

Borderline Personality Organization and the Interpersonal Components of Perfectionism: A Review of Two Overlapping Personality Pathologies

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Abstract—This work represents the first review paper to explore the relationship between perfectionistic personality and borderline personality organization. The developmental origins, identity diffusion, interpersonal difficulties, and defense mechanisms that are common to both borderline personality and the interpersonal components of perfectionism are explored, and existing research on perfectionism and borderline personality is reviewed. The importance of the link between perfectionism and borderline features is discussed in terms of its contribution to the conceptual understanding of personality pathology as well as to applied clinical practices.

Keywords—borderline personality organization, defenses, identity, interpersonal problems, perfectionism

I. INTRODUCTION

BORDERLINE personality disorder (BPD), as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) [1] and borderline personality organization (BPO), as described in the Psychodynamic Diagnostic Manual (PDM) [2] are among the most disruptive, and maladaptive levels of personality pathology that clinicians encounter [3]. While the challenges of understanding and dealing with BPD and the various manifestations of a borderline personality constellation are no stranger to mental health practitioners, one form of personality pathology that has not been widely recognized in relation to BPO is perfectionism.

Perfectionism has been studied for decades, and there is a wide range of research suggesting that perfectionism is a personality construct that is associated with a range of intrapersonal, interpersonal, achievement, and somatic problems. Depression, anxiety, eating disorders, personality disorders, difficulties with friendships, intimate relationships, and therapeutic relationships, and suicidality are some of the clinically relevant issues that have been linked with perfectionistic personality [4].

More and more researchers are selecting out perfectionism as a relevant personality variable in order to understand its contribution to various forms of psychopathology. Nevertheless, until recently, the severe level of personality pathology that perfectionism is associated with has not been identified or discussed. Despite what is known about perfectionism and psychopathology, the domain of personality pathology and perfectionism has only recently begun to be explored in more depth. What theoretical and empirical work does exist suggests that there is a significant relationship between perfectionism and borderline personality features [5]-[7]. For example the interpersonal components of perfectionism and BPO seem to share common developmental origins, identity problems, interpersonal problems, and splitting defences as well as tendencies towards poor emotion regulation and suicidal behaviour [3]-[4]. Given the severity of borderline characteristics, and the profound impact that borderline personality has on all aspects of an individual's life and relationships, it is important to understand the role that additional concomitant or underlying personality dimensions may be playing in the development, maintenance, or exacerbation of this degree of personality pathology. The overlap between perfectionism and borderline pathology is consistent with research showing extensive comorbidity of BPD and other Axis II disorders. This suggests that there may be latent structures underlying personality pathology [8]; it is possible that the exploration of similarities in BPO and perfectionism may point towards this underlying "intrapyschic genotype" and its various phenotypic expressions [9].

Following a brief description of perfectionism and borderline personality, the similar etiology, and some of the overlapping symptomatology, particularly identity diffusion, interpersonal problems, and splitting, will be explored. This will be followed by a description of existing research on perfectionism and borderline personality.

This review paper represents the first known attempt to clearly situate perfectionism and its related features within the spectrum of borderline pathology. We suggest that there is a clear link between interpersonal components of perfectionism and borderline pathology and suggest that more research should be done to understand the overlap between perfectionism and related borderline features. Understanding

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the relationship between the interpersonal components of perfectionism and BPO is useful both in the conceptual understanding of personality pathology and the development of clinical practices for dealing with both perfectionistic and borderline clients. The discussion will focus on the theoretical and practical importance of continuing to explore the relationship between these personality constructs.

II. DEFINING BORDERLINE PERSONALITY AND PERFECTIONISM

A. Borderline Personality Organization

Borderline personality disorder is one of the most severe personality disorders and most resistant to treatment [3]. The DSM-IV-TR [1] has specified certain criteria for BPD but even outside the borders of this diagnostic classification, there are a number of individuals who endure a personality style marked by borderline features. This personality style, known as borderline personality organization (BPO), has been studied for decades [9], [10]. While a BPO is no less maladaptive than BPD it encompasses a broader range of symptoms and experiences than are captured by the DSM. Kernberg developed a theoretically based model of BPO "that represents a concept of an underlying intrapsychic 'genotype', encompassing many different 'phenotypic' DSM-III Axis II disorders" [9]. Some levels of BPO may represent subclinical levels of what is typically considered BPD while other levels of BPO represent equally pathological personality styles encompassing an even wider range of difficulties and personality disorders. The range of personality pathology associated with BPO includes "paranoid, psychopathic, narcissistic, sadistic, sadomasochistic, hypomanic, somatizing, and dissociative personality disorders" (p. 25) [2]. Similar to BPD, individuals with BPO tend to be characterized by intense, unstable interpersonal relationships, an unstable sense of self, intense anger, and impulsivity [10] as well as an incapacity for emotional intimacy, problems with work, periods of marked depression and anxiety, and a tendency to engage in self-harm behaviour (p. 24) [2]. Three key features of BPO that have been theorized by Kernberg and used in future measures of BPO [11] are identity diffusion, immature defenses, and reality testing. Identity diffusion is a marked and persistent lack of an integrated self-concept as well as the lack of a stable, integrated sense of self in relation to others. Immature defenses are suboptimal mechanisms for coping with reality and defending against distressing feelings. In BPO, splitting in particular is a prominent immature defense that involves extremes of idealization or devaluation of the self and others (e.g., seeing the self or others as "all good" or "all bad"). Problems with reality testing in BPO may involve transient psychotic episodes, typically under severe stress or under the influence of drugs or alcohol. Of these key features of BPO, we propose that perfectionism is most relevant to identity problems and the use of splitting, as well as interpersonal problems which are marked features of BPO.

