possibility that there are certain periods in development (e.g., adolescence) when perfectionistic self-presentation may be especially salient and central to one's self-definition. Similar regression analyses were conducted separately for the three factors that comprised the social anxiety measure (i.e., social avoidance and distress in new situations, generalized social avoidance and distress, fear of negative evaluation). It was found across these analyses that the trait perfectionism block accounted for a significant 7% to 9% of the variance, with socially prescribed perfectionism being the individual factor within the block that was typically significant. However, subsequent addition of the PSPS block resulted in predicting another 17% to 32% of the variance in the social anxiety factors, with the greatest unique associations being found for the fear of negative evaluation factor (see Flett et al., 2012). Collectively, our results indicate that perfectionistic self-presentation is associated uniquely and robustly with social anxiety in early adolescents.

Another important question is whether perfectionistic self-presentation predicts daily levels of social anxiety according to a dynamic approach that takes ongoing life experiences into account. This issue was addressed effectively in an impressive new experience sampling study by Mackinnon, Battista, Sherry, and Stewart (2014) that included daily measures of perfectionistic self-presentation and social anxiety. These authors found that "perfectionistic self-presentation emerged as a robust predictor of daily social anxiety" (p. 143) and this conclusion was supported when the authors focused on the variability between participants as well as within participants in terms of fluctuations across days in levels of social anxiety. Arguably, despite these impressive results, it can be argued that that role of perfectionistic self-presentation in social anxiety may have been underestimated in this new study, due to the authors' decision to use a very abbreviated three-item daily measure of perfectionistic self-presentation that included items from one subscale (i.e., the nondisplay of imperfections subscale) and not the other two subscales of the Perfectionistic Self-Presentation Scale.

The potential relevance of perfectionistic self-presentation in clinically diagnosed social anxiety has not been explored extensively but it was shown in a study conducted in India with 30 adults diagnosed with social phobia and 30 community volunteers in a nonpsychiatric control group (Jain & Sudhar, 2010). The clinical group had significantly higher levels of concern over mistakes, doubts about actions, and parental criticism. Analyses with the PSPS factors found that the clinical group also had significantly higher levels of nondisplay of imperfections, and marginally significant higher levels of perfectionistic

self-promotion ($p < .06$). Overall mean levels of perfectionistic self-presentation in the clinical group were substantially higher than the general clinical norms reported by Hewitt et al. (2003). The two groups in the Jain and Sudhar (2010) study did not differ significantly on the nondisclosure facet.

Research in our laboratories and elsewhere is now seeking to establish the developmental antecedents and contributing factors that result in elevated levels of perfectionistic self-presentation. That is, how does someone come to have exceptionally high levels of perfectionistic self-presentation in a way that can relate to social anxiety? Factors identified thus far include a heightened anxiety sensitivity (Flett, Greene, & Hewitt, 2004) as well as an insecure attachment style (see Boone, 2013; Chen et al., 2012). Related work on the motives underlying individual differences in perfectionistic self-presentation has pointed to the tendency for people high in perfectionistic self-presentation to have a high need for validation, as if they need their sense of worth to be proved (Flett, Besser, & Hewitt, 2014). Other research on personality dysfunction highlights the vulnerabilities inherent in someone with an elevated need to engage in perfectionistic self-presentation. Research conducted by Sherry, Hewitt, Flett, Lee-Baggley, and Hewitt (2007) established clear links between perfectionistic self-presentation and Cluster C traits (including anxious, avoidant, fear, and dependent traits). Indeed, this research established that the nondisplay of imperfection facet was a robust unique predictor of these tendencies beyond trait perfectionism assessed with the HFMPS. Other findings based on responses to the Dimensional Assessment of Personality Pathology (DAPP; Livesley et al., 1992) established that perfectionistic self-presentation is associated with factors tapping dysregulation and inhibition ($r = .50$). The dysregulation factor consists of various DAPP subscales, including identity problems, submissiveness, affective instability, and insecure attachment. The inhibition factor taps such themes as restricted expression and intimacy problems. Several of these themes are detectable among people suffering from profound levels of social anxiety.

