

# The Interpersonal Expression of Perfection: Perfectionistic Self-Presentation and Psychological Distress

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A concept involving the interpersonal expression of perfection, perfectionistic self-presentation, is introduced. It is argued that perfectionistic self-presentation is a maladaptive self-presentational style composed of three facets: perfectionistic self-promotion (i.e., proclaiming and displaying one's perfection), nondisplay of imperfection (i.e., concealing and avoiding behavioral demonstrations of one's imperfection), and nondisclosure of imperfection (i.e., evading and avoiding verbal admissions of one's imperfection). 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. It is argued that the need to promote one's perfection or the desire to conceal one's imperfection involves self-esteem regulation in the interpersonal context.

The burgeoning research on personality and its influence on psychological problems has demonstrated that various personality traits are associated with various forms of psychopathology. These studies have underscored the importance of personality factors in psychological problems with the examination of broad traits such as neuroticism (Jorm et al., 2000) and specific traits such as dependency (Blatt & Schichman, 1983), perfectionism (Hewitt & Flett, 1991b), and autonomy (Beck, 1983). The conceptualization of personality in this literature focuses on content-related aspects of traits (i.e., the level of dispositions), and it has been suggested that such a static view of personality does not take into account the process by which traits may be involved in developing and maintaining psychological problems (Wachtel, 1994). Several authors suggested that expressive aspects of traits need to be distinguished

from content aspects (e.g., Buss & Finn, 1987; Paulhus & Martin, 1987), and others have called for research that incorporates the interpersonal process components of personality and environmental influences in psychopathology (e.g., Wachtel, 1994). There appears to be, from several sources, agreement that, although levels of dispositional variables are important in influencing psychological distress, the expression or process features of dispositional variables may also be relevant.

The distinction between the content and the public expression of a trait is particularly relevant to an understanding of perfectionism. We maintain that perfectionists differ among themselves not only in terms of their levels of trait perfectionism on such dimensions as self-oriented, other-oriented, and socially prescribed perfectionism (Hewitt & Flett, 1991a), but also in terms of their need to appear perfect to other people and not display or disclose imperfections in public. Indeed, we suggest that certain perfectionists are focused primarily on a form of impression management that involves self-presentational attempts to create an image of perfection in public situations. That is, certain perfectionists are committed to displaying an ideal public self that conveys an image of being flawless. This is in keeping with evidence suggesting that perfectionism and the ideal self are closely linked (Hewitt & Genest, 1990), and certain individuals have developed an ideal self with a public perspective in mind (see Nasby, 1997).

As it is conceptualized, perfectionistic self-presentation represents distinguishable facets of the perfectionism construct that have not been studied thus far. The concept of perfectionistic self-presentation is useful in that it can account for salient differences among individuals with similar levels of trait dimensions of

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perfectionism, as described by Hewitt and Flett (1991b). For instance, consider two individuals who are both characterized by high levels of socially prescribed perfectionism (perceived requirement to be perfect on the basis of others' expectations). One individual responds to the imposed pressure to be perfect by becoming rebellious and resentful, and this person makes it clear to everyone that he or she has little interest in striving for perfection (for a broader description, see Flett, Hewitt, Oliver, & MacDonald, 2002). Thus, the distress experienced by this individual involves a significant amount of anger and hostility. In contrast, the other individual responds to the imposed pressure to be perfect by trying to convince others that he or she is perfect, perhaps by trying to minimize mistakes made in public. That is, this second person is different in that he or she is actively trying to keep up appearances and live up to the unrealistic expectations imposed on the self by other people or by society as a whole. This person is different in that he or she has a stylistic personality trait that reflects the desire to appear perfect to others. This person is also high in the desire for approval, and has a high level of public self-consciousness that is focused on being attuned cognitively to public situations and events that can be used to present the self in an ideal manner.

In this article, we provide an examination of the interpersonal expression of a putative vulnerability factor, namely perfectionism, by providing a conceptualization and empirical demonstration from a self-presentation perspective.<sup>1</sup> Specifically, we suggest that there are individual differences in the extent to which individuals are concerned with appearing perfect to others and with avoiding displays or disclosures of their perceived imperfections. Moreover, consistent with interpersonal models (e.g., Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988), we wish to show that there are both self-related and socially related maladaptive outcomes of this expressional style and that these outcomes are not accounted for solely by trait levels of perfectionism or by related variables.

The relevance of perfectionistic behavior has been described from a variety of perspectives, and, over the past decade, has been investigated in numerous contexts (for a review, see Flett & Hewitt, 2002). One focus has been to show that trait dimensions of perfectionism are important constructs in predicting psychological difficulties (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991b; Hewitt & Flett, 2002). For example, research has shown that self-oriented perfectionism functions as a vulnerability factor in unipolar depression (Hewitt & Flett, 1993a; Hewitt, Flett, & Ediger, 1996). Moreover, other-oriented perfectionism has been linked to marital and relationship difficulties (Habke, Hewitt, & Flett, 1999; Hewitt, Flett, & Mikail, 1995), whereas a third dimension, socially prescribed perfectionism, has been associated with psychological problems, most notably, suicide ideation, threat, and attempts (Chang, 1998; Hewitt, Norton, Flett, Callander, & Cowan, 1998).

Although there are numerous contexts that promote the tendency to minimize the public display or disclosure of mistakes, our focus is on perfectionistic self-presentation as a pervasive and stable interpersonal style that can be regarded as a component of personality. Perfectionistic self-presentation is conceptualized as a stylistic trait, as defined by Buss and Finn (1987), and involves an expression of perfectionistic behavior. This aspect of the perfectionism construct is related to trait perfectionism dimensions, such as self-oriented or socially prescribed perfectionism, to the extent

that they are all part of a broader perfectionism construct; however, perfectionistic self-presentation also has some clear distinguishing features. Whereas the trait dimensions reflect a need to be perfect, perfectionistic self-presentation reflects a need to simply appear to be perfect. We regard this style as an extreme, deceptive form of self-presentation that reflects a pervasive neurotic style and represents a maladaptive form of self-presentation (Bem, 1972). Others have suggested there are positive and negative aspects of self-presentation (Arkin, 1981; E. E. Jones & Pittman, 1982; Schlenker & Weigold, 1992); however, we believe that all facets of perfectionistic self-presentation are associated with personal and interpersonal distress.

A number of other authors have alluded to the self-presentational tendencies of perfectionists. For instance, Sorotzkin (1985) indicated that perfectionists' compelling need for admiration and acceptance are manifested in a socially acceptable facade that protects them from rejection and promotes "to-be-admired" qualities. Empirical research has confirmed that perfectionists, especially those with high levels of socially prescribed perfectionism, use self-presentational strategies, such as self-handicapping and face-saving, as a way of managing social impressions (Hobden & Pliner, 1995). Such behavior not only motivates the perfectionist to appear capable and strong, it also helps the individual avoid situations that would make others believe that he or she is a failure. Research by Frost et al. (1995) has shown that the general concern that perfectionists have with impression management is often focused on covering up mistakes. The authors had participants perform tasks that involved high or low frequency of mistakes and found that those with high concern over mistakes were less willing to disclose their mistakes (also see Frost et al., 1997). The current research builds on these findings by proposing the construct of perfectionistic self-presentation as a generalized and stable aspect of personality.

### Facets of Perfectionistic Self-Presentation

Just as it has been shown that trait perfectionism is multidimensional (Hewitt & Flett, 1991b), we propose different facets of the perfectionistic self-presentation construct. These facets will be correlated to the extent that they all represent the broader construct of perfectionistic self-presentation, but the facets will have differential associations with other variables, including measures of distress.

Three facets of perfectionistic self-presentation are proposed. One factor that distinguishes these facets is whether the focus is on perfectionistic self-promotion designed to attempt to demonstrate one's supposed perfection to others versus an orientation that involves minimizing the public display and/or disclosure of mistakes, flaws, and shortcomings. This distinction derives from the self-presentation and self-regulation literatures that distinguish between proclaiming a desired identity by attempting to promote flawlessly positive aspects of the self in interactions with others and disavowing an undesired identity by concealing or excluding the presentation of any perceived negative aspects of the self (Higgins, 1998; M. R. Leary, 1993; Roth, Harris, & Snyder, 1988).

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<sup>1</sup> We have also suggested that automatic perfectionistic cognitions reflect a private expression of perfectionism (Flett, Hewitt, Blankstein, & Gray, 1998).

In this work, we maintain that the distinction between promotion and concealment in self-presentation is central to an understanding of perfectionistic self-presentation. Perfectionistic self-presentation has two general motivational components involving striving to present one's "perfection" or striving to avoid revealing any of one's "imperfections." These facets are similar to and extend the descriptions of narcissistic and neurotic perfectionists by Sorotzkin (1985) by acknowledging that these different perfectionistic tendencies will also include a self-presentational component that involves public manifestations of perfectionism. Whereas narcissistic perfectionists try to gain admiration and respect from others through presentations of prideful, superior characteristics, and illustrations that perfection has been attained, neurotic perfectionists attempt to obtain and maintain acceptance and caring from others, in part, by engaging in defensive behaviors designed to conceal shortcomings. The impression management goal of narcissistic perfectionism is to portray the self as perfect, whereas the impression management goal of neurotic perfectionism is to avoid portraying the self in any way as imperfect. It is important to reiterate that narcissistic forms of perfectionistic self-presentation still reflect uncertainties about the self. One major difference between perfectionistic self-presentation and both narcissistic and neurotic perfectionism is that the individual with excessive levels of perfectionistic self-presentation may not strive and actually attempt to be perfect, whereas, according to Sorotzkin, both narcissistic and neurotic perfectionists strive to live up to an ideal of perfection.

The style of promoting one's perfection involves actively proclaiming and displaying one's perfection. This is similar to the "self-promotion" presentational style described in E. E. Jones and Pittman (1982), and involves attempts to impress others with displays of flawless abilities and competence and to gain admiration and respect. The person attempts to look, demonstrate, or behave in a perfect manner to others. Thus, the individual communicates a picture of being flawlessly capable, moral, socially competent, absolutely successful, and so forth. This display will, purportedly, allow the individual to attain a favorable reputation, gain respect and admiration, and be viewed as perfect. We maintain that this type of self-presentation is pathologically driven and interpersonally aversive.

The second facet of perfectionistic self-presentation entails an avoidant or exclusionary style of behavior and involves concern over overt demonstrations of imperfection. The desire to refrain from displaying any imperfections involves attempting to prevent others from seeing the individual behaving in any "less-than-perfect" manner. That is, there is a concern with not demonstrating, behaviorally, one's perceived shortcomings and imperfections. Horney (1950) stated that individuals who attempt to live up to their ideal selves not only have an overdependence on others, but also fear making mistakes and have a decided hypersensitivity to criticism. The consequence of this is to "ward off disconfirmation . . . by covering up personal flaws before others become aware of them" (Horney, 1950, p. 120). Such behavior is exhibited by individuals with an excessive need to avoid appearing imperfect and can, purportedly, serve to decrease the probability of disapproval. Individuals with high levels of this self-presentation dimension should avoid situations where their behavior will become the focus of scrutiny by others, and where personal shortcomings, mistakes, inabilities, or failures may be revealed.

The third facet of perfectionistic self-presentation is also an avoidant style and involves avoidance of verbal disclosures of any perceived, personal imperfections. The notion that perfectionists are especially unlikely to verbally express concerns and admit mistakes to others is consistent with reports that perfectionistic individuals have a fear of interpersonal rejection that motivates their perfectionistic behavior (Weisinger & Lobsenz, 1981) and that perfectionists who are concerned about negative evaluation are less verbally expressive in social situations (Flett, Hewitt, & DeRosa, 1996). A tendency to avoid disclosing negative attributes of the self would be in keeping with research suggesting that perfectionists with concerns about social evaluation tend to be anxious (Flett, Hewitt, Endler, & Tassone, 1994) and describe themselves as unwilling to disclose mistakes when in a threatening situation (Frost et al., 1995). Individuals with excessive levels of this facet should be more likely to avoid situations that involve admitting or discussing their perceived shortcomings.

In the studies that follow, we describe research that was conducted initially to establish empirically that individual differences in perfectionistic self-presentation exist. A central goal of this research was to confirm the multidimensionality of perfectionistic self-presentation and to clarify the nature of the construct. Additionally, we examined the association between perfectionistic self-presentation and both self-related distress in the form of low self-regard, negative affect, depression, and anxiety symptoms, and socially related distress in the form of facets of social self-esteem and social anxiety. We also attempted to show that links with distress are evident after controlling for individual differences in personality variables, including trait perfectionism, supporting the distinction between other personality constructs and perfectionistic self-presentation.