In essence, a BPO may or may not result in phenotypic expression of BPD described in the DSM, however, it is

invariably associated with identity problems, problematic defense styles, and maladaptive interpersonal styles, and clinically significant problems, interfering with the success, happiness, relationships and stability for individuals with BPO. Thus, BPO may be as debilitating as what is commonly considered BPD, and it encompasses a range of possible symptom presentations from the subclinical to diverse clinical presentations. This makes BPO ideal for studying not only in clinical populations, but also in general community samples, helping to provide a broader understanding of personality pathology and its diverse manifestations.

B. Perfectionist Personality: Traits and Self-Presentation

Perfectionism is a multidimensional personality variable involving the need to be or appear to be perfect [12]-[14]. Perfectionism traits, as conceptualized by Hewitt and Flett [13], are composed of self-oriented perfectionism (i.e., the requirement for the self to be perfect), other-oriented perfectionism (i.e., the requirement for others to be perfect), and socially prescribed perfectionism (i.e., the perception that others require perfection of oneself). Many studies have shown that perfectionism traits are differentially associated with various kinds of intra- and interpersonal distress (e.g., depression, anxiety, suicide, eating disorders, personality disorders, relationship problems) in children, adolescents, college students, and adults [4].

In addition to trait perfectionism which involves the need to *be* perfect, Hewitt, Flett, and colleagues [14] have also conceptualized perfectionistic self-presentation, an interpersonal style related to the need to *appear* perfect to others. Perfectionistic self-presentation includes three distinct interpersonal dimensions: perfectionistic self-promotion (i.e., proactively promoting a perfect image), nondisclosure of imperfection (i.e., concern over and avoidance of verbal disclosures of imperfection), and nondisplay of imperfection (i.e., concern over and avoidance of behavioural displays of imperfection).

In general, perfectionistic self-presentation has consistently been shown to be a factor in similar intra- and interpersonal problems that are associated with trait perfectionism [4], as well as being related to relationship problems and difficulties in the therapeutic relationship [6], [15]. Though related to perfectionism traits, perfectionistic self-presentation facets are also distinct and predict psychological difficulties, such as social anxiety and depression, over and above what can be accounted for by traits alone [14]. Self-presentation facets and traits thus contribute unique information to our understanding of perfectionism in clinically relevant problems.

C. The Interpersonal Components of Perfectionism

Broadly, perfectionism traits are related to the internal motivation to be perfect and the need to actually be perfect, whereas perfectionistic self-presentation is related to the interpersonal expression of perfectionism and the need to simply appear perfect to others. Recent models of perfectionism and psychological distress have grouped socially prescribed perfectionism (i.e., the need to live up to

the perceived perfectionistic expectations of others) and the three facets perfectionistic self-presentation (i.e., the need to appear perfect to others) as a constellation of perfectionistic characteristics representing the interpersonal components of perfectionism [6], [16]. These interpersonal components of perfectionism are thought to be related to a fragile sense of self that is highly sensitive to criticism and marked by a strong need to belong, and gain acceptance [13]-[14], [17]. The interpersonal components of perfectionism represent a personality style aimed at achieving stability, a sense of self and interpersonal acceptance via maintaining a facade of perfection. This approach to developing an identity and striving for acceptance is considered neurotic and futile, as the perfectionistic strategies employed conspire to further create distance and alienation from others. For example, whereas socially prescribed perfectionists perceive that acceptance from others hinges on being perfect, they also tend to perceive themselves as unable to live up to imposed perfectionistic expectations [17]. Requiring perfection for acceptance and feeling one cannot achieve perfection thus creates an ongoing subjective sense of disconnection from others. Overall, the interpersonal components of perfectionism are associated with a number of interpersonal difficulties including hostility, intimacy problems, loneliness, poor social skills, more frequent negative interactions, peer victimization, and perceived lack of social support [6], [14]-[26] in addition to the range of clinically relevant issues previously mentioned.

Given the significant interpersonal underpinnings and the broadly maladaptive nature of both BPO and the interpersonal components of perfectionism, it is these specific components of perfectionism that are theorized and found to be most relevant to the personality processes on the borderline spectrum.

