Chapter 10
Perfectionists Do Not Play Nicely With Others: Expanding the Social Disconnection Model

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"Not being perfect hurts," Sylvia Plath (Plath, 1993, p. 666)

"Every one should be really excellent," Steve Jobs (Jobs, 2008)

Humans are social animals. We spend roughly 80% of our time around others (Cacioppo, Fowler, & Christakis, 2009). For better or worse, relationships with others greatly impact us. In fact, positive relationships are vital to our well-being (Baumeister & Leary, 1995). However, some people have personality traits that impede their ability to participate in and benefit from stable, positive, and satisfying relationships. Life is difficult for such people. Being disconnected from others creates psychopathology by thwarting a basic need for close relationships.

Perfectionism is a personality trait robustly associated with both social problems and psychopathology. The social disconnection model (SDM; Hewitt, Flett, Sherry, & Caelian, 2006) is an integrative theoretical framework clarifying how perfectionism generates psychopathology through negative social behaviors (e.g., conflictual interactions), cognitions (e.g., seeing others as disappointed), and outcomes (e.g., romantic breakups). In the present chapter, our goal is to articulate an expanded SDM that addresses limitations of the original formulation of this model. We also present two case studies illustrating how the expanded SDM is applicable to two well-known perfectionists: Sylvia Plath and Steve Jobs. But first, we define perfectionism, outline the original SDM, and discuss research supporting it.

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Defining Perfectionism

Perfectionism is a complex construct variably defined and redefined by researchers. Many perfectionism measures exist (Enns & Cox, 2002), with more continuing to be developed (e.g., dyadic perfectionism; Stoeber, 2012). Though researchers often debate the components of perfectionism, there is a growing consensus that many measures of perfectionism may be classified into one of the two latent constructs: perfectionistic concerns and perfectionistic strivings (Dunkley & Blankstein, 2000; Stoeber & Otto, 2006). Perfectionistic concerns are a latent construct comprising neurotic, self-critical components of perfectionism, such as doubts about personal abilities, strong negative reactions to perceived failure, beliefs that others demand perfection, and a perceived discrepancy between one's performance and excessively high standards. This higher-order latent construct represents a synthesis of constructs from diverse areas including personality/interpersonal (socially prescribed perfectionism; Hewitt & Flett, 1991), cognitive behavioral (concern over mistakes and doubts about actions; Frost, Marten, Lahart and Rosenblate, 1990), psychodynamic (self-criticism; Blatt, D'Afflitti, & Quinlan, 1976), and counseling psychology (discrepancy; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Ample evidence suggests that perfectionistic concerns are a risk factor for mental health problems, including depression, panic, generalized anxiety, social anxiety, bulimia nervosa, binge eating, suicide, and personality disorders (e.g., Cox, Clara, & Enns, 2009; Hewitt & Flett, 1991; Mackinnon et al., 2011; Roxborough et al., 2012). Perfectionistic concerns are also implicated in various physical health problems such as poor sleep, lower physical health (e.g., upset stomach), and sexual dysfunction (e.g., Molnar, Reker, Culp, Sadava, & DeCourville, 2006; Stoeber, Harvey, Almeida, & Lyons, 2013; Vincent & Walker, 2000). Given such evidence, most researchers view perfectionistic concerns as a maladaptive construct. In fact, perfectionistic concerns may be seen as a core vulnerability factor that cuts across many mental and physical health problems.

People high in perfectionistic concerns also tend to experience many interpersonal problems (Habke & Flynn, 2002). Indeed, it seems that perfectionistic concerns and a distressing sense of disconnection from and disharmony with other people go hand in hand (Sherry & Hall, 2009). Loneliness, problems with perceived social support, intense interpersonal conflicts, daily interpersonal hassles, feeling deficient in the eyes of other people, hostility, marital difficulties, relationship dissolution, and disagreeableness comprise only some of the interpersonal problems reported by people high in perfectionistic concerns (e.g., Hewitt et al., 2006; Mackinnon et al., 2012; Molnar, Sadava, Flett, & Colautti, 2012; Sherry et al., 2013). Overall then, people high in perfectionistic concerns appear to engage in interpersonally aversive behaviors and extreme social appraisals that hinder the development of stable and supportive relationships.