Further Extensions of the Model: Perfectionism Cognitions

While an extended analysis of the role of perfectionism in social anxiety must focus on the role of perfectionistic self-presentation, there is another component of the extended Hewitt and Flett perfectionism model that should also be relevant – namely, frequent automatic thoughts about the need to be perfect. Another line of investigation we have been conducting involves the assessment of individual differences in automatic, perfectionistic thoughts, as assessed by the Perfectionism Cognitions Inventory (Flett, Hewitt, Blankstein, & Gray, 1998). Cognitive rumination over mistakes and imperfections has been noted often among perfectionists. The Perfectionism Cognitions Inventory (PCI) is based on the premise that perfectionists who sense a discrepancy between their actual self and the ideal self, or between their actual level of goal attainment and high ideals will tend to experience automatic thoughts that reflect perfectionistic themes

(see Flett et al., 1998). It is believed that perfectionists with high levels of perfectionism cognitions are especially susceptible to negative affect in the form of depression about failure to attain perfection in the past, as well as in the form of anxiety about the likelihood of failing to attain perfection in the future.

The PCI is regarded as reflecting a personality state because it taps thoughts over the past week. However, tests of the temporal stability of the PCI indicate that scores on the scale are surprisingly stable with three-to-four month test-retest reliabilities ranging from .76 to .85 (Flett et al., 1998; Mackinnon, Sherry, & Pratt, 2013). Wimberly and Stasio (2013) observed that perfectionistic automatic thoughts can become chronic and enduring when they become incorporated into existing cognitive structures. Our contention is that among people prone to social anxiety, automatic perfectionistic thoughts contribute a mixed self-schema and that encompasses the actual self and the ideal self. This combined cognitive structure is highly negative and highly focused on a more perfect sense of self that is not being attained. As such, the frequent experience of perfectionistic automatic thoughts among perfectionists who are already highly focused on needing to seem perfect in public will amplify their degree of social anxiety. Perfectionists who are continuing to ruminate about past social mistakes and how they must be perfect could experience a sense of pressure that becomes a self-fulfilling prophecy as new opportunities arise but they are cognitively preoccupied.

Several empirical studies have established unique links between scores on the PCI and levels of anxiety and depression in a variety of samples (e.g., Flett et al., 1998), and there have been several demonstrations of the incremental validity of the PCI in predicting psychological distress beyond the variance attributable to trait perfectionism dimensions. Unfortunately, the empirical association between perfectionistic automatic thoughts and social anxiety has not received extensive empirical attention thus far despite the likelihood that perfectionistic people prone to social anxiety should be highly involved in this form of thinking.

Indirect evidence suggesting a role for perfectionistic automatic thoughts in social anxiety was provided by Sturman (2011) who established that high scores on the PCI were associated with a new measure that taps feelings of defeat and submissiveness which, in turn, was linked strongly with social anxiety. A role for perfectionistic automatic thoughts is also suggested by links between the PCI and various elements of anxiety, including fear of observable symptoms and fear of cognitive dyscontrol (Flett et al., 2004). Finally, a new study conducted by Flett, Swiderski, Hewitt, and Nepon (2014) points more directly to the relevance of perfectionistic automatic thoughts in social anxiety. A sample of 153 university students completed a battery of measures that included several perfectionism measures (i.e., the Hewitt and Flett MPS, the PSPS, and the PCI) along with a measure of social anxiety and the Negative Self-Portrayal Scale (NSPS; Moscovitch & Huyder, 2011). The NSPS assesses the respondent's concern that deficits in self-attributes will be exposed to scrutiny and negative

evaluation by critical individuals in social situations. The three NSPS subscales assess concerns about deficits in social competence, physical appearance, and showing visible signs of anxiety. This study found that socially prescribed perfectionism and facets of perfectionistic self-presentation were associated with social anxiety and all NSPS subscales. Comparable correlations were also found with the PCI. Importantly, a regression analysis found that both the PCI and facets of perfectionistic self-presentation were unique significant predictors of social anxiety when the various predictors were simultaneously considered.

The frequent experience of perfectionistic automatic thoughts should have several effects and implications for perfectionists prone to social anxiety. Frequent rumination about needing to be perfect should make the negative self-image highly salient and vivid and may actually exacerbate negative automatic thoughts about the self. Similarly, recent work indicates that adolescents prone to social anxiety tend to experience anxious automatic thoughts, including automatic thoughts of anticipatory negative evaluation by others (Calvete, Orue, & Hankin, 2013). A cognitive preoccupation with needing to be perfect likely contributes to and exacerbates these anxious automatic thoughts among individuals who feel that they must seem as if they are perfect in social situations.