III. SIMILARITIES BETWEEN BORDERLINE PERSONALITY ORGANIZATION AND PERFECTIONISM

A. *Origins of Borderline and Perfectionistic Personality Pathologies*

Borderline personality disorder or organization and perfectionism are both thought to have similar developmental origins related to issues of separation and individuation [27]-[29]. Extensive work on BPO from an object relations perspective has been carried out [8]. People with BPO tend to have grown up in environments that are invalidating and experienced difficulties with separation and individuation, leading to insecure attachment styles. The interpersonal components of perfectionism tend to be associated with harsh parenting and insecure attachment, in particular socially prescribed perfectionism and perfectionistic self-presentations facets are significantly related to preoccupied or fearful attachment styles [16], [30]-[31]. In general, individuals with insecure attachments go on to develop a variety of pathological personality processes; both BPO and the interpersonal components of perfectionism are two manifestations of personality pathology that can emerge in response to the unmet attachment needs of the insecurely

attached patient.

B. *Identity*

Pervasive insecure attachment styles can act as an organizing principle on the disordered behaviour exhibited in personality disorders. Insecure attachment leads to persistent ways of seeing oneself and others in the world [32]-[33], which has implications for the identity and interpersonal problems encountered in both BPO and perfectionism.

"A defining characteristic of severe personality disorder is the lack of integration, or identity diffusion" (p. 474) [8]. A weak sense of personal identity is also a prominent feature of borderline personality organization [1]-[3]. Individuals with BPO tend to report experiencing feelings of emptiness and a shifting presentation of the self depending on who they are with.

There is also preliminary evidence linking perfectionism to identity problems. Studies in children and adolescents suggest that perfectionism is associated with problems with self-concept and identity formation. For example, Luyckx, Soenens, Goossens, Beckx, and Wouters [34] showed that in perfectionistic adolescents, perfectionism was negatively related to committing to important identity related decisions, and positively related to ruminative aspects of identity, which is characterized by hesitation, indecisiveness and flawed decision making.

One element of identity disturbance more widely studied in association with perfectionism is imposter syndrome [35]. The imposter phenomenon suggests that the individual feels that the identity they have created for themselves and present to others is false and unattainable. This phenomenon is perhaps nowhere more evident than in the experience of interpersonal perfectionists who create unattainable facades of perfection to gain acceptance, only to end up feeling that their identity is precarious and false, all the while continuing to experience intrapersonal disintegration and interpersonal difficulties. Conceptually, the interpersonal aspects of perfectionism have been linked with deficits in identity formation [14]. Low self-esteem and need for approval are thought to drive perfectionistic self-presentation. The development of an identity based on presenting perfection to the world is thought to be an attempt to regulate self-esteem, bolster a poor sense of self, garner acceptance, and potentially could be an attempt to anchor one's identity in perfection, in order to compensate for the underlying inner and interpersonal disorganization that results from the intensity of borderline personality features. As such, the tendencies of interpersonal perfectionists may overlap with and contribute to the prominent identity disturbances seen in BPO [14].

C. *Interpersonal Difficulties*

As previously noted, the interpersonal components of perfectionism are significantly related to extreme sensitivity to the opinions of others, the need to belong and be accepted, as well as interpersonal difficulties. The Social Disconnection Model of perfectionism [6], [17], [25] suggests that the interpersonal difficulties associated with perfectionism are at

the crux of the relationship between perfectionism and psychopathology. According to this model, the interpersonal components of perfectionism lead to objective and subjective experiences of social disconnection which in turn leads to a variety of difficulties, including depression and suicide [17]. The social disconnection arising from the interpersonal components of perfectionism may include both a subjective social disconnection (i.e., a phenomenological sense of detachment from others) and objective social disconnection (i.e., actual severed or difficult relationships with others) [17]. Broadly, perfectionism is associated with a large number of interpersonal difficulties (difficulties in friendships, intimate relationships, low perceived social status, more frequent negative social interaction, perceived lack of social support) [17] – [26] as well as interpersonal traits, such as expressed hostility [22], which interfere with the formation and maintenance of interpersonal relationships.

BPO is also associated with a need for approval and acceptance in interpersonal relationships, as well as expressed hostility and frantic efforts to avoid abandonment. Individuals with BPO, and specifically BPD, tend to have significant difficulties in establishing and maintaining long lasting, stable relationships [1]-[3].

Interpersonal perfectionists and individuals with BPO may share a similar sensitivity to interpersonal relationships, and fear of rejection or abandonment. They also both express high degrees of hostility in their interpersonal relationships. This intense insecurity and interpersonal disorganization may account for a great degree of interpersonal and intrapersonal distress experienced by individuals with either type of personality pathology. This points to the importance of examining social, interpersonal aspects of personality.