### Study 1

In Study 1, our main purpose was to understand more about the nature of perfectionistic self-presentation as a personality construct by developing a multifaceted measure, the Perfectionistic Self-Presentation Scale (PSPS). Although extant perfectionism measures assess the level of dispositions or attitudes, they do not evaluate how people behave in expressing the dispositions. The measure was developed according to the construct validation approach (Jackson, 1970). Several other issues were explored. First, we assessed the association between the PSPS and trait dimensions of perfectionism using the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991b). It was expected that the perfectionistic self-presentation facets would be correlated to a greater degree with self-oriented and socially prescribed perfectionism than with other-oriented perfectionism. This is because self-oriented and socially prescribed perfectionism both involve requirements of perfection for the self, whereas other-oriented perfectionism involves requiring perfection of others. Second, because perfectionistic self-presentation may be a stylistic aspect of personality, we investigated the stability of the facets. Third, it is important to establish that individual differences in perfectionistic self-presentation can be identified independent of the assessment method and that levels of perfectionistic self-presentation can be discerned in interpersonal situations. Two samples of participants completed the PSPS and were rated by others in terms of their displayed levels of perfectionistic self-presentation. Last, because

we wished to determine the generalizability of the structure and associations, we used diverse samples.

## Method

### Participants

*Sample 1.* The initial sample was composed of 661 university students (approximately 191 men and 430 women,<sup>2</sup> 40 undeclared; age was not available) from a psychology department subject pool. A subsample of 136 students (47 men and 89 women) also completed a trait measure of perfectionism, the MPS (Hewitt & Flett, 1991b).

*Sample 2.* A second sample of 501 community members (214 men and 286 women, 1 undeclared), with a mean age of 29.14 years ( $SD = 10.37$ ), completed the PSPS items and the MPS.

*Sample 3.* A third sample comprising a heterogeneous clinical sample of 1,041 psychiatric patients (440 men and 599 women, 2 undeclared) with an average age of 38.88 years ( $SD = 11.36$ ) also participated. This sample was composed mainly of outpatients with affective, anxiety, and adjustment disorders from two large psychiatric hospitals. Patients were excluded from this sample (and all other clinical samples below) if there were current psychotic or organic symptoms or if their education level was lower than the 8th grade. A subsample of 298 men and 334 women (mean age = 39.13 years,  $SD = 11.80$ ), with mainly affective disorders, completed the MPS.

*Sample 4.* The participants in this sample were 222 psychology students (51 men and 171 women) from a psychology subject pool. The mean age of the sample was 19.15 years ( $SD = 2.84$ ).

*Sample 5.* This was a heterogeneous psychiatric sample of 90 patients with a variety of disorders. There were 45 men and 45 women, and the mean age was 36.20 years ( $SD = 11.06$ ). The mean education level was 15.08 years ( $SD = 3.03$ ), and 55 participants were single.

*Sample 6.* A sample of 47 second- and third-year university students (10 men, 37 women; mean age = 23.11 years,  $SD = 6.55$ ) was used to assess test-retest reliability.

*Sample 7.* The sample comprised 27 men and 77 women from a depression self-help organization. The mean age was 46.57 years ( $SD = 13.37$ ), and 76 participants had some high school education.

### Materials

*Perfectionistic Self-Presentation Scale (PSPS).* Following Jackson (1970), an initial pool of 71 items capturing the broad domains of perfectionistic self-presentation was developed by Paul L. Hewitt and Gordon L. Flett and a group of four graduate students who had just completed a course section on item writing. Items were constructed in reverse- and nonreverse-keyed format, and instructions were written asking potential participants to rate their agreement with the statements on 7-point Likert scales. A total of 11 items were dropped because of duplication of content or inappropriate wording. Item analysis procedures on the remaining 60 items were used to further reduce the pool of items on the basis of preliminary administration to a group of 85 first-year university students (16 men and 69 women). Items were dropped if the item mean was greater than 5 or less than 3, or if the standard deviation was less than 1.00. Item-to-subscale total correlations were calculated to eliminate items that had very low or very high values (see Hewitt & Flett, 1991b). This left 40 items that were used in the first sample to be reported below.

*Multidimensional Perfectionism Scale (MPS).* The MPS (Hewitt & Flett, 1991b) is a 45-item measure assessing trait dimensions of self-oriented, other-oriented, and socially prescribed perfectionism. Hewitt and Flett (1991b) and Hewitt, Flett, Turnbull-Donovan, and Mikail (1991) presented reliability and validity data in clinical and nonclinical samples.

### Procedure

The participants in Sample 1 completed the item set for course credit. The participants in Samples 2 and 3 were tested individually or in small groups as part of larger studies. In Sample 4, after targets completed the PSPS, close friends or relatives rated participants on PSPS facets. In Sample 5, clinicians, who had observed patients during a standard clinical interview, rated patients on PSPS facets. Patients completed the PSPS following the interview. The participants in Sample 6 completed the PSPS twice in a 3-week period and the patients in Sample 7 completed the PSPS twice with a 4-month lag.

## Results

### Sample 1

A principal-components factor analysis with varimax rotation was conducted on the 40 PSPS items. Although the initial analysis revealed that six factors had eigenvalues greater than 1, a scree plot suggested that a three-factor solution was appropriate (Cattell, 1966).<sup>3</sup> The analysis was repeated specifying a three-factor solution that accounted for 44.1% of the total variance. Eliminating items that had factor loadings less than .40 or that loaded above .40 on more than one factor resulted in a set of 10 items loading greater than .45 on the first factor, 10 items loading greater than .44 on the second factor, and 7 items loading above .41 on the third factor. Samples of the items from the three subscales and their factor loadings are presented in Table 1. The first factor comprised items that assess a need to promote oneself as perfect to others and was labelled *Perfectionistic Self-Promotion*. The second factor comprised items reflecting concerns over being seen publicly as behaving in a less-than-perfect manner by others and was labelled *Nondisplay of Imperfection*. Finally, the last factor comprised items reflecting nonadmission of shortcomings and was labelled *Nondisclosure of Imperfection*. Thus, the overall measure of perfectionistic self-presentation, the PSPS, is composed of three subscales measuring both self-promoting and self-concealing forms of perfectionism. These self-presentational facets are seen as unique in that each dimension involves different behaviors and may be related differentially to various outcomes.<sup>4</sup>

Summations of items comprising each of the factors were used to derive subscale scores, and the intercorrelations of the three subscales ranged between .50 and .67. The means, standard deviations, and coefficients alpha for the subscales for this sample, and all other samples, are presented in Table 2. The alpha values range between .78 and .86 for the subscales, indicating their high degree

<sup>2</sup> The number of men and women is approximate because of a coding error in the original data set. Hence, analyses assessing gender differences in this sample were not conducted.

<sup>3</sup> The eigenvalues for the first 10 components (subsequent eigenvalues would be considered the tail of the scree) were as follows: 8.4, 2.0, 1.5, 1.3, 1.2, 1.0, 0.9, 0.8, 0.8, 0.8 for Sample 1; 9.8, 1.8, 1.5, 1.2, 1.2, 0.9, 0.8, 0.8, 0.8, 0.7 for Sample 2; and 10.6, 1.6, 1.4, 1.1, 1.1, 0.9, 0.8, 0.8, 0.7, 0.7 for Sample 3. As in Floyd and Widaman (1995) and Gorsuch (1983), we used a scree plot to determine the number of factors.

<sup>4</sup> We also ran a factor analysis specifying an oblique rotation and all items loaded on the same factors. The only difference in the two rotations was that the second factor in the analysis with oblique rotation corresponded to the third factor in the analysis with varimax rotation.

Table 1  
*Sample Items and Factor Loadings From the Perfectionistic Self-Presentation Scale (PSPS)*

| Sample items  | Factor 1 | Factor 2 | Factor 3 |
|---|----------|----------|----------|
| Perfectionistic Self-Promotion  |          |          |          |
| I strive to look perfect to others                                      | .77      | .17      | .20      |
| I must always appear to be perfect                                      | .75      | .18      | .31      |
| I try always to present a picture of perfection                         | .63      | .32      | .17      |
| I don't really care about being perfectly groomed (R)                   | .54      | .05      | -.25     |
| Nondisplay of Imperfection  |          |          |          |
| Errors are much worse if they are made in public rather than in private | .17      | .70      | .07      |
| It would be awful if I made a fool of myself in front of others         | .28      | .65      | .10      |
| I hate to make errors in public   | .37      | .58      | .15      |
| I do not care about making mistakes in public (R)                       | .16      | .44      | .21      |
| Nondisclosure of Imperfection   |          |          |          |
| I should solve my own problems rather than admit them to others         | .06      | .07      | .82      |
| I should always keep my problems to myself                              | .06      | .05      | .80      |
| It is okay to admit mistakes to others (R)                              | .19      | .16      | .60      |
| I try to keep my faults to myself                                       | .23      | .37      | .50      |

*Note.* The PSPS consists of a total of 27 items. The Perfectionistic Self-Promotion subscale consists of 10 items; the Nondisplay of Imperfection subscale consists of 10 items; and the Nondisclosure of Imperfection subscale contains 7 items. The full scale is available from Paul L. Hewitt. Items followed by (R) are reversed.

of internal consistency. Correlations were computed between PSPS and MPS subscales and are in the upper portion of Table 3. All PSPS subscales were correlated with all of the MPS subscales. Also, the Perfectionistic Self-Promotion subscale correlated most highly with self-oriented perfectionism, the Nondisplay of Imperfection subscale correlated most highly with both self-oriented and socially prescribed perfectionism, and, finally, the Nondisclosure of Imperfection subscale correlated most highly with socially prescribed perfectionism.

### Sample 2

Using the PSPS data from the community sample, we wished to compare the factor structure with the student sample. As in Sample 1, we specified a three-factor solution. To determine if the factor structures were similar, coefficients of congruence (Harman, 1976) were calculated. The congruence coefficient has been used often in the personality field (e.g., McCrae & Costa, 1997; McCrae, Zonderman, Costa, Bond, & Paunonen, 1996) as an indication of replicability of factor structure. McCrae and Costa (1997) and Davenport (1990) suggested coefficients greater than .90 reflect strong similarity of structures, especially in situations where there are few factors and a relatively large number of items per factor (Paunonen, 1997). Paunonen (1997) has also presented critical values for the congruence coefficient on the basis of the number of factors, variables, and factor loadings.<sup>5</sup>

Our analyses provided strong evidence of congruence. The coefficients for the corresponding factors were .98, .97, and .94, respectively, indicating a very high degree of similarity across the two samples. Separate factor analyses were also conducted for men and women in this sample to establish the similarity of the factor structure across gender. Tests of congruence confirmed the similarity of the factor structure with coefficients for corresponding factors ranging between .91 and .95.

The intercorrelations of the three subscales ranged between .60 and .70. The means, standard deviations, and alpha coefficients,

which are similar to Sample 1, are in Table 2. We also conducted a multivariate analysis of variance (MANOVA) using the PSPS subscales as the dependent variables and gender as the independent variable. The overall  $F$  was significant,  $F(3, 496) = 6.65, p < .001$ , and univariate  $F$  tests indicated that men scored higher than women on the Nondisclosure of Imperfection subscale (for men,  $M = 23.31, SD = 7.44$ ; for women,  $M = 21.70, SD = 8.04$ ),  $F(1, 498) = 5.16, p < .05$ .

### Sample 3

The same factor analytic procedures were followed as in Sample 2. The findings demonstrated the high degree of congruence of the PSPS subscales between the clinical and student samples (coefficients = .98, .98, .96, respectively) and between the clinical and community samples (coefficients = .98, .98, .99, respectively). As with the community sample, the factor structure was similar for men and women with coefficients ranging between .94 and .97.

The intercorrelations of the three subscales in this sample ranged between .63 and .73 and the means, standard deviations, and alpha coefficients are presented in Table 2. The means for the clinical sample appear somewhat higher than the other two non-clinical samples, and the alpha coefficients are high, indicating good internal consistency of the subscales. A MANOVA testing

<sup>5</sup> Factor analyses with tests of congruence were conducted rather than confirmatory factor analyses (CFA) because, first, exploratory analyses are consistent with the fact that this is the initial attempt to establish the existence of facets of perfectionistic self-presentation. Second, Floyd and Widaman (1995) stated that factor structures are difficult to confirm with CFA when using individual items from a questionnaire of moderate length that have correlated error terms. Moreover, McCrae et al. (1996) and Church and Burke (1994) have described numerous flaws in using CFA with multidimensional personality measures and strongly suggest the use of congruence coefficients.