Parenthetically, it should be noted that an emphasis on rumination in the form of perfectionistic cognition has implications for well-known cognitive behavioral models of social anxiety as they relate to attentional focus (for a review, see Schultz & Heimberg, 2008). Clark and Wells (1995) suggested in their classic model that socially anxious people are focused primarily on negative thoughts and self-imagery, while Rapee and Heimberg (1997) maintained in their equally influential model that there is a joint focus on internal cues and external signs and indicators of negative evaluation. We suggest that a substantial subset of socially anxious people are cognitively preoccupied with perfectionism-related thoughts in addition to their focus on negative thoughts; for these people, perfectionistic automatic thoughts and negative automatic thoughts are closely linked. The high cognitive salience of these automatic thoughts likely contributes to a propensity to perceive interpersonal feedback in the social environment as being negative, but it is also likely that these perfectionistic people either lack the spontaneity of other people or they miss social cues due to the cognitive demands of ruminating continuously about the need to be perfect.

TOWARD AN EXTENDED MODEL OF PERFECTIONISM AND SOCIAL ANXIETY

The case excerpts outlined at the beginning of this chapter illustrated how when perfectionism is associated with social anxiety, it is typically accompanied by a highly negative sense of self. Indeed, perfectionism and negative self-appraisals are the two primary components of the most widely cited models of perfectionism and social anxiety. Alden and associates outlined a two-component model after conducting experimental research showing that people prone to social

anxiety perceived perfectionistic pressures and expectations yet they also felt a sense of personal inadequacy in terms of being able to meet these expectations and standards. The two-factor theory of perfectionism and social anxiety posited by Alden, Ryder and Mellings (2002) includes both high standards and negative self-appraisals focused on not being able to meet these standards. The negative self-appraisals are fuelled by self-deprecation rather than self-acceptance.

Similar factors were emphasized in the original cognitive-behavioral model proposed by Rapee and Heimberg (1997) and these same factors are still emphasized in the revised and extended version of this model outlined by Heimberg, Brozovich, and Rapee (2010). These formulations focus initially on how people prone to social anxiety have negative self-views and feel incapable of living up to expectations. Moreover, they are highly cognizant of being judged by others and the negative social perceptions that other people have of them. This reinforces and exacerbates the negative sense of self. As summarized by Morrison and Heimberg (2013), "The threat of evaluation is palpable, and the likelihood that the person will be found lacking appears to be very high. Anxiety is the inevitable consequence of the evaluative threat" (p. 251).

The modified version of the model that we are now proposing retains the emphasis on negative self-appraisals and perfectionism, but each element is now extended and elaborated upon. Regarding the role of the negative self, our experiences with socially anxious perfectionists has led us to place greater emphasis on their tendency to make broad and sweeping negative self-assessments. For some individuals, in keeping with an Adlerian view, perfectionism is a response to profound feelings of inferiority. Social anxiety will be exacerbated to the extent that the perfectionist uses the cognitive style of overgeneralization and tends to make broad, sweeping negative assessments of perceived inadequacies. The sense that the inadequacies of the self reflect permanent deficiencies that are visible and evident to others will produce profound feelings of shame, and these feelings of shame and the inability to control these feelings are seen as further indications of personal inadequacy and being far from perfect. When viewed from this perspective, the perfectionistic self-presentation that is discussed in more detail below is largely designed to hide an inferior, inadequate self. Indeed, qualitative accounts provided by people diagnosed with social anxiety include an identifiable subset of people characterized as self-demanding perfectionists, with an abject sense of self involving themes such as "the self as miserable" and "the self as insufficient" and a need to hide this negative self (Pentinnen, Wahlstrom, & Kuusinen, 2013).

A related element of this negative sense of self is that the socially anxious person who feels a need to hide their negative sense of self behind a façade or "a front" will be distressed at some level by strong feelings of inauthenticity. This sense of hiding the true self and presenting a false self will mean that even when these socially anxious people say and do the right things in public situations and they appear to live up to expectations and standards, there is little satisfaction due to a sense that they were not themselves.