D. Splitting

In order to negotiate a life experience fraught with tensions and anxieties within the self and in interpersonal relationships, individuals with disordered personalities employ a variety of defense mechanisms. One shared defense mechanism which may further explain the association between perfectionistic personality and BPO symptomatology is the use of the primitive defense of splitting. Splitting is one of the most evident, problematic, and frequently used ego defenses employed by individuals with BPO [1]-[3]. “Splitting is the tendency to see self and others in moralized, all-good and all-bad categories; i.e., in unrealistically positive ways (as saints, heroes, or rescuers) or in unrealistically negative ways (as hateful villains or abusers), or in both in oscillating fashion” (p. 25) [2]. Based on anecdotal and clinical descriptions, perfectionists also regularly engage in splitting, seeing themselves and others as all good or all bad, entirely perfect or entirely flawed. Preliminary research on perfectionism and ego defenses has also suggested that perfectionism is associated with greater usage of immature and neurotic ego defenses [36]-[37]. Socially prescribed perfectionism is shown to be related to immature defense styles (e.g., splitting, denial, devaluation, projection) and neurotic defense styles (e.g., idealization, passive aggression) [37]. Dickinson and Ashby

[36] have also found that maladaptive perfectionism is associated with immature ego defenses.

E. Additional Pathological Similarities

As well as identity problems, interpersonal problems, and the immature defense of splitting, additional areas where perfectionism and BPO may overlap include problems in emotion regulation [38]-[39], impulsivity [40], and suicidal behaviours [6], [17], [41]. Furthermore, the interpersonal components of perfectionism are associated with the broadest range of maladjustment across a variety of domains, as compared to self-oriented and other-oriented perfectionism. Thus, these components of perfectionism are most similar to BPO in that they are related to a wide range of clinically relevant difficulties. These additional similarities between the extent of disorganization and personality pathology provide further support that there may be related processes at play in perfectionistic personality and BPO, or at the very least, similar pathological presentations that are worth exploring and distinguishing in clinical practice.

IV. REVIEW OF EXISTING RESEARCH ON PERFECTIONISM AND BORDERLINE PERSONALITY

As well as the observed and hypothesized overlap in perfectionism and BPO, there are some initial studies exploring the supposed overlap between perfectionism and BPO. Hewitt and Flett [13] in the development of the Multidimensional Perfectionism Scale found in a heterogeneous psychiatric sample, that socially prescribed perfectionism is associated with borderline personality as measured by the Millon Clinical Multiaxial Inventory [42]. They suggested the perception of others as having unrealistic expectations for oneself may be at the root of the extreme anger and verbal aggression that characterizes both socially prescribed perfectionism and BPD.

Hewitt, Flett, and Turnbull [43] followed up these initial findings by examining perfectionism and personality disorders in another heterogeneous clinical sample. In this study, personality was measured using the Minnesota Multiphasic Personality Inventory [44]. Contrary to earlier findings, this study did not find a relationship between perfectionism traits and BPD, although they did find that perfectionism traits were differentially related to a range of personality disorders, and socially prescribed perfectionism in particular was related to paranoid, schizotypal, antisocial, avoidant, compulsive, dependent, and passive-aggressive personality disorders.

Hewitt, Flett, and Turnbull [5] returned to the investigation of socially prescribed perfectionism and BPD by focusing on a homogeneous clinical sample of inpatients diagnosed with BPD. They investigated the role socially prescribed perfectionism plays in distinguishing between BPD inpatients, schizophrenic inpatients, and normal controls. BPD inpatients had significantly higher levels of socially prescribed perfectionism than either matched schizophrenic inpatients or normal controls. This study demonstrated that socially prescribed perfectionism is very much a part of the most pathological levels of BPD, and can help distinguish between

highly distressed patient groups.

More recent work on borderline personality and perfectionism has focused on the interpersonal components of perfectionism, incorporating both trait perfectionism and perfectionistic presentation. Findings suggest that overall, interpersonal components of perfectionism are associated with Cluster B personality pathology [7], [45]. According to Sherry, Hewitt, Flett, Lee-Baggeley, and Hall, socially prescribed perfectionism is a persistent interpersonal schema that contributes to the relationship difficulties and interpersonal dysregulation consistent with Clusters B pathology [7]. Additionally, perfectionism traits and self-presentation tend to be associated with an undifferentiated sense of self that is overly reliant on others' views and evaluations, which is potentially linked to the inadequate identity formation consistent with BPO. Perfectionistic self-presentation has been found to be linked to discord in interpersonal relationships and is experienced by others as being interpersonally aversive. Thus, Sherry et al. suggest that this may correspond to the maladaptive modes of disturbed interaction manifested in personality pathology. Additionally, presenting oneself as perfect to others may be an interpersonal strategy to stabilize an insecure sense of self. Using the Personality Diagnostic Questionnaire-4+ [46] and the Dimensional Assessment of Personality Pathology [47], Sherry et al. determined that in a nonclinical sample, socially prescribed perfectionism is related to the emotionally dysregulated features of Cluster B pathology and perfectionistic self-presentation facets are differentially associated with various Cluster B features.