Table 2  
Means, Standard Deviations, and Coefficients Alpha of the PSPS Subscales for the Separate Samples

| Sample                            | Perfectionistic Self-Promotion |       |     | Nondisplay Imperfection |       |     | Nondisclosure Imperfection |      |     |
|-----------------------------------|--------------------------------|-------|-----|-------------------------|-------|-----|----------------------------|------|-----|
|                                   | M                              | SD    | α   | M                       | SD    | α   | M                          | SD   | α   |
| Study 1                           |                                |       |     |                         |       |     |                            |      |     |
| Sample 1 <sup>a</sup> (n = 661)   | 37.95                          | 10.64 | .86 | 41.68                   | 10.36 | .83 | 22.17                      | 7.50 | .78 |
| Sample 2 <sup>b</sup> (n = 501)   | 38.86                          | 12.19 | .88 | 41.31                   | 12.14 | .87 | 22.41                      | 7.82 | .78 |
| Sample 3 <sup>c</sup> (n = 1,041) | 43.29                          | 12.55 | .88 | 45.26                   | 12.76 | .88 | 25.87                      | 8.89 | .81 |
| Sample 4 <sup>a</sup> (n = 222)   | 41.95                          | 10.87 | .88 | 45.06                   | 10.47 | .87 | 23.76                      | 6.99 | .76 |
| Sample 5 <sup>c</sup> (n = 90)    | 43.41                          | 12.01 | .86 | 45.05                   | 13.05 | .83 | 23.33                      | 8.36 | .78 |
| Sample 6 <sup>a</sup> (n = 47)    | 37.83                          | 10.83 | .89 | 41.17                   | 12.24 | .91 | 22.67                      | 7.68 | .86 |
| Sample 7 <sup>c</sup> (n = 104)   | 42.76                          | 12.60 | .86 | 44.28                   | 12.72 | .86 | 25.79                      | 8.97 | .88 |
| Study 2                           |                                |       |     |                         |       |     |                            |      |     |
| Sample 1 <sup>a</sup> (n = 130)   | 39.67                          | 10.34 | .87 | 40.75                   | 10.29 | .85 | 21.71                      | 6.20 | .76 |
| Study 3                           |                                |       |     |                         |       |     |                            |      |     |
| Sample 1 <sup>a</sup> (n = 169)   | 41.52                          | 11.28 | .88 | 44.54                   | 11.50 | .88 | 22.55                      | 7.85 | .81 |
| Sample 2 <sup>c</sup> (n = 468)   | 43.53                          | 12.49 | .87 | 45.64                   | 12.79 | .87 | 25.59                      | 8.75 | .87 |
| Sample 3 <sup>a</sup> (n = 163)   | 41.51                          | 9.20  | .85 | 45.78                   | 9.41  | .85 | 23.60                      | 6.10 | .72 |
| Study 4                           |                                |       |     |                         |       |     |                            |      |     |
| Sample 1 <sup>a</sup> (n = 152)   | 40.89                          | 9.95  | .84 | 42.67                   | 10.48 | .84 | 23.20                      | 7.45 | .80 |
| Sample 2 <sup>a</sup> (n = 151)   | 41.32                          | 10.67 | .89 | 43.28                   | 9.97  | .89 | 24.00                      | 6.89 | .78 |

Note. Sample 2 from Study 3 is a subsample of Sample 3 from Study 1. PSPS = Perfectionistic Self-Presentation Scale.  
<sup>a</sup> University student sample. <sup>b</sup> Community sample. <sup>c</sup> Clinical sample.

the difference between men and women on the three subscales was not significant,  $F(3, 1035) = 1.67, ns$ .

The PSPS subscale scores were correlated with the MPS dimensions and the results are in the upper portion of Table 3. As in the student sample, the PSPS facets appear to be more highly associated with self-oriented and socially prescribed perfectionism than with other-oriented perfectionism.

*Samples 4 and 5: Ratings of Perfectionistic Self-Presentation*

The correlations between the raters and targets for Samples 4 and 5 are presented in the lower portion of Table 3. For each sample, it can be seen that, although all ratings are correlated with all three PSPS subscales, the highest correlation coefficients tend

Table 3  
Correlations Between Perfectionistic Self-Presentation Subscales and Multidimensional Perfectionism Scale (MPS) Subscales and Ratings of Perfectionistic Self-Presentation

| MPS and ratings             | Perfectionistic Self-Promotion | Nondisplay Imperfection | Nondisclosure Imperfection |
|-----------------------------|--------------------------------|-------------------------|----------------------------|
| Study 1 (Sample 1; n = 136) |                                |                         |                            |
| MPS traits                  |                                |                         |                            |
| Self-oriented               | .59***                         | .41***                  | .22*                       |
| Other-oriented              | .37***                         | .26**                   | .20*                       |
| Socially prescribed         | .47***                         | .44***                  | .44***                     |
| Study 1 (Sample 3; n = 632) |                                |                         |                            |
| MPS traits                  |                                |                         |                            |
| Self-oriented               | .66***                         | .46***                  | .42***                     |
| Other-oriented              | .39***                         | .25***                  | .22***                     |
| Socially prescribed         | .56***                         | .55***                  | .54***                     |
| Study 1 (Sample 4; n = 222) |                                |                         |                            |
| Peer/relative ratings       |                                |                         |                            |
| Perf. Self-Promotion        | .36***                         | .32***                  | .30***                     |
| Nondisplay Imperf.          | .31***                         | .39***                  | .30***                     |
| Nondisclosure Imperf.       | .26***                         | .17**                   | .38***                     |
| Study 1 (Sample 5; n = 90)  |                                |                         |                            |
| Clinician ratings           |                                |                         |                            |
| Perf. Self-Promotion        | .42***                         | .37***                  | .28*                       |
| Nondisplay Imperf.          | .56***                         | .63***                  | .43***                     |
| Nondisclosure Imperf.       | .41***                         | .44**                   | .61***                     |

Note. Perf. = Perfectionistic; Imperf. = Imperfection.  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

to be with corresponding subscales. To clarify this, we used regression analyses to determine if there was more specificity in the relationships. Table 4 shows that the ratings were uniquely associated only with corresponding subscales for both samples. This provides support for the contention that perfectionistic self-presentation can be detected by others and also supports the construct validity of the PSPS.

### Samples 6 and 7: Stability

For Sample 6, correlations were computed between the respective PSPS subscales over the time periods (3-week lag) to assess the test-retest reliability. For the Perfectionistic Self-Promotion, Nondisplay of Imperfection, and the Nondisclosure of Imperfection subscales, the values were .83, .84, and .74, respectively.

Table 4  
Regressions Predicting Peer or Clinician Ratings  
Using the PSPS Facets

| PSPS facets                                 | $\Delta R^2$ | $\Delta F$ | $\beta$ |
|---|--------------|------------|---------|
| Study 1 (Sample 4; $n = 222$ )              |              |            |         |
| Predicting peer self-promotion ratings      |              |            |         |
| PSPS facets                                 | .14          | 11.86***   |         |
| Perf. Self-Promotion                        |              |            | 0.23*** |
| Nondisplay Imperf.                          |              |            | 0.11    |
| Nondisclosure Imperf.                       |              |            | 0.08    |
| Predicting peer nondisplay ratings          |              |            |         |
| PSPS facets                                 | .16          | 13.84***   |         |
| Perf. Self-Promotion                        |              |            | 0.13    |
| Nondisplay Imperf.                          |              |            | 0.33*** |
| Nondisclosure Imperf.                       |              |            | -0.05   |
| Predicting peer nondisclosure ratings       |              |            |         |
| PSPS facets                                 | .16          | 14.14***   |         |
| Perf. Self-Promotion                        |              |            | 0.07    |
| Nondisplay Imperf.                          |              |            | 0.11    |
| Nondisclosure Imperf.                       |              |            | 0.29*** |
| Study 1 (Sample 5; $n = 90$ )               |              |            |         |
| Predicting clinician self-promotion ratings |              |            |         |
| PSPS facets                                 | .19          | 6.66***    |         |
| Perf. Self-Promotion                        |              |            | 0.33*** |
| Nondisplay Imperf.                          |              |            | 0.19    |
| Nondisclosure Imperf.                       |              |            | -0.08   |
| Predicting clinician nondisplay ratings     |              |            |         |
| PSPS facets                                 | .39          | 19.75***   |         |
| Perf. Self-Promotion                        |              |            | 0.19    |
| Nondisplay Imperf.                          |              |            | 0.48*** |
| Nondisclosure Imperf.                       |              |            | 0.02    |
| Predicting clinician nondisclosure ratings  |              |            |         |
| PSPS facets                                 | .38          | 16.95***   |         |
| Perf. Self-Promotion                        |              |            | 0.00    |
| Nondisplay Imperf.                          |              |            | 0.12    |
| Nondisclosure Imperf.                       |              |            | 0.53*** |

Note. PSPS = Perfectionistic Self-Presentation Scale; Perf. = Perfectionistic; Imperf. = Imperfection.  
\*\*\*  $p < .001$ .

Similarly, for Sample 7, the test-retest coefficients (4-month lag) were .81, .81, and .79 for Self-Promotion, Nondisplay, and Nondisclosure, respectively.

Finally, a readability analysis, based on Flesch (1979), was conducted to determine the level of reading ability required to comprehend the PSPS items. The analysis revealed a Flesch Reading Ease score of 79.1 that corresponds roughly to a 4th-grade reading level.

### Discussion

This study was conducted to clarify the multidimensional nature of perfectionistic self-presentation and to provide initial validation for the PSPS. In general, the findings suggest that it is possible to detect individual differences in perfectionistic self-presentation and that it is multifaceted. The factor analyses indicated that there are three factors that correspond to the facets outlined previously.<sup>6</sup> Moreover, the similarity in factor structure across samples and gender supports the stability of the underlying structure of the PSPS, and the PSPS subscales demonstrated good levels of reliability. The test-retest coefficients from Samples 6 and 7 indicate that the PSPS facets demonstrate relatively high levels of stability in both student and clinical samples. This is in keeping with the view that perfectionistic self-presentation is a stylistic trait that is relatively stable over time.

As expected, comparisons with the MPS, in both clinical and nonclinical samples, provided support for the contention that perfectionistic self-presentation is associated with perfectionism traits. The pattern of findings indicated that the correlations involving other-oriented perfectionism were lower in magnitude, reflecting the fact that other-oriented perfectionists are more concerned with other people's imperfections than with their own. Moreover, self-oriented and socially prescribed perfectionism were both highly associated with perfectionistic self-promotion and nondisplay of imperfection. The strongest correlation with the lack of disclosure subscale was with socially prescribed perfectionism, and these results indicate that an unwillingness to disclose personal mistakes may be derived, in part, from the perception that others are being highly critical and demand perfection.

The results from this study suggest that the facets can be discerned in interpersonal situations. The findings that significant others' and clinicians' ratings of perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection are associated with the corresponding PSPS subscales indicate that such behaviors can be detected by others.

Overall, the findings of Study 1 suggest that it is possible to distinguish three broad, independent domains of perfectionistic self-presentation. Furthermore, the subscales are internally consistent and show adequate convergent validity.

### Study 2

The first study provided support for the multidimensional conceptualization of perfectionistic self-presentation, the validity of

<sup>6</sup> Although both behavioral and verbal items loaded on the nondisplay and nondisclosure factors, respectively, only behavioral items loaded on the self-promotion factor. This was not due to lack of verbal items in the initial pool dealing with perfectionistic self-promotion. Thus, the asymmetrical structure of the PSPS is not an artifact of the initial item pool.

the measure in terms of others' ratings of the facets, and the internal consistency and stability of the PSPS facets. Study 2 was conducted to assess the degree of association between facets of perfectionistic self-presentation and other measures involving the self-concept and defensive impression management tendencies to further elucidate the nature of the construct. Specifically, we examined the link between the PSPS and self-monitoring, self-concealment, self-handicapping, and self-esteem. This was done in a student sample and a heterogeneous clinical sample.

We investigated perfectionistic self-presentation and self-monitoring in Study 2 for a variety of reasons. Individuals described as high self-monitors have a tendency to make themselves aware of cues in social situations and to monitor and manipulate their behavior to create favorable impressions in specific situations (Snyder, 1974; Snyder & Gangestad, 1986). According to one model, high self-monitors are highly attentive to social standards in public situations (Hoyle & Sowards, 1993). Thus, high scorers on the PSPS facets should report elevated levels of self-monitoring, reflecting a general orientation toward awareness of feedback and cues in the social environment. However, it is questionable whether people with high levels of perfectionistic self-presentation will also report that they are able to modify their self-presentations and thus exhibit high scores on this particular aspect of modifying self-monitoring. Self-regulation approaches distinguish between standards and self-evaluations or appraisals involving whether the standards are attained (Kanfer & Hagerman, 1981).

Some individuals may perceive that they have the ability to appear perfect and can modify their behavior, whereas others may perceive that they are unable to create a desired impression and experience this inability as distressing (e.g., M. R. Leary & Kowalski, 1995).

We also examined the extent to which the PSPS related to the defensive behaviors of self-concealment and self-handicapping in two samples. Self-concealment is a personality variable that involves an active attempt to avoid disclosing information about the self that is negative or distressing. According to Larson and Chastain (1990), self-concealers are consciously aware of negative information about the self and go to great lengths to avoid disclosing this information. Research on self-concealment has established that this variable is associated with depression (Larson & Chastain, 1990) and a negative attitude toward seeking help from others (Kelly & Achter, 1995). Similarly, perfectionistic self-presentation should be associated with engaging in excuse making, or self-handicapping. This association is suggested by theoretical descriptions of the defensive tendencies of self-handicappers (Arkin & Baumgardner, 1985), and research showing that perfectionists who are concerned about meeting social expectations will self-handicap in public situations where they receive noncontingent feedback (Hobden & Pliner, 1995).

We also investigated whether the PSPS subscales are related to lower self-esteem and negative affect. If so, this would support the contention that the PSPS measures forms of self-presentation that are associated with negative outcomes. Lastly, we attempted to determine whether the PSPS dimensions could account for variance in such outcomes after controlling for self-handicapping, self-concealment, and social desirability. This would provide evidence that the PSPS dimensions are not simply redundant with other defensive variables.

## Method

### Participants

*Sample 1.* The participants were 130 undergraduate students (63 men, 66 women, 1 undeclared; mean age = 23.63 years,  $SD = 6.74$ ) from a third-year class in abnormal psychology.