Perfectionistic strivings involve rigidly and unrealistically demanding perfection of oneself. Factor analyses suggest that perfectionistic strivings are strongly correlated with, but empirically distinct from, perfectionistic concerns (Dunkley

& Blankstein, 2000). There is a debate as to the adaptive or the maladaptive nature of perfectionistic strivings. Some authors argue perfectionistic strivings are positively related to psychopathology, especially as a risk factor for eating disorders (Bardone-Cone et al., 2007) or after a performance failure (Besser, Flett, & Hewitt, 2004). Other authors argue perfectionistic strivings are negatively correlated with psychopathology after partialling out shared covariation with perfectionistic concerns (Stoeber & Otto, 2006). Though this debate continues, it is generally agreed that perfectionistic strivings tend to be less strongly related to negative outcomes than perfectionistic concerns.

Other-oriented perfectionism is sometimes proposed as a third perfectionism dimension. Other-oriented perfectionism represents a tendency to harshly demand perfection from others (Hewitt & Flett, 1991). Though positively correlated with other perfectionism dimensions (Hewitt & Flett, 1991), other-oriented perfectionism is distinguished from perfectionistic concerns and strivings through its overlap with antisocial and narcissistic traits. For instance, Stoeber (in press) found that other-oriented perfectionism was uniquely related to facets of Machiavellianism, psychopathy, narcissism, and social dominance, and was associated with lower levels of agreeableness. Similarly, Sherry, Gralnick, Hewitt, Sherry, and Flett (2014) found other-oriented perfectionism was positively associated with narcissism beyond other facets of perfectionism. Other-oriented perfectionism has received comparatively less research attention overall, possibly because it has had mixed success predicting outcomes beyond perfectionistic concerns and strivings (Stoeber, in press). However, other-oriented perfectionism does have clear and important links with relationship conflict in romantic dyads when high perfectionistic standards are placed on one's romantic partner (Haring, Hewitt, & Flett, 2003; Stoeber, 2012), which suggests it is not a benign trait.

Outlining the Social Disconnection Model

Many perfectionists have major problems with social disconnection (i.e., conflict with and alienation from other people). In particular, people high in perfectionistic concerns generate social disconnection through neediness, overdependence on others, and hostile, rejecting interpersonal behaviors (Habke & Flynn, 2002), especially in response to perceived criticism or failure (Holm-Denoma, Otamendi, & Joiner, 2008). Indeed, people high in perfectionistic concerns may also attack others when their goals are thwarted because they believe love and acceptance is contingent on perfect performance (Blatt, 1995). People high in perfectionistic concerns also tend to seek acceptance and approval by excessively focusing on agentic accomplishments; however, through repeated disappointments, rejections, and conflicts, they find themselves socially disconnected and vulnerable to developing psychopathology.

The SDM (Hewitt et al., 2006) proposes three testable hypotheses regarding how people high in perfectionistic concerns become socially disconnected and

psychologically distressed: (a) perfectionistic concerns confer vulnerability to psychopathology, such as depression, suicide, and eating problems; (b) perfectionistic concerns confer vulnerability to social disconnection; and (c) social disconnection mediates the link between perfectionistic concerns and psychopathology. Hewitt et al. (2006) also distinguished between subjective social disconnection (i.e., the psychological experience of isolation) and objective social disconnection (i.e., severed or impaired interpersonal relationships), though both are proposed as mediators. To date, most research on the SDM has focused on subjective social disconnection (e.g., perceived social support) as opposed to objective social disconnection (e.g., Sherry, Law, Hewitt, Flett, & Besser, 2008). In sum, the SDM proposes a mechanism for the perfectionism–psychopathology link: Perfectionistic concerns generate social disconnection, which, in turn, results in psychopathology.

The SDM is supported by research, with the strongest support for depression. Shahar, Blatt, Zuroff, Krupnick and Sotsky (2004) studied 144 patients with major depressive disorder and found pretreatment self-criticism led to reduced quality of the patient's social network and impairments in the therapeutic alliance, which, in turn, predicted less reduction in depressive symptoms posttreatment. Similarly, Dunkley, Sanislow, Grilo, and McGlashan (2006) found lower perceived social support and increased negative social interactions mediated the relationship between self-criticism and changes in depression in a 2-wave, 3-year longitudinal study of 96 clinic-recruited participants. Various other forms of social disconnection have been found to mediate the perfectionistic concerns–depressive symptoms relationship in longitudinal studies of student and community samples, including personality-dependent interpersonal stressors (Cox et al., 2009), dyadic conflict (Mackinnon et al., 2012), and interpersonal discrepancies (Sherry et al., 2013). Though much of the support for the SDM is found when predicting depressive symptoms, the SDM has also proven useful when predicting other outcomes. For instance, Molnar et al. (2012) found socially prescribed perfectionism was associated with lower levels of perceived social support which, in turn, was associated with poorer physical health in a cross-sectional sample of 538 undergraduates. When predicting binge eating, a 3-wave, 3-week longitudinal study of 200 undergraduate women, Mackinnon et al. (2011) found concern over mistakes had an indirect effect on binge eating through increased interpersonal discrepancies and decreased interpersonal esteem. Finally, Roxborough et al. (2012) found social hopelessness and being bullied mediated the relationship between socially prescribed perfectionism and suicide risk in a cross-sectional sample of 152 psychiatric outpatient children and adolescents. In sum, the SDM has enjoyed substantial support thus far.