Most recently, Roxborough, Hewitt, Abizadeh, and Flett [45], have gone beyond the focus on BPD alone to study perfectionism with respect to BPO in general. This provided the opportunity to look at the relationship between perfectionism and borderline features in a nonclinical sample of students. This was done to look at a less severe form of BPO in normal samples. This research looked at the interpersonal components of perfectionism with respect to two domains of BPO in particular: identity diffusion and splitting, as measured by the Self-Report Instrument for Borderline Personality Organization [11], the Splitting Index [48], the Self-Concept Clarity Scale [49], and the Clance Imposter Phenomenon Scale [50]. The findings revealed that socially prescribed perfectionism was positively correlated with the identity diffusion and primitive defenses subscales of the Self-Report Instrument for BPO. Socially prescribed perfectionism was also related to low self-concept clarity, feelings of being an imposter, and splitting images of the self and of family members. Similarly, all three perfectionistic self-presentation facets were significantly related to identity diffusion, and primitive defenses. Identity problems related to poor self concept clarity and imposterism were also associated with all three facets of perfectionistic self-presentation as was the tendency to engage in splitting with self images. Splitting images of family and others was only significantly associated with nondisclosure of imperfection. This work provides further evidence that not only socially prescribed

perfectionism but also the perfectionistic self-presentation facets play a significant role in the identity disturbances and the maladaptive defense of splitting observed in BPO. It also provides evidence that key features such as identity diffusion and splitting are shared by both personality pathologies.

Overall, this review of the current literature shows that the interpersonal components of perfectionism are related to borderline personality features in the normal samples as well as in patients the most pathological manifestations of BPD. This research consistently shows that socially prescribed perfectionism, and not self-oriented or other-oriented perfectionism, is related to BPD, and that socially prescribed perfectionism plays a key role in distinguishing individuals diagnosed with borderline personality disorder from patient groups with other severe forms of psychopathology. Also, it is specifically the interpersonal components of perfectionism - socially prescribed perfectionism, perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection - that are related to borderline features in nonclinical populations. As the perfectionistic self-presentation facets are a recently defined aspect of the interpersonal components of perfectionism, there is currently no work linking it with the most severe levels of BPD. However, it is reasonable to predict that a relationship might be found between perfectionistic self-presentation and borderline personality at the most pathological personality levels, as well as at the more general personality organization level.

V. DISCUSSION

Despite the existing research on borderline personality and perfectionism, the connection between these two personality pathologies has been largely unrecognized. The overlapping personality problems shared by BPO and perfectionism suggest that the relationship between these personality pathologies may be important in order to fully understand the personality dynamics that contribute to severe clinical difficulties. The literature reviewed here suggests that perfectionism is relevant both at the personality disorder level as well as the general personality organization level for clinical and non-clinical populations with borderline features. The shared personality features of diffuse identity, difficulties in interpersonal relationships, and splitting, are some of the indicators that suggest a relevant link between perfectionistic personality pathology and borderline personality features.

The noted relationship between perfectionism and BPO suggests many additional promising directions for future research which could significantly contribute to our understanding of both personality styles, as well as personality pathology in general. In particular, relationship between BPO, perfectionism, and identity issues is a ripe area for beginning to better understand the processes at play in these pathologies. Increasingly, evidence is pointing to the possibility that the interpersonal components of perfectionism have their origins in attempting to create a sense of self and acceptance from others [14]. Without a secure underlying sense of identity, perfectionistic strivings and presentational

styles emerge as a maladaptive means to obtain a sense of order, identity, and acceptance in the world. This may be particularly important for perfectionists if they are struggling with intense levels of inter- and intrapersonal distress associated with borderline features. For example, perfectionistic self-presentation may represent an attempt to make sense of chaotic emotional and interpersonal experiences experienced in BPO. One way to develop a sense of identity, personal worth, and connection to others is to try to be, or appear to be perfect. Identity, self-worth, and connection are among the core struggles for many perfectionistic and borderline patients. Thus, perfectionistic strivings are one of many ways in which these individuals may attempt to resolve these struggles.

Suicide behaviour has been clearly shown to be significant with respect to both borderline personality disorder [1]-[3], and the interpersonal components of perfectionism [6]-[7], [41]. The role of suicidality in both the interpersonal components of perfectionism and BPO is not discussed in detail here, but may be an important future direction for understanding the relationship between these two personality structures, and the contribution of personality to suicide outcomes.

Knowing that the interpersonal components of perfectionism can be relevant personality variables underlying various borderline personality features has important implications for clinicians. The interpersonal components of perfectionism may potentially be the driving force behind some pathological personality traits seen in BPO; thus, it is important for clinicians to assess the degree to which their patients are struggling with perfectionistic concerns [15]. Addressing underlying perfectionism may help to guide treatment decisions with borderline patients, and help to target some of the underlying perfectionistic issues which contribute to identity problems, interpersonal sensitivity, and maladaptive defenses. This review paper alerts clinicians to an important lens through which to view the problematic, disorganized patterns of behaviours seen in BPO, and reminds us that treating an underlying perfectionistic personality style may be an important part of the movement towards secure identity, relationships, and healthy defense styles. Linehan [3] emphasizes addressing treatment interfering behaviour in BPD; perfectionism may be an underlying personality problem that could interfere with treatment and resolution of borderline traits if left unidentified and untreated. Perfectionism is fairly persistent if not directly and intensely targeted by treatment [15], [51]-[59]. Research has shown that psychological treatments that focus on the presenting disorder (e.g., depression) while ignoring underlying perfectionism issues are not effective in the alleviation of symptoms [52]-[59]. Similarly, if perfectionism is not acknowledged and dealt with in the treatment of BPD, the maladaptive personality symptoms that emerge from perfectionistic motives and behaviours, as well as the perfectionism itself is likely to be recalcitrant.