*Sample 2.* The clinical sample used in this study was described earlier in Study 1 (Sample 5).

### Materials

In addition to the PSPS, the participants in Sample 1 completed the following:

*Self-Monitoring and Concern With Appropriateness Scale.* The Lennox and Wolfe (1984) revision of the Self-Monitoring Scale (Snyder, 1974) was used. It measures the following: (a) ability to monitor self-presentation; (b) sensitivity to others' behavior; (c) cross-situational variability; and (d) attention to social comparison information. Lennox and Wolfe reported adequate reliability and validity.

*Self-Handicapping Scale (SHS).* The SHS is a measure of the dispositional tendency to make excuses for oneself. We used a 14-item measure developed by Rhodewalt (1990). Evidence of this measure's reliability and validity is in Rhodewalt's study.

*Self-Concealment Scale (SCS).* The SCS is a 10-item measure of the tendency to hide aspects of the self from others. Larson and Chastain (1990) reported adequate reliability and construct validity.

*Rosenberg Self-Esteem Scale (SES).* The SES (Rosenberg, 1965) is a 10-item scale measuring general self-esteem. It has been shown to be unidimensional and many studies have demonstrated its utility as a measure of global self-esteem (Goldsmith, 1986).

In addition to the PSPS, SHS, and SCS, the participants in Sample 2 completed the following:

*Marlow-Crowne Social Desirability Scale (SDS).* The SDS (Crowne & Marlow, 1964) is a frequently used measure with acceptable psychometric properties.

*Positive and Negative Affectivity Schedule (PANAS).* Participants completed the negative affect portion of the PANAS (Watson, Clark, & Tellegen, 1988). This scale has been used in numerous studies and has demonstrated reliability and validity (Watson, Clark, McIntyre, & Hamaker, 1992).

### Procedure

Volunteers from Sample 1 completed the measures prior to receiving a lecture. Participants from Sample 2 completed the measures as part of a clinical evaluation.

## Results

Initial analyses examined the correlations between the PSPS subscales and the other measures for the two samples and are displayed in Table 5.

### Sample 1

The analyses involving the self-monitoring measures supported the hypothesis that perfectionistic self-presentation involves self-monitoring behavior. The two measures reflecting concern with appropriateness (cross-situational variability and attention to social comparison information) were correlated with all the PSPS subscales, although the correlation between cross-situational variability and perfectionistic self-promotion only approached significance ( $p < .07$ ). The correlations involving the attention to social

Table 5  
*Correlations Between PSPS Facets and Measures of Self-Concept, Impression Management, Self-Esteem, Self-Consciousness, Social Evaluative Concerns, and Narcissism*

| Measures                       | Perfectionistic Self-Promotion | Nondisplay Imperfection | Nondisclosure Imperfection |
|--------------------------------|--------------------------------|-------------------------|----------------------------|
| Study 2 (Sample 1; $n = 130$ ) |                                |                         |                            |
| Revised Self-Monitoring Scale  |                                |                         |                            |
| Cross-situational variability  | .17                            | .21*                    | .28**                      |
| Attention to comparison        | .41**                          | .63***                  | .40**                      |
| Sensitive to others            | .25**                          | .08                     | .17                        |
| Ability to modify              | -.07                           | -.31**                  | -.11                       |
| Self-Handicapping Scale        | .25**                          | .44**                   | .36**                      |
| Self-Concealment Scale         | .18*                           | .22*                    | .26**                      |
| Self-Esteem                    | -.11                           | -.38**                  | -.29**                     |
| Study 2 (Sample 2; $n = 90$ )  |                                |                         |                            |
| Self-Handicapping Scale        | .45***                         | .53***                  | .33**                      |
| Self-Concealment Scale         | .30**                          | .35***                  | .37***                     |
| Social Desirability Scale      | -.22*                          | -.28**                  | -.23*                      |
| Negative Affect                | .42***                         | .40***                  | .31**                      |
| Study 3 (Sample 1; $n = 169$ ) |                                |                         |                            |
| General Self-Esteem            | -.19*                          | -.44**                  | -.24**                     |
| Academic Self-Esteem           | -.31**                         | -.33**                  | -.24**                     |
| Appearance Self-Esteem         | -.16*                          | -.38**                  | -.09                       |
| Social Self-Esteem             | -.05                           | -.38**                  | -.23**                     |
| Anxiety                        | .13                            | .25**                   | .13                        |
| Depression                     | .16*                           | .28**                   | .24**                      |

Note. PSPS = Perfectionistic Self-Presentation Scale.  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

comparison measure ranged between .40 and .63. Greater sensitivity to the emotional expression of others was associated only with the Perfectionistic Self-Promotion subscale, and the only relationship involving the ability to modify self-presentation was a negative correlation involving the Nondisplay of Imperfection.

Analyses with the other measures provided support for the view that perfectionistic self-presentation involves defensiveness. All three PSPS subscales were correlated with both self-handicapping and self-concealment, suggesting that a sense of guardedness is a pervasive aspect of perfectionistic self-presentation. Also, lower self-esteem was associated with higher levels of both the nondisplaying of imperfection and nondisclosure of imperfection, suggesting that the two facets are associated with self-related distress in the form of lower self-regard.<sup>7</sup> Finally, in support of the discriminability of the PSPS, regression analyses in the upper panel of Table 6 showed that, after controlling for self-concealment and self-handicapping, perfectionistic self-promotion and nondisplay of imperfection predicted self-esteem.

### Sample 2

For correlational findings in Sample 2, in the middle part of Table 5, the results are similar to the Sample 1 results. All three PSPS subscales were associated with self-handicapping and self-concealment, suggesting that, in clinical samples, higher levels of perfectionistic self-presentation result in excuse-making and a need to conceal oneself from others. Moreover, the PSPS subscales were negatively correlated with social desirability, although the correlations were relatively small. This suggests that endorsing these interpersonal facets of perfectionism may be perceived as somewhat undesirable. Furthermore, all three facets of the PSPS

were associated with negative affect. Regression analyses, in the lower panel of Table 6, indicate that after controlling for the defensive variables block, perfectionistic self-promotion remained a unique predictor of negative affect.

### Discussion

This study of perfectionistic self-presentation and features of the self-concept provided insight into the nature of the construct. Overall, the analyses confirmed that perfectionistic self-presentation involves facets of self-monitoring and defensiveness in regard to self-related information and that it is associated with lower self-esteem. In terms of their relation to self-monitoring behavior, the PSPS facets were related to several aspects of self-monitoring and concern with appropriateness. Individuals with high scores on perfectionistic self-presentation reported being sensitive to others' expressive acts and to available social comparison cues. That is, these individuals appear to be overly concerned with the portrayal of appropriate behavior in social situations. Because attention to social cues is believed to stem from a sense of self-uncertainty (Festinger, 1954), this finding is supportive of our view that perfectionistic self-presentation stems from a defensive

<sup>7</sup> Throughout the article we use concepts such as low self-esteem and low self-regard as indicators of self-related distress or self-related psychological difficulties. It is acknowledged not only that low levels of self-esteem might reflect psychological difficulties, but also that excessively high levels may be problematic or reflective of self-related psychological difficulties such as excessive entitlement, need for power, other-denigration, and so forth.

**Table 6**  
*Regression Analyses Predicting Self-Esteem, Negative Affect, Depression, and Public Self-Consciousness With Measures of Defensiveness, Narcissism, and Perfectionistic Self-Presentation*

| Predictors                     | $\Delta R^2$ | $\Delta F$ | $\beta$  |
|--------------------------------|--------------|------------|----------|
| Study 2 (Sample 1; $n = 130$ ) |              |            |          |
| Predicting self-esteem         |              |            |          |
| Step 1                         |              |            |          |
| Gender                         | .38          | 26.31***   | 0.04     |
| Self-Concealment               |              |            | -0.17*   |
| Self-Handicapping              |              |            | -0.56*** |
| Step 2                         |              |            |          |
| Perf. Self-Promotion           | .05          | 15.23***   | 0.24*    |
| Nondisplay Imperf.             |              |            | -0.26**  |
| Nondisclosure Imperf.          |              |            | -0.11    |
| Study 2 (Sample 2; $n = 90$ )  |              |            |          |
| Predicting negative affect     |              |            |          |
| Step 1                         |              |            |          |
| Gender                         | .21          | 5.71***    | -0.14    |
| Self-Concealment               |              |            | 0.29**   |
| Self-Handicapping              |              |            | 0.29**   |
| Social Desirability            |              |            | 0.10     |
| Step 2                         |              |            |          |
| Perf. Self-Promotion           | .09          | 3.30*      | 0.31*    |
| Nondisplay Imperf.             |              |            | 0.05     |
| Nondisclosure Imperf.          |              |            | 0.03     |

*Note.* Perf. = Perfectionistic; Imperf. = Imperfection.  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

and threatened view of the self and that it may be associated with fears related to social situations.

Of importance, analyses with the self-monitoring measures indicated that perfectionistic self-presentation is relatively independent of appraisals of self-presentation ability. Perfectionistic self-presentation was not associated with the ability to adapt one's self-presentation as a function of situational demands. In fact, the only significant relation was a negative correlation between the Nondisplay of Imperfection and the ability to modify self-presentation. This finding signifies that the focus on minimizing errors in public may derive partly from negative appraisals of self-presentational skill. Thus, individuals who are high on Nondisplay of Imperfection may lack self-presentational self-efficacy (Maddux, Norton, & Leary, 1988) or behavioral flexibility. Overall, these results highlight the distinction between the desire to appear perfect and the skill or ability to appear perfect. This is similar to Paulhus and Martin (1987) who demonstrated that there is a distinction between self-descriptions of traits and an ability to engage in behavior related to that trait. This may be problematic for those with excessive levels of nondisplay of imperfection in that they have strong needs to present themselves as perfect, and yet, do not have confidence in being able to do so.

The findings with respect to self-handicapping and self-concealment are consistent with our proposal that perfectionistic self-presentation reflects a defensive self-presentational style. Irrespective of the dimension, individuals who have concerns with presenting themselves as perfect appear to engage in excuse-making or active concealment of self-related information. These

are viewed not only as defensive or protective strategies (Harris & Snyder, 1986) but also as strategies that can influence interpersonal relations in a negative fashion (Ichiyama et al., 1993). Furthermore, the regression analyses where PSPS facets predicted outcomes after controlling for defensive strategies and social desirability demonstrated that the facets are not simply redundant with defensive orientations toward the self. Although we conceptualized perfectionistic self-presentation as a defensive style, it appears to measure aspects of defensive functioning distinct from other measures.

One of the more revealing analyses in this study involved the self-esteem measure from Sample 1. Our results established that the facets of perfectionistic self-presentation are associated with diminished feelings of general self-worth, which is in keeping with interpersonal models that suggest that self-esteem concerns are important components of maladaptive self-presentation (Kiesler, 1996). It is conceivable that self-esteem concerns are also relevant for perfectionistic self-presentation in that the need to present oneself as perfect may be a contingency for self-esteem (Crocker & Wolfe, 2001) or for gaining the esteem and acceptance of others (M. R. Leary, Tambor, Terdal, & Downs, 1995).

In particular, researchers have suggested that self-presentation is motivated intrapersonally by a desire for self-esteem maintenance and enhancement (Schlenker & Weigold, 1992) and interpersonally by a desire to please an audience (Baumeister, 1982) or to avoid negative social outcomes (Baumeister & Tice, 1985; Schlenker, 1980). It seems reasonable to propose that although perfectionistic self-presentation might arise from interpersonal needs, such as needs to be accepted, loved, respected, or more generally, to belong or fit socially (Baumeister & Leary, 1995), the perceived lack of acceptance or belonging might greatly impact the individual's level and stability of self-worth (see M. R. Leary et al., 1995). The perfectionist's fragile sense of self-esteem (Flett, Hewitt, Blankstein, & O'Brien, 1991) may be protected or bolstered to the extent that he or she is able to avoid criticism or exclusion or to elicit esteem-enhancing reactions (M. R. Leary & Kowalski, 1990). The strong need for approval from others that has been posited to drive perfectionism (Missildine, 1963) is also likely to promote a defensive posture that protects the self from being known by others as imperfect. Thus, the individual is motivated to promote an excessively positive image or to conceal negative aspects of the self, perhaps, by monitoring others' reactions, comparing themselves with others, and attempting to facilitate positive evaluations by others. Ironically, the self-protective nature of perfectionistic self-presentation may actually create a less favorable impression by promoting an avoidance of social interaction and stimulating defensive behaviors that are viewed negatively (Powers & Zuroff, 1988; Robinson, Johnson, & Shields, 1995). This may produce not only a lack of acceptance but also low self-regard and psychological distress.

This is generally consistent with sociometer theory (M. R. Leary et al., 1995), wherein self-esteem provides information as to the degree of inclusion or exclusion in social contexts. Self-esteem maintenance or protection is motivated by this powerful need to belong and not to be rejected. In the case of perfectionistic self-presenters, individuals with these tendencies may try to ensure or safeguard relationships with others as well as bolster flagging self-esteem. Thus, the mechanisms of self-esteem maintenance and self-presentation come into play to facilitate belonging and one

way an individual may deal with lower self-esteem from a lack of belonging is to try to fit with others as best as one can. Thus, individuals may be under the mistaken impression that if they are viewed as flawless and pristine, they will garner caring or respect and a sense of belonging. We have argued that the link between suicide and perfectionism derives from a sense of not being able to meet others' expectations, which produces a sense of disconnection from others, suggesting the importance of belonging to perfectionistic individuals (see Hewitt et al., 1998).