Expanding the Social Disconnection Model

Despite promising empirical support for the SDM, there is a room for improvements to this emerging model. An expanded version of the SDM appears in Fig. 10.1, and our four proposed improvements to this model are now detailed.

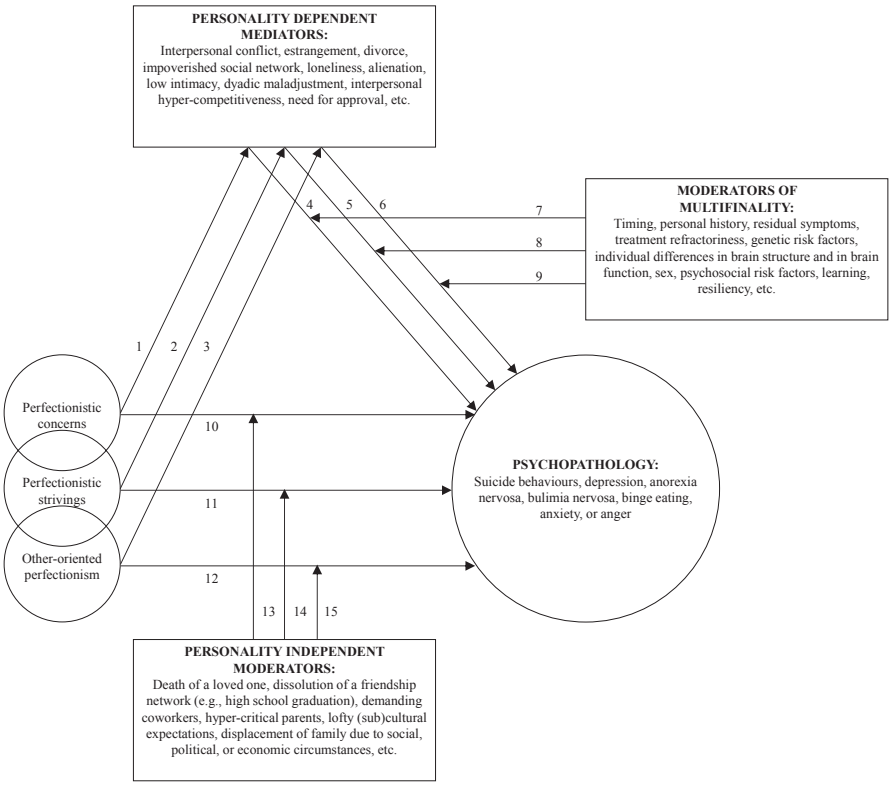

Fig. 10.1 The expanded social disconnection model

A Role for Perfectionistic Strivings and Other-Oriented Perfectionism

Building on theory and research reviewed above, Hewitt et al. (2006) conceptualized perfectionistic concerns as the main driver of perfectionists' interpersonal problems. While it is clearly appropriate to accord perfectionistic concerns a key role in perfectionists' interpersonal difficulties, we believe there is also an important role for perfectionistic strivings and other-oriented perfectionism in the SDM. People high in perfectionistic strivings have a compulsive, self-imposed need to be perfect and often lead an imbalanced life wherein self-definition (agency) is privileged over relatedness (communion). Expressed in terms of an undergraduate's existence, these people may spend too much time at the library and too little time with other people. Behaviors prototypical of people high in perfectionistic strivings (e.g., repetitive checking, avoiding mistakes, and compulsive overstriving) may result in a narrow, imbalanced set of life experiences where chances for social relations are missed or avoided (Frost et al., 1990; Graham et al., 2010). Given their often narrow behavioral repertoire, people high in perfectionistic strivings may simply not

come into contact with opportunities to socialize: The relentless pursuit of perfection requires a lot of exclusion which may lead to a solitary existence. Considering the wider life course of people high in perfectionistic strivings, an extreme or a distorted concern with self-definition may occur and result in an asymmetrical course of development where agentic concerns trump communal concerns (Blatt, 1995).