While not all patients with BPO will also be perfectionistic, it is also important to note that many perfectionistic patients

will express borderline traits. This is important because while it has been recognized that perfectionism is widely associated with psychopathology, the depth and severity of personality pathology perfectionism is associated with has not been clearly emphasized to date. Perfectionism is not, for example, merely a range of cognitions about the self that lead to vulnerability to depression [60]. Perfectionistic personality, particularly the interpersonal components of perfectionism, is an organizing principle for how individuals experience themselves, others, and the world around them, which has significant implications for identity, interpersonal relationships, and mental health.

Overall, this preliminary overview of perfectionism and BPO makes an important clinical contribution. It is important for clinicians to have an understanding that perfectionism is a complex constellation of intra- and interpersonal problems that has a range of implications for sense of self, interpersonal functioning, and use of maladaptive defenses. Just as BPO has long been considered to have a profound impact on success, happiness, relationships, and quality of life, so, too, does perfectionism have a profound impact across multiple domains of functioning and life satisfaction.

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REFERENCES

- [1] American Psychological Association. *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*, 4th ed., Text Revision. Washington, DC: American Psychological Association, 2000, pp. 706-710.
- [2] PDM Task Force. *Psychodynamic Diagnostic Manual (PDM)*. Silver Spring, MD Alliance of Psychoanalytic Organizations, 2006, pp. 17-31.
- [3] M. M. Linehan, *Cognitive-behavioural treatment of borderline personality disorder*. New York: Guilford Press, 1993.
- [4] G. L. Flett, and P. L. Hewitt, *Perfectionism: Theory, research, and treatment*. Washington, DC: American Psychological Association, 2002.
- [5] P. L. Hewitt, G. L. Flett, and W. Turnbull, "Borderline personality disorder: An investigation of the Multidimensional Perfectionism Scale," *European Journal of Psychological Assessment*, vol. 10, pp. 28-33, 1994.
- [6] H. M. Roxborough, P. L. Hewitt, S. B. Sherry, D. L. Sherry, C. Caelian, and G. L. Flett, "The interpersonal aspects of perfectionism and suicide in youth: A test of the social disconnection model," poster presented at the Canadian Psychological Association 69th Annual Convention, Halifax, NS, June 2008.
- [7] S. B. Sherry, P. L. Hewitt, G. L. Flett, D. L. Lee-Bagley, and P. A. Hall, "Trait perfectionism and perfectionistic self-presentation in personality pathology," *Personality and Individual Differences*, vol. 42, pp. 477-490, 2006.
- [8] J. F. Clarkin, M. F. Lenzenweger, F. Yeomans, K. N. Levy, and O. F. Kernberg, "An object relations model of borderline pathology," *Journal of Personality Disorders*, vol. 21, pp. 474-499, 2007.
- [9] O. F. Kernberg, *Borderline conditions and pathological narcissism*. Northvale, NJ: Jason Aronson, 1975.
- [10] J. G. Gunderson, *Borderline personality disorder*. Washington, DC: American Psychiatric Press, Inc, 1984.
- [11] J. Oldham, J. Clarkin, A. Applebaum, A. Carr, P. Kernberg, A. Lotterman, and G. Hass, "A self-report instrument for borderline personality organization," in *The borderline: Current empirical research [Monograph]The progress in psychiatry series*, T. H. McGlashan, Ed. Washington, DC: American Psychiatric Press, 1985, pp. 1-18.
- [12] R. O. Frost, P. Marten, C. Lahart, and R. Rosenblate, "The dimensions of perfectionism," *Cognitive Therapy and Research*, vol. 14, pp. 449-468, 1990.