It is tempting to conclude from our results that perfectionistic self-presentation is not an effective means of protecting a positive self-view, perhaps because the perfectionist still uses stringent criteria when evaluating the self or because others may be able to detect the false picture of the self being created. Alternatively, the causal sequence may be such that perfectionistic self-presentation is a coping strategy that protects or minimizes further implications of a negative view of the self that may already be present. Regardless, the key point is that perfectionistic self-presentation appears to reflect a neurotic, self-protective form of self-presentation that is ineffective in facilitating a more positive view of the self.

### Study 3

The findings in Study 2 suggest that perfectionistic self-presentation is associated with self-related constructs including lower general self-esteem and negative affect. This provides evidence that perfectionistic self-presentation is related to self-focused or internalizing symptoms. The goal of Study 3 was to assess whether the facets of perfectionistic self-presentation are associated with other indices of self-related distress such as dimensions of self-esteem difficulties.

The idea that self-esteem is multifaceted dates to William James (1890), and numerous theorists have discussed similar views. Crocker and Wolfe (2001) demonstrated that esteem varies in several domains as a function of meeting contingencies of self-worth. Moreover, research has shown that although generalized self-esteem deficits may underlie many forms of psychological difficulties, self-esteem deficits in domains may be particularly relevant (Crocker & Wolfe, 2001). If, as we have argued, self-worth is, in part, contingent on the need to appear perfect to others, we would expect that various domains of self-esteem would be related to perfectionistic self-presentation. Because of the importance of interpersonal concerns in this kind of self-presentation, we expected that the associations would be strongest between the PSPS facets and lower levels of interpersonal forms of self-esteem.

To broaden our assessment of problematic outcomes, we assessed depression and anxiety symptoms as reflections of psychological turmoil (Gotlib, 1984). If perfectionistic self-presentation is a maladaptive style, we would expect it to be associated with indices of distress. This would be consistent with indications that individuals experiencing distress adopt protective self-presentation styles (Weary & Williams, 1990) and that such styles generate negative evaluations by others and exacerbate depression and anxiety symptoms (Joiner, 2001; Sheffer, Penn, & Cassisi, 2001).

Lastly, we wished to show that perfectionistic self-presentation is associated with but different from conceptually related constructs, including perfectionism as conceptualized by Frost et al. (1990), the Big Five traits, narcissism, impostorism, and social-

evaluation variables in predicting distress. This would suggest that perfectionistic self-presentation is not simply the same as other personality variables and that the expression of perfectionism may be uniquely associated with distress symptoms.

## Method

### Participants

*Sample 1.* This sample consisted of 169 undergraduates (55 men and 114 women; mean age = 21.16 years,  $SD = 3.84$ ) from second-year psychology classes.

*Sample 2.* This sample is a subset of Sample 3 in Study 1. There were 468 patients (223 men and 245 women) with a mean age of 38.96 years ( $SD = 12.19$ ). Most patients had depressive disorders (58%) and the remainder had diagnoses such as alcoholism, personality disorders, and family difficulties.

*Sample 3.* This sample comprised 163 university students (37 men and 124 women, 2 undeclared) with a mean age of 19.83 years ( $SD = 1.84$ ).

*Sample 4.* This sample is Sample 4 from Study 1.

### Materials

In addition to the PSPS, MPS, and the SES, the participants in Sample 1 completed the following:

*Academic Self-Esteem Scale.* This is a four-item scale of academic self-esteem based on the Feelings of Inadequacy Scale (Janis & Field, 1959). Flett, Pliner, and Blankstein (1995) showed that the scale has adequate internal consistency.

*Appearance Self-Esteem Scale.* This is a six-item measure of appearance self-esteem (Pliner, Chaiken, & Flett, 1990). Pliner et al. (1990) found that the measure has acceptable internal consistency.

*Texas Social Behavior Inventory (TSBI).* The TSBI (Helmreich, Stapp, & Ervin, 1974) is a 32-item measure of social self-esteem. Helmreich and Stapp (1974) offered reliability and validity data.

*Beck Anxiety Inventory (BAI).* The BAI (Beck, Epstein, Brown, & Steer, 1988) is a 21-item scale measuring severity of cognitive and somatic symptoms of anxiety. Several studies have demonstrated the reliability and validity of the BAI (e.g., Beck, Epstein, et al., 1988).

*Beck Depression Inventory (BDI).* The BDI (Beck, Rush, Shaw, & Emery, 1979) is a 21-item scale measuring the severity of depressive symptoms. Numerous studies have established the reliability and validity of the BDI (e.g., Beck, Steer, & Garbin, 1988).

The participants in Sample 2 completed the PSPS, MPS, and the BDI. Sample 3 participants completed the PSPS, the BDI, and the following measures:

*Frost Multidimensional Perfectionism Scale (FMPS).* The FMPS (Frost et al., 1990) measures facets of perfectionism such as personal standards, concern over mistakes, doubts about actions, parental standards, and criticism. Frost et al. (1990) demonstrated its validity and reliability.

*Big Five Factor Markers (BFFM).* The BFFM is a set of 100 unipolar adjective terms corresponding to the Big Five personality variables that individuals rate themselves on. Goldberg (1992) provided information on the reliability and validity of the measure.

In addition to the PSPS and BDI, Sample 4 participants completed the following measures:

*Self-Consciousness Scale (SCS).* The SCS (Fenigstein, Scheier, & Buss, 1975) was used to measure private and public self-consciousness. Several researchers have supported the reliability and validity of the SCS (e.g., Carver & Glass, 1976).

*Narcissistic Personality Inventory.* The NPI (Emmons, 1987) is a 37-item scale measuring narcissism (e.g., self-absorption, arrogance). Rhodewalt and Morf (1995) provided reliability and validity information.

*Clance Impostor Phenomenon Scale (CIPS).* The CIPS (Clance & O’Toole, 1988) is a 20-item measure of impostorism. Holmes, Kertay, Adamson, Holland, and Clance (1993) demonstrated acceptable reliability and validity.

*Need for Approval Scale.* The Need for Approval Scale (R. G. Jones, 1969) is a measure of irrational beliefs related to one’s need for others’ approval. Reliability and validity data are in R. G. Jones (1969).

*Fear of Negative Evaluation (FNE).* The FNE (Watson & Friend, 1969) is a psychometrically sound measure of apprehension at the prospect of being negatively evaluated by others.

**Procedure**

University students received course credit for participating. All participants were debriefed.

**Results**

**Sample 1**

The correlations between the PSPS subscales and the self-esteem and distress measures are shown in the lower portion of Table 5. The Perfectionistic Self-Promotion subscale was related negatively with general, academic, and appearance self-esteem and related positively with depression. The Nondisplay of Imperfection subscale was negatively correlated with dimensions of self-esteem and positively correlated with depression and anxiety symptoms. Finally, the Nondisclosure of Imperfection subscale was correlated negatively with general, academic, and social self-esteem and correlated positively with depression.

The next analyses examined whether perfectionistic self-presentation could account for significant variance in self-esteem and distress when considered relative to trait perfectionism. A series of hierarchical regression analyses was conducted with the self-esteem and distress measures as outcome variables. In each instance, gender (gender was included because of differences in the mean level of outcome variables) and the three MPS subscale scores were entered first, followed by a second block composed of the three PSPS subscale scores. The results of these analyses are displayed in Table 7 for the self-esteem variables and in Table 8 for the depression and anxiety symptoms. With the exception of the prediction of academic self-esteem, it was found that at least one PSPS dimension accounted for a significant degree of variance in self-esteem and distress scores when controlling for gender and the MPS trait dimensions. For example, the Perfectionistic Self-Promotion subscale was uniquely predictive of increased general, appearance, and social self-esteem, and decreased depression. With respect to the Nondisplay of Imperfection subscale, this measure was related uniquely to lower levels of general, academic, appearance, and social self-esteem and to both anxiety and depression. Finally, the Nondisclosure of Imperfection subscale was related uniquely only to lower social self-esteem.

**Sample 2**

The zero-order correlations between depression and perfectionistic self-promotion ( $r = .36, p < .001$ ), nondisplay ( $r = .43, p < .001$ ), and nondisclosure of imperfection ( $r = .44, p < .001$ ) were significant, indicating that the PSPS appears to measure an interpersonal style that is associated with depressive symptoms. To determine whether the PSPS facets account for unique variance in

**Table 7**  
*Regression Analyses Predicting Dimensions of Self-Esteem With Perfectionism Traits and Perfectionistic Self-Presentation Scale Facets*

| Predictors                        | $\Delta R^2$ | $\Delta F$ | $\beta$  |
|-----------------------------------|--------------|------------|----------|
| Study 3 (Sample 1; $n = 169$ )    |              |            |          |
| Predicting general self-esteem    |              |            |          |
| Step 1                            |              |            |          |
| Gender                            | .23          | 12.52***   | -0.26**  |
| Self-oriented                     |              |            | -0.02    |
| Other-oriented                    |              |            | 0.27***  |
| Socially prescribed               |              |            | -0.40*** |
| Step 2                            |              |            |          |
| Perf. Self-Promotion              | .17          | 15.23***   | 0.29**   |
| Nondisplay Imperf.                |              |            | -0.53*** |
| Nondisclosure Imperf.             |              |            | -0.11    |
| Predicting academic self-esteem   |              |            |          |
| Step 1                            |              |            |          |
| Gender                            | .12          | 5.65***    | -0.21**  |
| Self-oriented                     |              |            | -0.06    |
| Other-oriented                    |              |            | 0.04     |
| Socially prescribed               |              |            | -0.27*** |
| Step 2                            |              |            |          |
| Perf. Self-Promotion              | .07          | 4.38***    | -0.13    |
| Nondisplay Imperf.                |              |            | -0.19    |
| Nondisclosure Imperf.             |              |            | -0.02    |
| Predicting appearance self-esteem |              |            |          |
| Step 1                            |              |            |          |
| Gender                            | .22          | 11.40***   | -0.33*** |
| Self-oriented                     |              |            | -0.09    |
| Other-oriented                    |              |            | 0.15     |
| Socially prescribed               |              |            | -0.33*** |
| Step 2                            |              |            |          |
| Perf. Self-Promotion              | .34          | 10.16***   | 0.23*    |
| Nondisplay Imperf.                |              |            | -0.51*** |
| Nondisclosure Imperf.             |              |            | 0.15     |
| Predicting social self-esteem     |              |            |          |
| Step 1                            |              |            |          |
| Gender                            | .12          | 5.37**     | -0.07    |
| Self-oriented                     |              |            | 0.13     |
| Other-oriented                    |              |            | 0.22*    |
| Socially prescribed               |              |            | -0.30*** |
| Step 2                            |              |            |          |
| Perf. Self-Promotion              | .24          | 20.21***   | 0.49***  |
| Nondisplay Imperf.                |              |            | -0.60*** |
| Nondisclosure Imperf.             |              |            | -0.24**  |

*Note.* Perf. = Perfectionistic; Imperf. = Imperfection.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

depression over trait perfectionism, a similar regression analysis as above was conducted. These results are presented in the lower part of Table 8, where it can be seen that PSPS facets predicted significant variance beyond that predicted by the MPS traits. Furthermore, it appears that whereas the Perfectionistic Self-Promotion subscale did not predict unique variance, both the Nondisplay and Nondisclosure subscales predicted unique variance in depression. The findings show that the PSPS facets are related to but not redundant with the MPS dimensions in predicting depression.

**Sample 3**

Table 9 contains the zero correlations between the PSPS facets and the Frost MPS and the Big Five measures. Perfec-

Table 8  
Regression Analyses Predicting Anxiety and Depression With  
Perfectionism Traits and Perfectionistic Self-Presentation Facets

| Predictors                     | $\Delta R^2$ | $\Delta F$ | $\beta$ |
|--------------------------------|--------------|------------|---------|
| Study 3 (Sample 1; $n = 169$ ) |              |            |         |
| Predicting anxiety symptoms    |              |            |         |
| Step 1                         |              |            |         |
| Gender                         | .09          | 3.83**     | 0.12    |
| Self-oriented                  |              |            | 0.12    |
| Other-oriented                 |              |            | -0.35   |
| Socially prescribed            |              |            | 0.34*** |
| Step 2                         |              |            |         |
| Perf. Self-Promotion           | .04          | 2.78*      | -0.21   |
| Nondisplay Imperf.             |              |            | 0.31**  |
| Nondisclosure Imperf.          |              |            | -0.05   |
| Predicting depression symptoms |              |            |         |
| Step 1                         |              |            |         |
| Gender                         | .14          | 6.64***    | 0.13    |
| Self-oriented                  |              |            | 0.08    |
| Other-oriented                 |              |            | -0.50   |
| Socially prescribed            |              |            | 0.34*** |
| Step 2                         |              |            |         |
| Perf. Self-Promotion           | .05          | 3.04*      | -0.25*  |
| Nondisplay Imperf.             |              |            | 0.26*   |
| Nondisclosure Imperf.          |              |            | 0.10    |
| Study 3 (Sample 2; $n = 468$ ) |              |            |         |
| Predicting depression symptoms |              |            |         |
| Step 1                         |              |            |         |
| Gender                         | .26          | 55.07***   | 0.03    |
| Self-oriented                  |              |            | 0.04    |
| Other-oriented                 |              |            | -0.09   |
| Socially prescribed            |              |            | 0.39*** |
| Step 2                         |              |            |         |
| Perf. Self-Promotion           | .06          | 13.83***   | -0.04   |
| Nondisplay Imperf.             |              |            | 0.18**  |
| Nondisclosure Imperf.          |              |            | 0.19*** |

Note. Perf. = Perfectionistic; Imperf. = Imperfection.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

tionistic self-promotion is associated with all of the Frost perfectionism dimensions, but the nondisplay and nondisclosure facets were associated with all of the Frost dimensions except personal standards and organization. As for the Big Five measure, perfectionistic self-promotion was associated negatively with emotional stability, the nondisplay facet was associated with surgency, emotional stability, and intellect, and the nondisclosure facet was associated with surgency, agreeableness, and intellect. Lastly, all three facets were associated with depression.