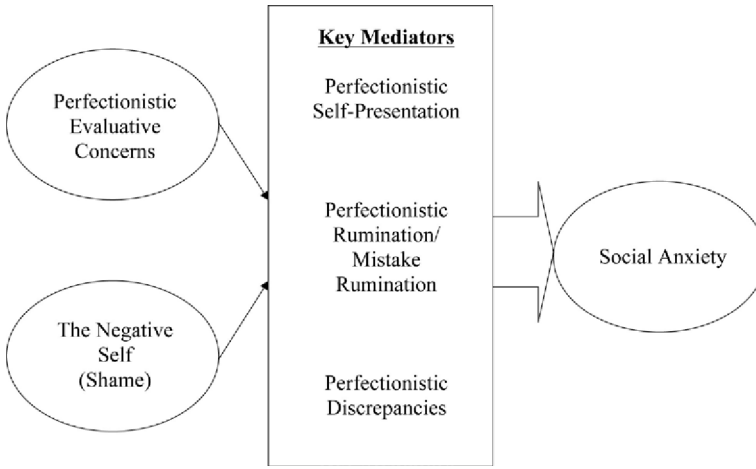

FIGURE 7.1 Conceptual Framework Linking Perfectionism and Negative Self-Appraisal with Social Anxiety.

According to this reformulated and expanded model, there is still a central focus on trait perfectionism in the form of perfectionistic evaluative concerns, but in keeping with our earlier discussions, we incorporate an expanded view of perfectionism that includes trait elements (i.e., socially prescribed perfectionism, concern over mistakes, doubts about actions) but places equal or greater emphasis on other elements of the perfectionism construct and these elements should be part of clinical assessments of the role of perfectionism in social anxiety. Most notably, it is suggested that anxiety is potentiated and maintained by high levels of perfectionistic self-presentation in terms of the need to appear perfect and the need to avoid seeming imperfect (see Figure 7.1). Whereas trait perfectionism involves an actual need to achieve perfection, the focus here is on self-image goals and the need to project an image of being perfect; this tendency is an outgrowth of negative self-views, elevated self-focused attention, and the pressure to be perfect. According to our conceptualization, perfectionistic self-presentation plays a central role and has a unique link with social anxiety that is not subsumed or accounted for by other perfectionism dimensions. We further maintain that perfectionistic self-presentation stems, in part, from trait evaluative concerns perfectionism and negative self-appraisals.

There is also a clear role in our proposed model for individual differences in cognitive rumination that comes in two forms—perfectionistic automatic thoughts and mistake-related cognitive perseveration. Frequent thoughts about needing to be perfect maintain and amplify negative self-views and they heighten the saliency and ease with which there is a tendency to negatively judge public behavior that falls short of being perfect as a social blunder. In addition, the tendency to frequently ruminate about needing to be perfect

ensures that perceived and actual imperfections remain highly cognitively salient in a way that typically undermines confidence in social situations and creates a hypervigilance to cues that may signal that other mistakes are likely to take place.

The second cognitive element—mistake rumination—is included to reflect a proposed tendency for socially anxious perfectionists to be cognitively preoccupied with past mistakes, especially previous social blunders, while also anticipating looming interpersonal situations where more mistakes are likely to take place. The anticipation of social mishaps is a central element of Hofmann's (2007) psychological maintenance model of social anxiety disorder and this element should be particularly evident among perfectionists who have a hypersensitivity to mistakes. Perfectionists who are particularly high in the trait dimension tapping concern over mistakes (Frost et al., 1990) will engage in cognitive operations that make past mistakes quite vivid and cognitively salient. Indeed, we have found this tendency among some perfectionists who are still preoccupied with an important mistake made many years earlier; typically, such individuals continue to be highly self-critical and are unwilling or unable to be self-compassionate and/or to engage in self-acceptance.

We maintain that any extended model of perfectionism and social anxiety must also allow for the role of perfectionism discrepancies as part of the self-evaluation component of this model. As an extension of the work conducted by Slaney and his colleagues, our recent research has established that it is possible to identify meaningful individual differences in discrepancies related to socially prescribed standards and perfectionistic self-presentation as a supplement to research with the HFMPS and PSPS. We have developed measures of the extent to which a person feels that they have met, as opposed to fallen short of, socially prescribed standards and the need to seem perfect to others. Our measure of the discrepancy from socially prescribed standards of perfection has already been incorporated meaningfully into some published work in the eating disorder field (see Mackinnon et al., 2011; Sherry & Hall, 2009). The discrepancy from socially prescribed standards is tapped by items such as "To what extent have you been unable to reach the goals that others have imposed on you." The discrepancy that reflects not living up to the need to seem perfect is tapped by such items as "To what extent have you been able to avoid making mistakes in front of other people?" Our emphasis on these discrepancies in the proposed model is a recognition of the self-appraisal component and the need to consider how the socially anxious person evaluates herself or himself with respect to the need to be perfect and to seem perfect in public.