- [13] P. L. Hewitt and G. L. Flett, "Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology," *Journal of Personality and Social Psychology*, vol. 60, pp. 456-470, 1991.
- [14] P. L. Hewitt, G. L. Flett, S. B. Sherry, M. Habke, M. Parkin, R. W. Lam, et al., "The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress," *Journal of Personality and Social Psychology*, vol. 84, pp. 1303-1325, 2003.
- [15] P. L. Hewitt, A. M. Habke, D. L. Lee-Bagley, S. B. Sherry, and G. L. Flett, "The impact of perfectionistic self-presentation on the cognitive, affective, and physiological experience of a clinical interview," *Psychiatry: Interpersonal and Biological Processes*, vol. 71, pp. 93-122, 2008.
- [16] T. M. Castro, P. L. Hewitt, J. S. Blasberg, H. M. Roxborough, and G. L. Flett "Insecure attachment and the need to belong: Testing a developmental model of interpersonal perfectionism" poster presented at the University of British Columbia Psychology Student Association Undergraduate Conference, Vancouver, BC, March 28, 2009.
- [17] P. L. Hewitt, G. L. Flett, S. B. Sherry, and C. Caelian (2006). Trait perfectionism dimensions and suicidal behavior. In *Cognition and suicide: Theory, research and therapy*, T. E. Ellis, Ed., Washington, DC: American Psychological Association, 2006, pp. 215-235.
- [18] G. L. Flett, P. L. Hewitt, M. Garshowitz, and T. R. Martin, "Personality, negative social interactions, and depressive symptoms," *Canadian Journal of Behavioural Science*, vol. 29, pp. 28-37, 1997.
- [19] M. Habke, and C. Flynn, "Interpersonal aspects of trait perfectionism," in *Perfectionism: Theory, research, and treatment*, G. L. Flett and P. L. Hewitt Eds., Washington, DC: American Psychological Association, 2002, pp. 151-180.
- [20] M. Habke, P. L. Hewitt, and G. L. Flett, "Perfectionism and sexual satisfaction in intimate relationships," *Journal of Psychopathology and Behavioral Assessment*, vol. 21, pp. 307-322, 1999.
- [21] P. L. Hewitt, G. L. Flett, and T. DeRosa, "Dimensions of perfectionism, psychosocial adjustment, and social skills," *Personality and Individual Differences*, vol. 20, pp. 143-150, 1996.
- [22] R. W. Hill, M. C. Zull, and S. Turlington, "Perfectionism and interpersonal problems," *Journal of Personality Assessment*, vol. 69, pp. 81-103, 1997.
- [23] J. L. Miller, and T. Vaillancourt, "Relation between childhood peer victimization and adult perfectionism: Are victims of indirect aggression more perfectionistic?" *Aggressive Behaviour*, vol. 33, pp.230-241, 2007.
- [24] Y. Ommundsen, G. C. Roberts, P.-N. Lemyre, and B. K. Miller, "Peer relationships in adolescent competitive soccer: Associations to perceived motivational climate, achievement goals, and perfectionism," *Journal of Sports Sciences*, vol. 23, pp. 977-989, 2005.
- [25] S. B. Sherry, A. Law, P. L. Hewitt, G. L. Flett, and A. Besser, "Social support as a mediator of the relationship between perfectionism and depression: A preliminary test of the social disconnection model," *Personality and Individual Differences*, vol. 45, pp. 339-344, 2008.
- [26] H. J. Ye, K. G. Rice, and E. A. Storch, "Perfectionism and peer relationships among children with obsessive-compulsive disorder," *Child Psychiatry and Human Development*, online publication, 2008.
- [27] T. Fredtoft, S. Poulsen, M. Bauer, and M. Balm, "Dependency and perfectionism: Short-term dynamic group psychotherapy for university students," *Psychodynamic Practice*, vol. 2, pp. 476-497, 1996.
- [28] J. Masterson, *Psychotherapy of the borderline adult: A developmental approach*. New York: Bruner/Mazel, 1976.
- [29] J. Masterson, *The narcissistic and borderline disorders*. New York: Bruner/Mazel, 1981.
- [30] G. L. Flett, P. L. Hewitt, J. M. Oliver, and S. Macdonald, "Perfectionism in children and their parents: A developmental analysis," in *Perfectionism: Theory, research, and treatment*, G. L. Flett and P. L. Hewitt, Eds. Washington, DC, US: American Psychological Association, 2002, pp. 89-132.
- [31] K. Y. Kawamura, R. O. Frost, and M. G. Harmatz, "The relationship of perceived parenting styles to perfectionism," *Personality and Individual Differences*, vol. 32, pp. 317-327, 2002.
- [32] K. Bartholomew and L. M. Horowitz, "Attachment styles among young adults: A test of a four-category model," *Journal of Personality and Social Psychology*, vol. 61, pp. 226-244, 1991.
- [33] D. Griffin, and K. Bartholomew, "Models of the self and other: Fundamental dimensions underlying measures of adult attachment," *Journal of Personality and Social Psychology*, vol. 67, pp. 430-445, 1994.
- [34] K. Luyckx, B. Soenens, L. Goossens, K. Beckx, and S. Wouters, "Identity exploration and commitment in late adolescence: Correlates of perfectionism and mediating mechanisms on the pathway to well-being," *Journal of Social and Clinical Psychology*, vol. 27, pp. 336-361, 2008.
- [35] J. R. Ferrari and T. Thompson, "Imposter fears: Links with self-presentational concerns and self-handicapping behaviours," *Personality and Individual Differences*, vol. 14, pp. 341-352, 2005.