To determine whether the PSPS facets were uniquely associated with depression symptoms beyond the Frost measure and the Big Five markers, hierarchical regression analyses were completed and are presented in the upper panel of Table 10. The first analysis shows that the nondisclosure facet was associated with depression after controlling for gender and all of the Frost MPS dimensions. Similarly, in the upper portion of Table 10, after controlling for gender and the Big Five dimensions, nondisclosure was significantly associated with depression.

#### Sample 4

The correlations between the PSPS facets and the measures are presented in the lower portion of Table 9. It can be seen that all PSPS facets are associated with the self-consciousness variables, need for others' approval, fear of negative evaluation, impostorism, and depression. Only perfectionistic self-promotion was associated with narcissism.

To determine whether the PSPS facets were uniquely associated with depression after controlling for social evaluation concerns, it can be seen in the lower panel of Table 10 that after the inclusion of private and public self-consciousness, need for others' approval, and fear of negative evaluation, the nondisclosure facet remained a unique predictor of depression. Similarly, in predicting public self-consciousness, after entering narcissism and impostorism, all PSPS facets were unique predictors.<sup>8</sup>

#### Discussion

The purpose of this study was to assess the link between perfectionistic self-presentation and various forms of self-esteem and distress and to determine if these associations are unique in comparison with other personality variables. The findings extend the results of Study 2 by showing that perfectionistic self-presentation is not only associated with general self-esteem difficulties but also with social, academic, and appearance self-esteem deficits, and that it is the need to avoid displaying imperfection that is related most consistently to such self-esteem difficulties. After controlling for perfectionism traits, this facet was associated more highly with general and social forms of self-esteem than with academic self-esteem. The nondisclosure dimension was uniquely associated only with social self-esteem and not with the other dimensions, suggesting that there is some differentiation between nondisplay and nondisclosure of imperfection with respect to self-esteem. These findings link the concept of self-esteem with perfectionistic self-presentation and indicate, more generally, that the expression of perfection clearly involves lower self-esteem and symptoms of anxiety and depression.

Although nondisplay of imperfection was consistently and uniquely associated with decreased self-esteem and elevated emotional distress, it was found that perfectionistic self-promotion, after controlling for trait measures, was positively associated with general, appearance, and social self-esteem. This indicates that, first, the self-presentation facets are measuring different aspects of self-esteem than the trait dimensions and, second, perfectionistic self-promotion may reflect somewhat more positive behaviors. However, it is worth noting that this was the case only after trait measures and other self-presentation facets were controlled. This suggests that the need to display one's perfection involves, to some extent, attributive components of self-presentation, which, some have shown, are not related to personal problems (Wolfe, Lennox, & Cutler, 1986). It may be that not experiencing distress or psychopathology allows individuals more freedom or flexibility to express what they perceive as more positive aspects of themselves. In spite of these findings, the Perfectionistic Self-Promotion sub-

<sup>8</sup> We used only public self-consciousness as the dependent variable in this regression analysis because it was the only variable that was correlated significantly with both the PSPS dimensions and narcissism.

Table 9  
Correlations Between PSPS Facets and Trait Measures of Perfectionism and the Big Five

| Measures                                   | Perfectionistic<br>Self-Promotion | Nondisplay<br>Imperfection | Nondisclosure<br>Imperfection |
|--|-----------------------------------|----------------------------|-------------------------------|
| Study 3 (Sample 3; $n = 163$ )             |                                   |                            |                               |
| Frost Multidimensional Perfectionism Scale |                                   |                            |                               |
| Concern over mistakes                      | .56***                            | .45**                      | .55***                        |
| Personal standards                         | .33***                            | -.05                       | .03                           |
| Doubts about actions                       | .34***                            | .42***                     | .24**                         |
| Parental expectations                      | .29**                             | .26**                      | .26**                         |
| Parental criticism                         | .31***                            | .26**                      | .31***                        |
| Organization                               | .32***                            | .07                        | .13                           |
| Big Five Measure                           |                                   |                            |                               |
| Surgency                                   | -.09                              | -.35***                    | -.32***                       |
| Agreeableness                              | -.06                              | -.06                       | -.20**                        |
| Emotional Stability                        | -.19*                             | -.20**                     | -.09                          |
| Intellect                                  | -.04                              | -.19*                      | -.23**                        |
| Conscientiousness                          | .15                               | -.05                       | -.07                          |
| Depression                                 | .17*                              | .27**                      | .31***                        |
| Study 3 (Sample 4; $n = 222$ )             |                                   |                            |                               |
| Private self-consciousness                 | .23***                            | .28***                     | .15*                          |
| Public self-consciousness                  | .53***                            | .54***                     | .24**                         |
| Need for approval of others                | .46***                            | .51***                     | .30***                        |
| Fear of negative evaluation                | .52***                            | .62***                     | .40***                        |
| Narcissism                                 | .34***                            | .11                        | .09                           |
| Impostorism                                | .45***                            | .54***                     | .44***                        |
| Depression                                 | .19**                             | .25**                      | .33**                         |

Note. PSPS = Perfectionistic Self-Presentation Scale.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

scale showed many significant correlations with distress, underscoring its complex nature. In fact, perhaps the elevated self-esteem that is associated with perfectionistic self-promotion represents narcissistic tendencies (e.g., Sorotzkin, 1985) rather than more adaptive moderate levels of self-esteem.

Correlations with the anxiety and depression symptom measures provide evidence for our contention that perfectionistic self-presentation may be a neurotic interpersonal style that influences negative affect and psychological symptoms. The finding that the Nondisplay and Nondisclosure of Imperfection subscales predicted depression severity scores beyond trait perfectionism, especially in the clinical sample, provides evidence that perfectionistic self-presentation is not redundant with trait perfectionism and offers evidence of the incremental validity of the PSPS.

These findings are consistent with interpersonal models of depression (e.g., Joiner & Coyne, 1999) in that social behaviors are elicited that produce depressing feedback for the individual. For example, strenuously promoting one's perfection in interactions or neither demonstrating nor disclosing anything short of perfection can distance the individual from others. The individual may be perceived as self-centered and narcissistic in the former and distant and unengaging in the latter. The costs of these behaviors may be high in producing both social avoidance and depression (Joiner & Coyne, 1999).

Correlational findings showed that PSPS facets are linked with self-consciousness, need for others' approval, and fear of negative evaluation, and provided more evidence for the maladaptive consequences of attempting to present oneself as perfect. As might be

expected, the PSPS dimensions were associated more closely with public self-consciousness than private self-consciousness, which is understandable given that public self-consciousness includes a focus on style consciousness and attendant concerns with personal behavioral style in public settings (see Nystedt & Ljungberg, 2002). As in Study 2, the regression analyses also indicated that the PSPS facets are distinct from these personality features and that perfectionistic self-promotion is associated with but not simply the same as narcissism or impostorism. This is important evidence of the discriminability of the PSPS dimensions as both narcissism and impostorism are conceptually related to perfectionistic self-presentation facets.

Because perfectionistic self-presentation was associated with lower social forms of self-esteem, excessive concerns with others' evaluation, and with higher anxiety symptoms, it may be that presenting oneself as perfect is associated with social forms of anxiety. The construct of social anxiety has received a great deal of attention, and identifying predictors of these difficulties has been an important focus (Alden, Ryder, & Mellings, 2002). Perfectionistic self-presentation may be one component of personality that is germane to social anxiety. For example, an individual who is high on perfectionistic self-presentation requires others' approval and needs to be seen as perfect. If that person is not confident about his or her ability to present an image of perfection to others, or has lower self-esteem in interpersonal domains, he or she is likely to evidence anxiety. The next study addresses this issue.

Table 10  
Regression Analyses Predicting Depression With PSPS Facets  
and Controlling for Big Five and Frost MPS

| Predictors                           | $\Delta R^2$ | $\Delta F$ | $\beta$  |
|--------------------------------------|--------------|------------|----------|
| Study 3 (Sample 3; $n = 163$ )       |              |            |          |
| Predicting depression                |              |            |          |
| Step 1                               |              |            |          |
| Gender                               | .09**        | 2.14*      | 0.17*    |
| Concern over mistakes                |              |            | 0.05     |
| Personal standards                   |              |            | 0.08     |
| Parental expectations                |              |            | -0.01    |
| Parental criticism                   |              |            | 0.00     |
| Doubts about actions                 |              |            | -0.23*   |
| Organization                         |              |            | -0.10    |
| Step 2                               |              |            |          |
| Perf. Self-Promotion                 | .10**        | 6.45***    | -0.03    |
| Nondisplay Imperf.                   |              |            | 0.08     |
| Nondisclosure Imperf.                |              |            | 0.29**   |
| Predicting depression                |              |            |          |
| Step 1                               |              |            |          |
| Gender                               | .24**        | 8.20***    | 0.10     |
| Emotional Stability                  |              |            | -0.39*** |
| Surgency                             |              |            | -0.03    |
| Intellect                            |              |            | 0.03     |
| Agreeableness                        |              |            | 0.05     |
| Conscientiousness                    |              |            | -0.12    |
| Step 2                               |              |            |          |
| Perf. Self-Promotion                 | .07***       | 4.84**     | 0.05     |
| Nondisplay Imperf.                   |              |            | 0.04     |
| Nondisclosure Imperf.                |              |            | 0.19***  |
| Study 3 (Sample 4; $n = 222$ )       |              |            |          |
| Predicting depression                |              |            |          |
| Step 1                               |              |            |          |
| Gender                               | .20          | 10.58***   | -0.48    |
| Private self-consciousness           |              |            | 0.13     |
| Public self-consciousness            |              |            | -0.23**  |
| Need for approval                    |              |            | 0.22*    |
| Fear of negative evaluation          |              |            | 0.36***  |
| Step 2                               |              |            |          |
| Perf. Self-Promotion                 | .04          | 3.55*      | -0.20    |
| Nondisplay Imperf.                   |              |            | 0.03     |
| Nondisclosure Imperf.                |              |            | 0.27**   |
| Predicting public self-consciousness |              |            |          |
| Step 1                               |              |            |          |
| Gender                               | .28          | 28.50***   | 0.07     |
| Narcissism                           |              |            | 0.30***  |
| Impostorism                          |              |            | 0.46***  |
| Step 2                               |              |            |          |
| Perf. Self-Promotion                 |              |            | 0.30***  |
| Nondisplay Imperf.                   | .14          | 17.33***   | 0.31***  |
| Nondisclosure Imperf.                |              |            | -0.27*** |

Note. PSPS = Perfectionistic Self-Presentation Scale; MPS = Multidimensional Perfectionism Scale; Perf. = Perfectionistic; Imperf. = Imperfection.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

#### Study 4

The findings in this article indicate that perfectionistic self-presentation is associated with interpersonal behaviors reflecting concern with others' evaluations, vigilance with respect to others' reactions, and a low sense of ability to actually modify one's

self-presentation even though the need to be seen as perfect is paramount. Moreover, the fact that self-esteem, in a variety of social domains, is compromised in individuals with higher levels of concealing forms of perfectionistic self-presentation, suggests that social forms of anxiety might be an outcome of perfectionistic self-presentation.

The findings suggest that individuals with excessive levels of nondisplay and nondisclosure of imperfection will appraise social environments as threatening. They are more likely to assume that others will regard them negatively should they display or disclose imperfections. Although no research has directly assessed the level of threat perceived by perfectionistic self-presenters, the correlations between the protective types of perfectionistic self-presentation and socially prescribed perfectionism suggest that they are more likely to see others as holding unrealistic and critical expectations for them.