We believe that variables such as perfectionistic self-presentation, perfectionistic automatic thoughts, mistake rumination, and perfectionism-related discrepancies are implicated in the development and persistence of social anxiety, but they also reflect potential key themes in the treatment of social anxiety. It is important that treatments place a strong emphasis on the theme of the inferior sense of self that is at the root of perfectionistic concerns and associated

cognitive tendencies. With this in mind, we now turn to our discussion of the role of perfectionism in the treatment of social anxiety.

TREATMENT IMPLICATIONS

One of the central themes of this chapter is that perfectionism is a factor that substantially complicates the treatment of social anxiety because the same standards, cognitive styles, and evaluative reactions that complicate the lives of socially anxious perfectionists are brought to and operate within the therapy context. It is important to not lose sight of the fact that counselling and treatment sessions for socially anxious perfectionists are largely interpersonal evaluation situations and this is a context where levels of self-consciousness and self-focused attention are exceptionally high.

The difficulties and challenges for the socially anxious perfectionist in treatment were clearly illustrated by the extended results from the Hewitt et al. (2008) study with 90 clinical patients. It was mentioned earlier that this study found a strong link between perfectionistic self-presentation and social anxiety in this study. The main purpose of this study was to examine the cognitive and physiological reactions of people who were asked to recount the biggest mistake they ever made. Later, in another segment of this study, participants were then asked to recount the second biggest mistake they ever made. Clearly, for perfectionistic self-presenters, this is one of the most threatening situations they can possibly imagine. Not surprisingly, participants with high PSPS scores had extreme physiological responses and took a long time for their arousal to subside. These data illustrate the physiological reactivity that can fuel various forms of anxiety, including social anxiety. But several other troubling tendencies were also found. People high in perfectionistic self-presentation and socially prescribed perfectionism had very negative views of how they were viewed by the therapist. When evaluated post-interaction, they were more likely to perceive that the therapist was dissatisfied with them. They also had more negative ratings of their performance after the interaction. So it appears that the readiness to perceive negative social evaluation that is prominent among socially anxious people in general is also evident in terms of how socially anxious perfectionists approach the therapy situation and how they evaluate themselves in these situations. However, it should be noted here that these reactions were not just a matter of perception; that is, therapists rated those participants who were higher in perfectionistic self-presentation as being less likeable and they were less likely to want to have them as clients. These data show how the characteristics of perfectionistic self-presenters can create less favorable social interactions and can undermine the therapeutic process.

Several other factors are likely to complicate the treatment process for the socially anxious perfectionist. Most notably, there is now extensive evidence linking perfectionism with comorbid conditions (e.g., Wheeler et al., 2011). Indeed, it is likely that socially anxious perfectionists have various psychological

problems, including depression. An earlier demonstration of this was provided by Alden and Bieling (1994) who divided their participants into four groups (i.e., no distress, high social anxiety, high depression only, or high in both social anxiety and depression). One finding that emerged from this study is that the group who were high in both social anxiety and depression had exceptionally high levels of socially prescribed perfectionism. This level of socially prescribed perfectionism represents a level that is far above population norms and resembles levels of socially prescribed perfectionism found among groups with various levels of clinical dysfunction (see Hewitt & Flett, 2004).

In general, there is extensive evidence indicating that perfectionism is a deeply ingrained personality style that is difficult to treat and tends to require longer interventions (see Blatt & Zuroff, 2002; Hewitt, Flett, & Mikail, in press). The overall picture that emerges from research on the role of perfectionism in the treatment of social anxiety is consistent with this interpretation. While some treatment gains have been realized, there is also evidence that perfectionism remains a problem for many people with clinical dysfunction. Below, we provide a brief overview of existing research.