- [36] W. L. Dickinson and J. S. Ashby, "Multidimensional perfectionism and ego defenses," *Journal of College Student Psychotherapy*, vol. 19, pp. 41-54, 2005.
- [37] G. L. Flett, A. Besser, and P. L. Hewitt, "Perfectionism, ego defense styles, and depression: A comparison of self-reports versus informant ratings," *Journal of Personality*, vol. 73, pp. 1355-1396, 2005.
- [38] M. A. Aldea and K. G. Rice "The role of emotional dysregulation in perfectionism and psychological distress," *Journal of Counseling Psychology*, vol. 53, pp. 498-510, 2006.
- [39] S. G. Rudolf, G. L. Flett, and P. L. Hewitt, "Perfectionism and deficits in cognitive emotion regulation," *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, vol. 25, pp. 343-356, 2007.
- [40] P. L. Hewitt and G. L. Flett "Perfectionism and goal orientation in impulsive and suicidal behaviour," in *The Impulsive Client: Theory, Research, and Treatment*, W. G. McCown, J. Johnson, and M. B. Shure, Eds. Washington, DC: American Psychological Association, 1993, pp. 247-263.
- [41] R. C. O'Connor, "The relations between perfectionism and suicidality: A systematic review," *Suicide and Life-Threatening Behavior*, vol. 37, pp. 698-714, 2007.
- [42] T. Millon, *Millon Clinical Multiaxial Inventory*. Minneapolis: National Computer Systems, 1985.
- [43] P. L. Hewitt, G. L. Flett, and W. Turnbull, "Perfectionism and Multiphasic Personality Inventory (MMPI) Indices of Personality Disorder," *Journal of Psychopathology and Behavioural Assessment*, vol. 14, pp. 323-335, 1992.
- [44] L. C. Morey, M. H. Waugh, and R. K. Blashfield, "MMPI scales for DSM-III personality disorders: Their derivation and correlates," *Journal of Personality Assessment*, vol. 49, pp. 245-251, 1985.
- [45] H. M. Roxborough, P. L. Hewitt, J. Abizadeh, and G. L. Flett, "Borderline personality organization and the interpersonal components of perfectionism: Similarities in identity diffusion and maladaptive defenses," unpublished manuscript.
- [46] S. Hyler, *The Personality Diagnostic Questionnaire-4+*. New York: New York State Psychiatric Institute, 1994.
- [47] J. Livesley, D. Jackson, and M. Schroeder, "Factorial structure of traits delineating personality disorders," *Journal of Abnormal Psychology*, vol. 101, pp. 432-440, 1992.
- [48] J. R. Gould, N. M. Prentice, and R. C. Ainslie, "The Splitting Index: Construction of a scale measuring the defense mechanism of splitting," *Journal of Personality Assessment*, vol. 66, pp. 414-430, 1996.
- [49] J. D. Campbell, P. D. Trapnell, S. J. Heine, I. M. Katz, L. E. Lavalle, and D. R. Lehman, "Self-concept clarity: Measurement, personality correlates, and cultural boundaries," *Journal of Personality and Social Psychology*, vol. 20, pp. 141-156, 1996.
- [50] P. R. Clance, *The imposter phenomenon: Overcoming the fear that haunts your success*. Atlanta, GA: Peachtree, 1985.
- [51] A. M. Bastiani, R. Rao, T. Weltzin, and W. H. Kaye, "Perfectionism and anorexia nervosa," *International Journal of Eating Disorders*, vol. 17, pp. 147-152, 1995.
- [52] S. J. Blatt, "The destructiveness of perfectionism," *American Psychologist*, vol. 50, pp. 1003-1020, 1995.
- [53] S. J. Blatt, D. M. Quinlan, P. A. Pilkonis, and M. T. Shea, "Impact of perfectionism and need for approval on the brief treatment of depression: The National Institute of Mental Health Treatment of Depression Collaborative Research Program revisited," *Journal of Consulting and Clinical Psychology*, vol. 63, 125-132, 1995.
- [54] S. J. Blatt, and D. C. Zuroff, "Perfectionism in the therapeutic process," in *Perfectionism: Theory, Research, and Treatment*, G. L. Flett and P. L. Hewitt, Eds. Washington, DC: American Psychological Association, 2002, pp. 393-406.
- [55] S. J. Blatt, D. C. Zuroff, C. M. Bondi, C. A. Sanislow, and P. A. Pilkonis, "When and how perfectionism impedes the brief treatment of depression: Further analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program," *Journal of Consulting and Clinical Psychology*, vol. 66, pp. 423-428, 1998.

- [56] B. J. Cox, and M. W. Enns, "Relative stability of dimensions of perfectionism in depression," *Canadian Journal of Behavioral Science*, vol. 35, pp. 124-135, 2003.
- [57] G. Shahar, S. J. Blatt, D. C. Zuroff, J. L. Krupnick, and S. M. Sotsky, "Perfectionism impedes social relations and response to brief treatment for depression," *Journal of Social and Clinical Psychology*, vol. 23, pp. 140-154, 2004.
- [58] G. Shahar, S. J. Blatt, D. C. Zuroff, and P. A. Pilkonis, "Role of perfectionism and personality disorder features in response to brief treatment for depression," *Journal of Consulting and Clinical Psychology*, vol. 71, pp. 629-633, 2003.
- [59] D. C. Zuroff, S. J. Blatt, S. M. Sotsky, J. L. Krupnick, D. J. Martin, C. A. Sanislow, et al., "Relation of therapeutic alliance and perfectionism to outcome in brief outpatient treatment of depression," *Journal of Consulting and Clinical Psychology*, vol. 68, pp. 114-124, 2000.
- [60] D. D. Burns, *Feeling good: The new mood therapy*. New York: New American Library, 1980.