There are several theories of social anxiety that incorporate the concept of perfectionism as important in the development of social fears. Although some theories have described trait aspects of perfectionism in social anxiety (e.g., Juster et al., 1996), both Schlenker and Leary (1982) and Clark and Wells (1995) incorporated interpersonal and self-presentational components of perfectionism into their models of social anxiety. For example, Clark and Wells stated that various assumptions, such as not revealing weaknesses or anxiety to others, activate behavior that protects the individual from being viewed in a negative light. Moreover, numerous authors have indicated that socially anxious individuals are concerned with how they appear to others, and this is reflected by reduced self-disclosure in dyadic interactions (Meleshko & Alden, 1993). Several authors have suggested that an important component of social phobia and social anxiety involves fear of making public errors (Arkin, Appelman, & Burger, 1980). Although trait perfectionism generally plays more or less important roles in these conceptualizations, one example that incorporates self-presentational concerns in social anxiety is that proposed by Schlenker and Leary (1982; also see M. R. Leary & Kowalski, 1995). In this model, individuals experience social anxiety when they are unable to live up to their overly positive self-presentations. Because perfection is an unrealistically positive self-presentation, one would expect that social anxiety would ensue, especially as the perceived demand to demonstrate that perfection develops.

Accordingly, one aim of this study was to assess whether perfectionistic self-presentation is associated with social anxiety. This would support our claims that perfectionistic self-presentation can result in maladaptive outcomes in the social domain and would provide evidence of predictive validity for the perfectionistic self-presentation construct. We also assessed a nonsocial form of anxiety, agoraphobia, to assess discriminant validity. Another aim of this study was to replicate the association between perfectionistic self-presentation and general anxiety symptoms.

The final goal of this study was to examine the link between perfectionistic self-presentation and the self-presentational tactics. At present, we have not addressed the specific types of self-presentational tactics associated with perfectionistic self-presentation, other than the demonstration of an association between self-handicapping and all three PSPS subscales in the samples used in Study 2. We sought to replicate earlier findings suggesting a link between perfectionistic self-presentation and defensive tendencies (i.e., self-handicapping), but we also evalu-

ated the hypothesis that perfectionistic self-promotion would be associated with assertive types of self-presentation that reflect attempts at self-enhancement. Consistent with our general approach, we also investigated whether the PSPS facets could predict unique variance in social anxiety beyond these self-presentational behaviors.

### Method

#### Participants

In Sample 1, 152 university students (47 men and 104 women, 1 undeclared; mean age = 20.16 years,  $SD = 4.50$ ) completed measures. In Sample 2, 151 university students (43 men and 108 women; mean age = 18.91 years,  $SD = 1.70$ ) completed measures.

#### Materials

In addition to the PSPS, the MPS, and the BAI, those in Sample 1 completed the following:

*Endler Multidimensional Anxiety Scales–State (EMAS-S)*. The EMAS-S (Endler, Edwards, & Vitelli, 1991) is a 20-item measure of state anxiety. Numerous studies have demonstrated its validity and reliability (e.g., Endler, Edwards, Vitelli, & Parker, 1989).

*Social Phobia and Anxiety Inventory (SPAI)*. The SPAI (Turner, Beidel, Dancu, & Stanley, 1989) is a 45-item measure of anxiety; 32 items assess social phobia and 13 items assess agoraphobia. Several studies have shown the psychometric solidity of the SPAI (e.g., Osman et al., 1996).

*Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS)*. The SIAS (Mattick & Clarke, 1989) is a 20-item measure of anxiety in social situations; the SPS (Mattick & Clarke, 1989) is a 20-item measure of anxiety generated by evaluative fears. Investigations have verified the validity and reliability of the measures (e.g., Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992).

In Sample 2, in addition to the PSPS, SIAS, and SPS, the participants completed the following:

*Self-Presentation Tactics Scale (SPTS)*. The SPTS (Lee, Quigley, Nesler, Corbett, & Tedeschi, 1999) is a 63-item measure of five assertive self-presentational tactics and seven defensive self-presentational tactics. Lee et al. (1999) provided evidence of the reliability and validity of the SPTS. We focused on summary scores representing defensive tactics (e.g., use of disclaimers and excuses) and more assertive tactics (e.g., use of ingratiation, entitlement, and supplication).

#### Procedure

University students earned course credit for participating. Each participant was debriefed.

### Results

#### Sample 1

Zero order correlations between the PSPS subscales and the measures of anxiety are presented in Table 11. All PSPS subscales were correlated positively with all of the anxiety measures with two exceptions. The Nondisclosure of Imperfection was not correlated with the BAI or with the Agoraphobia subscale of the SPAI. The highest correlations tended to be between the Nondisplay of Imperfection facet and the various measures of social anxiety.

Regression analyses were conducted to assess the unique contributions of the PSPS facets. As seen in Table 12, Perfectionistic Self-Promotion was not a unique predictor of any of the anxiety measures after controlling for gender and trait perfectionism; however, the Nondisplay of Imperfection subscale was a unique predictor of social phobia, social interaction, and social performance anxiety. Finally, the Nondisclosure of Imperfection subscale was uniquely related only to state anxiety and social phobia, suggesting that it is associated with severe forms of social anxiety. None of

Table 11  
Zero-Order Correlations Between Perfectionistic Self-Presentation Subscales and Measures of Anxiety

| Measures                       | Perfectionistic Self-Promotion | Nondisplay Imperfection | Nondisclosure Imperfection |
|--------------------------------|--------------------------------|-------------------------|----------------------------|
| Study 4 (Sample 1; $n = 152$ ) |                                |                         |                            |
| Anxiety measures               |                                |                         |                            |
| BDI Anxiety                    | .17*                           | .29***                  | .16                        |
| EMAS State Anxiety             | .29***                         | .31***                  | .32***                     |
| Social phobia                  | .31***                         | .51***                  | .32***                     |
| Agoraphobia                    | .25**                          | .33***                  | .06                        |
| Social interaction             | .28***                         | .52***                  | .28***                     |
| Social performance             | .33***                         | .48***                  | .22**                      |
| Study 4 (Sample 2; $n = 151$ ) |                                |                         |                            |
| Self-presentation tactics      |                                |                         |                            |
| Defensive self-presentation    | .38***                         | .42***                  | .24**                      |
| Assertive self-presentation    | .44***                         | .33***                  | .28***                     |
| Social anxiety measures        |                                |                         |                            |
| Social interaction             | .27**                          | .44***                  | .38***                     |
| Social performance             | .24**                          | .34***                  | .37***                     |

Note. BDI = Beck Depression Inventory; EMAS = Endler Multidimensional Anxiety Scales.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 12  
Regression Analyses Predicting Anxiety Measures Controlling Trait Perfectionism and Tactics

| Predictors                          | $\Delta R^2$ | $\Delta F$ | $\beta$ | Predictors                                 | $\Delta R^2$ | $\Delta F$ | $\beta$ |
|-------------------------------------|--------------|------------|---------|--|--------------|------------|---------|
| Study 4 (Sample 1; $n = 152$ )      |              |            |         | Study 4 (Sample 1; $n = 152$ ) (continued) |              |            |         |
| Predicting general anxiety symptoms |              |            |         | Predicting social interaction anxiety      |              |            |         |
| Step 1                              |              |            |         | Step 1                                     |              |            |         |
| Gender                              | .09          | 3.32*      | 0.19*   | Gender                                     | .17          | 7.26***    | 0.04    |
| Self-oriented                       |              |            | -0.03   | Self-oriented                              |              |            | 0.05    |
| Other-oriented                      |              |            | 0.02    | Other-oriented                             |              |            | -0.19   |
| Socially prescribed                 |              |            | 0.22*   | Socially prescribed                        |              |            | 0.44*** |
| Step 2                              |              |            |         | Step 2                                     |              |            |         |
| Perf. Self-Promotion                | .02          | 0.52       | -0.05   | Perf. Self-Promotion                       | .15          | 10.28***   | -0.15   |
| Nondisplay Imperf.                  |              |            | 0.13    | Nondisplay Imperf.                         |              |            | 0.50*** |
| Nondisclosure Imperf.               |              |            | 0.08    | Nondisclosure Imperf.                      |              |            | 0.14    |
| Predicting state anxiety            |              |            |         | Predicting social performance anxiety      |              |            |         |
| Step 1                              |              |            |         | Step 1                                     |              |            |         |
| Gender                              | .11          | 4.33**     | -0.09   | Gender                                     | .12          | 4.63**     | 0.09    |
| Self-oriented                       |              |            | -0.04   | Self-oriented                              |              |            | -0.01   |
| Other-oriented                      |              |            | -0.07   | Other-oriented                             |              |            | -0.13   |
| Socially prescribed                 |              |            | 0.37*** | Socially prescribed                        |              |            | 0.37*** |
| Step 2                              |              |            |         | Step 2                                     |              |            |         |
| Perf. Self-Promotion                | .07          | 3.75*      | 0.11    | Perf. Self-Promotion                       | .13          | 7.74***    | 0.18    |
| Nondisplay Imperf.                  |              |            | 0.16    | Nondisplay Imperf.                         |              |            | 0.35*** |
| Nondisclosure Imperf.               |              |            | 0.19*   | Nondisclosure Imperf.                      |              |            | 0.06    |
| Predicting social phobia            |              |            |         | Study 4 (Sample 2; $n = 152$ )             |              |            |         |
| Step 1                              |              |            |         | Predicting social interaction anxiety      |              |            |         |
| Gender                              | .15          | 6.38***    | 0.04    | Step 1                                     |              |            |         |
| Self-oriented                       |              |            | 0.03    | Gender                                     | .14          | 7.65***    | 0.06    |
| Other-oriented                      |              |            | -0.22*  | Defensive self-presentation                |              |            | 0.17    |
| Socially prescribed                 |              |            | 0.43*** | Assertive self-presentation                |              |            | 0.22    |
| Step 2                              |              |            |         | Step 2                                     |              |            |         |
| Perf. Self-Promotion                | .19          | 12.34*     | 0.01    | Perf. Self-Promotion                       | .16          | 11.04***   | -0.31** |
| Nondisplay Imperf.                  |              |            | 0.46*** | Nondisplay Imperf.                         |              |            | 0.44*** |
| Nondisclosure Imperf.               |              |            | 0.20*   | Nondisclosure Imperf.                      |              |            | 0.24**  |
| Predicting agoraphobia              |              |            |         | Predicting social performance anxiety      |              |            |         |
| Step 1                              |              |            |         | Step 1                                     |              |            |         |
| Gender                              | .09          | 3.35*      | 0.14    | Gender                                     | .24          | 15.84***   | 0.02    |
| Self-oriented                       |              |            | 0.06    | Defensive self-presentation                |              |            | 0.10    |
| Other-oriented                      |              |            | -0.13   | Assertive self-presentation                |              |            | 0.42*** |
| Socially prescribed                 |              |            | 0.25*   | Step 2                                     |              |            |         |
| Step 2                              |              |            |         | Perf. Self-Promotion                       | .10          | 7.14***    | -0.31** |
| Perf. Self-Promotion                | .03          | 1.81       | 0.18    | Nondisplay Imperf.                         |              |            | 0.26*   |
| Nondisplay Imperf.                  |              |            | 0.15    | Nondisclosure Imperf.                      |              |            | 0.27**  |
| Nondisclosure Imperf.               |              |            | -0.08   |  |              |            |         |

Note. Perf. = Perfectionistic; Imperf. = Imperfection.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

the PSPS subscales were related uniquely to agoraphobia or to general anxiety symptoms, suggesting some specificity with respect to social forms of anxiety disorders and supporting the discriminant validity of the measure.

### Sample 2

The correlations between the PSPS facets and the self-presentational tactics are also presented in Table 11. All three PSPS facets were correlated with both defensive and assertive self-presentation tactics. Regression analyses predicting both measures of social anxiety showed that, after controlling for the tactics, all three PSPS facets predicted unique variance, though higher

scores on perfectionistic self-promotion were associated with lower social anxiety. This provides further evidence that the PSPS facets are linked with other self-presentational strategies and that they predict social anxiety beyond self-presentational styles. This provides additional support for the discriminability of the construct.

### Discussion

The results from Study 4 suggest that dimensions of perfectionistic self-presentation are generally related to measures of anxiety and that Nondisplay of Imperfection is especially linked to social measures of anxiety. Although Nondisclosure of Imperfection did

uniquely predict one nonsocially based form of anxiety, facets of perfectionistic self-presentation did not uniquely predict other nonsocially based forms of anxiety, supporting the specificity of perfectionistic self-presentation to social forms of anxiety. The substantial association between these PSPS facets and indexes of social anxiety is in accordance with past research indicating that socially anxious individuals are concerned more with avoiding a bad impression than with creating a good one (Arkin, Lake, & Baumgardner, 1986; Schlenker & Leary, 1982), and with the previous studies showing that the nondisplay facet was more highly associated with social forms of self-esteem.

Perfectionistic self-promotion was also consistently correlated with measures of social anxiety. Although concealing forms of self-presentation would be expected to be associated with social anxiety, why would socially anxious individuals adopt a prideful, acquisitive self-presentational style? One explanation for this is that irrespective of the perfectionistic self-presentational facet, there may be a fear that others will not be forthcoming with the sought-after support, succour, or respect (M. R. Leary et al., 1995). Also, for some socially anxious individuals, nondisplay of imperfection and nondisclosure of imperfection may be a concomitant or consequence of social anxiety. In this instance, social anxiety may result in repudiative forms of perfectionistic self-presentation (e.g., nondisplay of imperfection); however, for other socially anxious individuals, perfectionistic self-promotion may be a vulnerability to social anxiety. In this case, perfectionistic self-promotion may lead to social anxiety in the presence of demonstrations of imperfection. Because perfectionistic self-promoters are attempting to obtain social approval by presenting an unrealistic image of perfection that is difficult to maintain and easy to falsify, they may be vulnerable to social anxiety and evaluative concerns.