Initial research on perfectionism and the treatment of people with social phobia was reported by Lundh and Ost (2001). This research focused simply on differences among 24 patients who either received 12 sessions of individual CBT (nine participants), 12 sessions of group CBT (10 participants), or they used a self-help treatment manual for three months (five participants). All but two of the participants were women. Overall, 18 of the 24 patients were deemed to be treatment responders based on reductions in scores on the Self-Consciousness Scale's social anxiety subscale following treatment. Perfectionism was assessed with the FMPS and its subscales. Analyses showed that for the sample as a whole, there were significant reductions as a result of treatment on all of the FMPS subscales except the organization subscale. Comparison of treatment responders and non-responders showed reductions following treatment in perfectionism scores for both groups. However, as noted by the authors, the non-responders had higher initial levels of perfectionism than did the responders, so reductions among the non-responders resulted in them having post-test scores that were comparable to the pre-test scores of the responders. Lundh and Ost (2001) further observed the non-responders' higher initial FMPS scores were due primarily to unique elevations in two subscales (i.e., personal standards and parental expectations) that are not typically implicated as the Frost subscales involved in elevated social anxiety, so they concluded that perhaps the non-responders represent a unique subgroup with distinct characteristics that are not shared by perfectionistic people with social phobia who do respond positively to treatment. Of course, the conclusions that can be drawn from this study are limited due to several factors, including the absence of a comparison condition and the differences among participants in whether they received individual or group CBT or they were in the self-help segment.

Subsequently, Rosser, Issakidis, and Peters (2003) administered the FMPS to 61 outpatients with social phobia prior to treatment and again after they had participated in a group CBT intervention. Unfortunately, no control condition was included. Both concern over mistakes and doubts about action were correlated significantly with elevated social anxiety at pre-treatment. There was a significant reduction in mean levels of concern over mistakes from pre-treatment to post-treatment, and this was characterized as a medium effect size. The authors did not report whether there was a significant mean level change in doubts about actions. This omission is surprising given that doubts about action but not concern over mistakes still had a significant association with social anxiety after controlling for levels of neuroticism and depression. Most importantly, Rosser et al. (2003) found that despite the significant reduction in levels of concern over mistakes, scores on this subscale did not predict treatment outcomes.

Another clinical study of social anxiety evaluated possible changes in levels of perfectionism as a result of a cognitive-behavioral intervention (see Ashbaugh, Antony, Liss, Summerfeldt, McCabe, & Swinson, 2006). Patients with social phobia took part in a 12-session CBT group intervention for social phobia. Perfectionism was assessed with the FMPS (Frost et al., 1990). Data analyses showed some improvement in overall perfectionism scores from pre-treatment to post-treatment. Significant reductions were found in total FMPS as well as for three subscales (concern over mistakes, doubts about actions, and organization); no changes were found in personal standards, parental criticism, and parental expectations. However, the overall effect size for the statistically significant reductions was characterized as "small." The other key issue explored was whether the changes in perfectionism predicted changes in levels of social anxiety or mediated changes in levels of social anxiety. Analyses indicated that changes in doubts about action predicted better outcomes but changes in levels of doubts about action did not mediate these improvements, so "it is not necessarily the case that those with more severe social anxiety exhibit greater changes in DA (doubts about action)" (Ashbaugh et al., 2006, p. 175). In contrast to expectations, changes in scores on the FMPS concern over mistakes subscale did not significantly predict changes in levels of social anxiety.

One of the most important conclusions that can be drawn from this research has not been widely acknowledged thus far, and this is a large oversight given that it illuminates the difficulties inherent in successfully treating socially anxious perfectionists. That is, even when reductions in trait perfectionism have occurred, as in the Ashbaugh et al. (2006) study, the post-intervention means levels of perfectionism are still quite high. For instance, in the Ashbaugh et al. (2006) study, the initial mean score of 29.13 at pre-treatment was reduced to 26.40 at post-treatment. This mean score is comparable to the post-treatment mean score of 25.2 reported by Rosser et al. (2003). Thus, at post-treatment, mean scores on the FMPS concern over mistakes subscale in the Ashbaugh et al.

(2006) study still exceeded the cutoff score of 26 used by Frost, Turcotte, Heimberg, and Mattia (1995) to define a group of people with an exceptionally high level of concern over mistakes. This cut-off point was selected by Frost et al. (1995) because it represented scoring at the 75th percentile or higher on this key perfectionism subscale. These data suggest that after group CBT has been delivered, it is still the case that concern over mistakes are persistent and predominant among people with a history of social phobia. It is for this reason that Ashbaugh et al. (2006) suggested the need for treatment to be tailored so that it directly targets perfectionism.

