

# The Traumatized Perfectionist: Understanding the Role of Perfectionism in Post-Traumatic Reactions to Stress

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There is now a voluminous literature on the role of perfectionism in psychopathology, but one topic has been almost entirely neglected – how perfectionists respond following exposure to traumatic stressors. The relatively few research studies conducted thus far are summarized below. First, however, we note some of the reasons why there should be a positive association between perfectionism and post-traumatic symptoms. Traumatic experiences may be responded to quite negatively by people with elevated perfectionism because perfectionists often have a strong need for control and they are highly stressed by events beyond their control (for a discussion see Hewitt & Flett, 2002). Moreover, perfectionists tend to feel overly responsible and have a propensity to experience self-blame and self-criticism following negative outcomes and events. The vulnerable perfectionist who actually makes a serious mistake that escalates into a traumatic experience is someone who most likely will find it quite difficult to stop ruminating and he or she will find it difficult to live with the mistake and their sense of inefficacy.

The existing research, albeit limited, is in keeping with the proposed association between perfectionism and more intense post-traumatic stress disorder (PTSD) symptoms. Studies employing unidimensional perfectionism measures have found some initial support for a link between perfectionism and PTSD symptom endorsement (Kolts, Robinson & Tracy, 2004; Mitchell, Wells, Mendes & Resick, 2012). A new investigation found that a unidimensional measure of perfectionistic unrelenting standards was associated positively with PTSD symptom severity in a sample of 346 human rights workers (Joscelyne et al., 2015). A substantial proportion of the people in this study met diagnostic criteria for PTSD or subthreshold symptoms (approximately 2 in 5). Additional analyses showed that the factor representing perfectionistic unrelenting standards measure was a unique predictor of PTSD severity when considered in a regression analysis along with other significant predictors, including depression.

Research on PTSD and perfectionism as a multidimensional construct also points to a role for perfectionism in PTSD. Kawamura, Hunt, Frost, and DiBartolo (2001) examined the associations among perfectionism, depression, PTSD, and obsessive-compulsive disorder in a general sample of students and found significant positive correlations between PTSD symptoms and both personal standards perfectionism and a maladaptive perfectionism composite factor. More recently, Egan, Hattaway, and Kane (2014) examined multidimensional perfectionism, rumination, and PTSD symptomatology in 30 patients diagnosed with PTSD. Results demonstrated that perfectionistic concern over mistakes and clinical perfectionism each were positively associated with PTSD symptoms. A robust association was also found between depressive rumination and PTSD symptoms, and depressive rumination mediated the link between multidimensional perfectionism and PTSD symptoms. That is, individuals high in perfectionism who responded by brooding about the past and their feelings of emotional distress, were in turn, more likely to experience PTSD symptoms.

We are highlighting this association between perfectionism and PTSD symptoms in this commentary for three reasons in particular. First, it is our hope that our focus on this association will promote further research and theory from a programmatic perspective. Clearly, there is a need for much greater recognition and understanding of the role of perfectionism in post-traumatic stress reactions.

Second, in terms of practical implications, there is an urgent need for proactive preventive interventions that seek to address the vulnerability of perfectionists who are especially likely to experience traumatic events. The need for prevention is underscored by growing evidence indicating that perfectionism is a strong risk factor for suicide (see Flett, Hewitt & Heisel, 2014). The perfectionist with an occupation that involves the likelihood of high exposure to trauma (e.g., police, medical, and military personnel) is particularly at risk.

Finally, it is important for clinicians and counselors to recognize that perfectionism is a personality style that typically complicates and undermines the course of treatment for those people undergoing treatment. Published case studies of traumatized perfectionists show just how debilitating this combination can become and these case accounts clearly illustrate the complexities involved in treating perfectionists who typically suffering from comorbid conditions in addition to PTSD (see Neely et al., 2013; Tarrochi, Aschieri, Fantini & Smith, 2013).

When it comes to the treatment process, one overarching problem is that many perfectionists may be highly traumatized yet they hide behind a front. These people seem like they are functioning well (perhaps even perfectly well) when just the opposite is the case; for them, seeming perfect is a way of trying to cope with stress and distress. But what is particularly unfortunate is that many perfectionists never get the help they urgently need because they are very good at projecting this image; as a result, those people who are in a position to provide support to the stressed perfectionist in distress may not realize help is needed until it is too late. This is just one of the many reasons why proactive steps are needed when it is suspected that a perfectionistic person is hiding his or his traumatic stress reactions behind a façade of apparent high functioning.

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