An important finding across the regression analyses was that both socially prescribed perfectionism and the perfectionistic self-presentation facet of nondisplay of imperfection were associated uniquely with indices of social phobia and social anxiety. This suggests that both facets should be included in models of social anxiety, and suggests the need to include a self-presentation component in current models of perfectionism and social anxiety (see Alden et al., 2002).

Additional findings from Study 4 extended existing results by showing that perfectionistic self-presentation facets are associated with both defensive and assertive self-presentational tactics. These findings qualify our portrayal of perfectionistic self-presenters by showing that although perfectionistic self-presentation is primarily defensive and involves defensive tactics of self-presentation, perfectionistic self-presenters are not entirely reactive and may engage in assertive self-presentational tactics in an attempt to manipulate the image displayed to others and to obtain recognition and admiration if possible. Thus, they may engage in such tactics as ingratiation, supplication, and entitlement when the opportunity arises.

Of importance, perfectionistic self-promotion and nondisplay of imperfection were unique predictors of social anxiety after controlling for both assertive and defensive self-presentational tactics, suggesting that the PSPS taps distinctive aspects of self-presentation. Also, although perfectionistic self-promotion was associated negatively with social anxiety in the regression analyses, it is important to remember that this negative relation was evident only after removing variance attributable to other self-

presentational tactics. Once again, these findings underline the complex nature of the perfectionistic self-promotion facet.

In sum, this study supported the contention that perfectionistic self-presentation may be a neurotic style that is related to anxiety symptoms. The three facets of perfectionistic self-presentation were differentially related to indices of distress, suggesting that there may be some differentiation in terms of difficulties experienced as a function of which perfectionistic style is adopted. Moreover, the results indicated that the PSPS is associated with distress beyond what is attributable to trait measures of perfectionism and other self-presentational tactics. Because several of our studies have shown that trait perfectionism dimensions are related to various kinds of psychopathology (Hewitt & Flett, 1991b, 1993a; Hewitt et al., 1995), the current findings demonstrate that the PSPS is not simply redundant with trait measures and represents a novel, unmeasured aspect of perfectionism that extends extant conceptualizations of self-presentational behaviors.

## General Discussion

The purpose of this project was to provide a conceptualization and an empirical demonstration of the importance of perfectionistic self-presentation. We described a multifaceted interpersonal style that represents the interpersonal expression of perfection, reported on the development and validation of the PSPS, and supported the factorial stability, internal consistency, stability, and construct, discriminant, and predictive validity of the subscales comprising the measure. Of most importance, we demonstrated that the perfectionistic self-presentation facets are associated with various forms of psychological distress, supporting our contention that they may be maladaptive forms of self-presentation that represent a neurotic interpersonal style. They are associated with general measures of the self-concept that involve nonveridical presentations of the self to others and with both self-related and interpersonal forms of distress that are not accounted for by other personality constructs or self-presentational styles. This research was done in diverse student, community, and psychiatric samples, supporting the generalizability of the perfectionistic self-presentation construct.

### *The Nature of Perfectionistic Self-Presentation*

There are numerous important characteristics of perfectionistic self-presentation that the current work underscores. First, perfectionistic self-presentation appears to encompass promotional and concealing components. Although all three facets share features in terms of defensive stances, self-monitoring behavior, and distress, there are differences among them. Perfectionistic self-promotion appears to be an active staging or presentation of one's supposed perfection that involves vigilance and sensitivity to the emotional expression of others. The nondisplay of imperfection and the nondisclosure of imperfection are both protective forms of self-presentation that involve concealing perceived shortcomings. In the former, the nondemonstration or, in the latter, the nondisclosure of perceived shortcomings reflects the passive stance taken by individuals in this regard. The nondisplay of imperfection also appears to involve less of an ability to modify one's presentation, suggesting a decreased sense of efficacy in presenting a clear picture of perfection to others.

The perfectionistic self-presentation facets are distinct from other personality variables; however, they are substantially correlated with one another. This might suggest some difficulty in our interpretation that the facets are unique and independent. However, the factor analytic findings support the independence of the facets. Moreover, the differential relationships with other variables also indicate that the facets assess different aspects of perfectionistic self-presentation.

Second, perfectionistic self-presentation is associated with, but distinct from, trait dimensions of perfectionism, the Big Five traits, narcissism, personality factors involving social concerns, and other self-presentational tactics. Although there is much research that demonstrates the outcomes of elevated levels of perfectionism traits (Flett & Hewitt, 2002), the current research suggests that an important additional feature of perfectionism involves attempting to appear to others as if one is perfect.

The current research yielded several findings that suggest that the self-presentational components of perfectionism reflect stylistic aspects of perfectionism that are different from trait aspects of perfectionism. Whereas trait components reflect the experience of requiring and expecting perfection, perfectionistic self-presentation reflects a stylistic expression of perfectionistic tendencies. Although there has been little research done on expression versus content components of personality constructs (Buss & Finn, 1987), it is our contention that the differences between perfectionistic traits and perfectionistic self-presentation illustrate that distinction. This is especially evident in the demonstration of differential relationships between trait versus self-presentation components in predicting self-esteem dimensions. This research supplements findings that self-oriented and socially prescribed perfectionists are self-critical and do not like to confront themselves with their own imperfections (Hewitt & Flett, 1991a, 1993b) by illustrating that some perfectionists are also disturbed by the possibility that others will be able to detect their imperfections.

Third, perfectionistic self-presentation facets seem to be evident in interpersonal situations. Both peers and clinicians are able to perceive and judge levels of the PSPS facets, suggesting that these behaviors are evident to others. Moreover, there is evidence of the stability of the facets suggesting that perfectionistic self-presentation may represent consistent or rigid interpersonal styles. This does not mean that environmental factors do not influence perfectionistic self-presentation. For example, the presence of an authority versus a subordinate might influence the nature or intensity of the perfectionistic self-presentation. This observation underscores the need to further examine the extent to which the self-presentational behaviors of perfectionists vary according to situational context and the characteristics of audience members.

Fourth, perfectionistic self-presentation appears to be a maladaptive form of self-presentation with all three facets associated with lower self-esteem and both self-related and interpersonal distress. We view perfectionistic self-presentation as a pervasive neurotic style and, although we have suggested that the perfectionistic self-presentational style produces psychological difficulties, it may be that the experience of distress exacerbates perfectionistic self-presentation. This suggests that perfectionistic self-presentation may be similar to a coping strategy, although we would argue that coping in this manner produces difficulties by influencing relationships or maintains difficulties by precluding dealing with problems appropriately.

We propose that all three facets reflect deceptive forms of self-presentation and are associated with psychological difficulties. It was suggested that one motivation for perfectionistic self-presentation involves a lack of interpersonal connection and attempts to obtain approval, caring, respect, or a sense of belonging from others. According to sociometer theory (M. R. Leary et al., 1995), such a lack of interpersonal connection or inclusion produces decreased self-esteem and may produce attempts to enhance that self-esteem. This implies that significant self-esteem issues, such as labile self-regard, may be important in perfectionistic self-presentation, and the findings from Study 3 support this interpretation. Accordingly, the need for the self to appear to be perfect to others may be a compensatory mechanism used to defend against feelings of inadequacy and to guard against concerns over rejection. In this manner, our framework is consistent with research that has suggested individuals with high self-esteem manage their esteem in private, self-regulatory ways, whereas individuals with low or fragile self-esteem recruit and maintain their esteem through public, interpersonal behaviors (Baumgardner, Kaufman, & Levy, 1989). Thus, consistent with models that incorporate self-esteem regulation and interpersonal behaviors, perfectionistic self-presentation may involve self-esteem regulation in the interpersonal context.

Perfectionistic self-presentation may be a particularly problematic strategy, and we would expect that indicators of general distress might result from a perfectionistic self-presentational style because the individual may, at some point, be compelled to demonstrate or reveal imperfections (Tedeschi, Schlenker, & Bonoma, 1971), and this could have a decided impact on others' approval and social acceptance. This style may foster problematic social or intimate relationships that arise, in part, from reticence to engage in mutual self-disclosure, dishonesty in terms of portrayal of inappropriate personal characteristics and accomplishments, and a perceived lack of authenticity in the eyes of others. Individuals who are free to express their shortcomings, fears, and limitations appear to be able to develop more intimate relationships (Derlega, Metts, Petronio, & Margulis, 1993), whereas those who are concerned about avoiding discussion of these issues may be particularly prone to problems in intimate relationships (Meleshko & Alden, 1993). To the extent that sexual dissatisfaction is reflective of problems in intimate relationships, Habke et al. (1999) showed that husbands' nondisplay of imperfection was associated with wives' sexual dissatisfaction and that wives' general perfectionistic self-presentation was associated with their own decreased sexual satisfaction. Similarly, because individuals who have high levels of perfectionistic self-presentation are reluctant to take risks that may invalidate their facades, certain interpersonal competencies, such as disclosure or honesty, may not be developed adequately, and this may have an impact on the formation and quality of intimate relationships. Other social problems may include appearing boastful, arrogant, or narcissistic, which would distance others, exaggeration, prevarication, evasiveness, and a potential for profound embarrassment and withdrawal should events disprove inflated claims. Finally, individuals with perfectionistic self-presentation styles may begin to actually believe in their own facade of perfection (Horney, 1950), contributing to narcissism or delusions of grandeur (Hewitt, Flett, & Turnbull, 1992).

### Future Directions

Given that self-presentation is a ubiquitous, patterned, and strategic form of social behavior (Baumeister, 1982), numerous future directions exist for the perfectionistic self-presentation construct. For example, assessing responses to failures (Baumgardner et al., 1989), successes, or varying audiences (Tice, Butler, Muraven, & Stillwell, 1995) would clarify some of the behavioral outcomes of perfectionistic self-presentation. Also, research addressing the nature of perfectionistic self-presentation as a deliberate, self-conscious behavior or an automatic, nonconscious "interpersonal reflex" (McLemore & Brokaw, 1987, p. 273) would aid in enhancing our understanding of the construct. The development of a valid, stable, and reliable measure of perfectionistic self-presentation permits such explorations.

One important possibility that needs to be explored in future investigations is the likelihood that individuals who are high on the self-presentation dimensions are reluctant to admit to personal problems and to seek help for psychological difficulties from either professionals or from social networks. Certainly, the stigma associated with seeking help (Fischer & Turner, 1970) seems to be more potent for those high in social-evaluative concerns, and help-seeking may be perceived as a powerful indication of weakness. It may also be the case that perfectionistic self-presentation is the perfectionism dimension that accounts for the difficulties perfectionism poses in psychotherapy (Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998).

A final direction for research is the association between perfectionistic self-presentation and the experience of self-conscious emotions. Tangney (2002) has shown that socially prescribed perfectionism is associated with the experience of shame, but it ought to be the case that an even stronger association exists between shame and perfectionistic self-presentation, given the concern that people high in perfectionistic self-presentation have with public exposure of their shortcomings. Similarly, it is important to examine the link between perfectionistic self-presentation and emotional expression, both in terms of dispositional tendencies and actual behavioral displays of emotion. Perfectionistic self-presenters may be vulnerable to illnesses because they are under a great deal of stress but low in the expression of emotions in an attempt to maintain an impression that everything is under control. This tendency may have dire consequences given the role of reduced emotional expression in some health problems and distress (Berry & Pennebaker, 1993; Katz & Campbell, 1994).

There are several limitations in this work. This research is cross-sectional, thus, it does not necessarily support the idea that perfectionistic self-presentation causes psychological problems or low self-esteem. As stated above, it may be that one response of being distressed is to try to appear perfect. Clearly, research that manipulates levels of perfectionistic self-presentation or distress should be used to address these causal issues. Also, assessing the facets within broader interpersonal models is important. We would predict that the facets would reflect hostile-dominant behavior on the interpersonal circumplex (T. Leary, 1957). Finally, work should assess specific behaviors in interpersonal interactions that may be more or less maladaptive, or may be maladaptive only in certain situations.

In conclusion, interpersonal expressions of perfectionistic behavior were examined and prior conceptualizations of perfection-

ism were extended. A novel concept, perfectionistic self-presentation, was outlined, and a new instrument, the PSPS, was developed to clarify the nature of the construct. We argued that, whereas trait perfectionism involves unrealistic demands for the self or others to be perfect, perfectionistic self-presentational styles involve excessive needs for the self to appear to be perfect to others. It was established that the PSPS is a valid, stable, and reliable measure comprised of three related, yet separate facets: Perfectionistic Self-Promotion, Nondisplay of Imperfection, and Nondisclosure of Imperfection. It was argued that the need to proclaim one's perfection or the desire to hide imperfections is motivated by feelings of inadequacy and a desire to avoid interpersonal rejection and is related to indices of psychological distress. Overall, this work suggests that the perfectionistic self-presentation construct is a unique facet of perfectionistic behavior and may offer additional insight into the nature of trait expression.

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