Regarding the Rosser et al. (2003) study, their participants received a structured, manualized treatment program. Elements included education about social phobia maintenance factors along with graded in vivo exposure to feared social situations (including giving small speeches in front of a group) and cognitive therapy focused on modifying anxious beliefs connected with social situations. Importantly, perfectionistic beliefs and tendencies were not addressed specifically in the treatment program.

Thus far, the existing intervention studies examining the role of perfectionism in the treatment of social phobia are limited in several key respects. First, the focus has been on group CBT and tests of individualized treatment have not been conducted. Given the heterogeneity that exists among people with social phobia in general as well as the heterogeneity among those who are perfectionists, there seems to be a clear need for case formulations tailored to the needs and issues of individual people, including themes involving the negative self-concept. Second, a treatment intervention that is not tailored to the needs and themes of perfectionists seems doomed to failure in many instances.

Second, the elements of perfectionism in the expanded Hewitt and Flett model of perfectionism (e.g., socially prescribed perfectionism, perfectionistic self-presentation, and perfectionism cognitions) have not been considered in this treatment research. This seems like a glaring omission for several reasons. First, these other elements of the perfectionism construct seem to fit nicely with emerging developments and reconceptualizations of the treatment of social phobia. Consider, for instance, social self-reappraisal therapy for social phobia (Hofmann & Scepkowski, 2006) and the conceptual advances that are reflected in this therapy. Hofmann's (2007) psychological maintenance model accepts the view that "social apprehension is associated with unrealistic social standards and a deficiency in selecting attainable social goals (p. 193)." According to Hofmann (2007), socially anxious people in challenging or threatening situations exhibit a number of tendencies that promote their tendency to cope by engaging in avoidance and safety behaviors in order to avoid social mishaps. Hofmann's social self-reappraisal therapy for social phobia (see Hofmann & Scepkowski, 2006) is different from group CBT approaches to social anxiety in that it targets maintaining factors in a more direct and aggressive fashion and we feel that this is exactly what is needed when perfectionism is involved. A key component of Hofmann's treatment

approach is that the person with social anxiety is required to go out into the world and make social mistakes and create mishaps on purpose, because this will lead them to reduce their overestimates of the social costs that follow from social blunders. Recent data continue to indicate that social mishap exposures represent a key treatment approach (see Fang, Sawyer, Asnaani, & Hofmann, 2013). This approach seems especially necessary for socially anxious people who are high in perfectionistic self-presentation, including a strong need to avoid appearing imperfect, perhaps at all costs. Key considerations here include whether the person characterized by this deeply ingrained style and who has high scores on the PSPS is actually motivated to change and whether he or she is willing to perform significant social blunders in real life. Patients with moderate levels of perfectionistic self-presentation are probably more willing to commit social blunders but they are also less likely to benefit from learning how to lessen the perceived significance and consequences of these blunders.

SUMMARY AND FUTURE DIRECTIONS

Some themes addressed in this chapter include the need to go beyond trait perfectionism to examine the roles of perfectionistic self-presentation and cognitive perfectionism in social anxiety, and the need for an expanded conceptual model of perfectionism and social anxiety. The complexities and difficulties inherent in the treatment of the socially anxious perfectionist were also explored.

The research conducted over the past 20 years on perfectionism and social anxiety has yielded several important insights, but there are still several issues that must be addressed. The most pressing need is longitudinal research on perfectionism and social anxiety; to our knowledge, no long-term prospective study has been conducted so the role of perfectionism in vulnerability to social anxiety has not been established. There is also a paucity of research on the consequences of social anxiety for perfectionists. We do not know, for instance, how people who are perfectionistic and socially anxious are perceived and reacted to by other people. Also needed is research on how perfectionism relates to key elements of social anxiety. Little is known about the belief systems of socially anxious perfectionists and the safety behaviors they express. Finally, research is needed on perfectionism and social anxiety in children and adolescents. It should be apparent from the material in this chapter that virtually all of the studies conducted with multidimensional perfectionism have involved university students or clinical patients; there is almost no research on perfectionism and social anxiety in younger people. Such research is essential in order to provide the basic knowledge that is needed in order to implement effective prevention programs designed for those young people who feel that they must be perfect but they simply do not feel up to this exceptional challenge.

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