People high in perfectionistic strivings are also hypercompetitive, manifesting a win-at-all-cost interpersonal style where others are viewed more as competitors than collaborators. Many theories of healthy, positive human development hold that people would ideally move toward a species preservation orientation wherein helping others, making a contribution, and a concern with humanity are paramount. For example, Adler (Ansbacher & Ansbacher, 1956) argued that well-adjusted people participate in what he termed the social interest (i.e., a feeling of community including contributions to society and cooperation with others). In contrast, many people high in perfectionistic strivings move toward a self-preservation orientation wherein individual competition, beating others, and being the absolute best are paramount (Flett, Hewitt, Blankstein, & Gray, 1998; Sherry, Hewitt, Flett, Lee-Baggley, & Hall, 2007). In addition to interpersonal problems, perfectionistic strivings are linked to psychopathology, including stress, anorexia nervosa and other eating disorders, body image disturbance, and suicide (Cockell et al., 2002). Thus, theory and research indicate perfectionistic strivings are linked with interpersonal problems and psychopathology, supporting the role of perfectionistic strivings in the SDM.

People high in other-oriented perfectionism ceaselessly demand perfection from others, a derogating and conflictual interpersonal style which contributes to psychopathology (Hewitt & Flett, 1991). Always demanding perfection from others strains relationships, with people high in other-oriented perfectionism acting hostile toward, dominant around, and disappointed with others (Sherry et al., 2007). Other-oriented perfectionists often suffer in romantic relationships. Such relationships are complicated by other-oriented perfectionists' rigid need for their partners to be perfect (Habke & Flynn, 2002). For example, Habke, Hewitt, and Flett (1999) found wives' other-oriented perfectionism was linked to lower sexual satisfaction in both husbands and wives.

Whereas people high in perfectionistic strivings appear to avoid interpersonal relationships, those high in other-oriented perfectionism seem to struggle in interpersonal relationships. People high in other-oriented perfectionism distress their partners. Indeed, the recipient of perfectionistic demands may suffer more than the source of perfectionistic demands. For instance, Hewitt, Flett, and Mikail, (1995) found that the spouses of people high in other-oriented perfectionism reported higher marital distress—even though the people high in other-oriented perfectionism were not martially distressed themselves. Beyond interpersonal problems, other-oriented perfectionism is tied to psychopathology, including anger and depression (Hewitt & Flett, 1990; Sherry et al., 2007). This chapter integrates other-oriented perfectionism into a broader model of social disconnection and psychopathology to encourage more research on this understudied construct.

In terms of a mediation model, the effect of perfectionistic strivings and other-oriented perfectionism on psychopathology may be highly indirect (e.g., no path between other-oriented perfectionism and depression). However, both perfectionistic strivings and other-oriented perfectionism may still generate social disconnection with important implications for psychopathology. Whereas the original SDM focuses only on perfectionistic concerns and social disconnection, the expanded SDM acknowledges the contribution of perfectionistic strivings and other-oriented perfectionism to social disconnection (see Fig. 10.1).

Personality-Dependent Mediators vs. Personality-Independent Moderators

Another proposed expansion to the SDM involves more clearly specifying the nature and the origins of the interpersonal problems experienced by perfectionists. Theory and research paint a picture of perfectionists as more than "passive recipients of situational influences" (Hammen & Shih, 2008, p. 410). In fact, perfectionists are often active agents who play a leading role in generating interpersonal problems that undermine their well-being (Hewitt et al., 2006; Sherry & Hall, 2009). Drawing on Hammen's (1991, 2006) notion of stress generation, in the expanded SDM, we distinguish between personality-dependent and personality-independent interpersonal problems. Personality-dependent interpersonal problems are something perfectionists do to themselves (e.g., rigid demandingness resulting in interpersonal conflict), whereas personality-independent interpersonal problems are something that happens to perfectionists (e.g., a mother gets cancer). That is, personality-dependent interpersonal problems are mediator variables that explain processes or mechanisms. Such variables help us understand how or why perfectionists experience problems. In contrast, personality-independent interpersonal problems are moderator variables that help us understand when and under what conditions perfectionists are likely to experience problems (see Fig. 10.1). Both personality-dependent and personality-independent interpersonal problems are important to understanding perfectionists and their problems. Acknowledging this distinction in the expanded SDM will allow for a clearer, more rigorous, and differentiated test of the SDM.

Combining the SDM and the Diathesis-Stress Model Using Moderated Mediation

As highlighted above and presented in Fig. 10.1, the expanded SDM distinguishes between personality-dependent interpersonal problems (mediators) and personality-independent interpersonal problems (moderators). Historically, researchers were required to make a choice between testing moderation models and testing mediation models. It was also never really clear why a researcher might consider a variable

(e.g., interpersonal problems) as a moderator in one study (e.g., Chang, Sanna, Chang, & Bodem, 2008) and a mediator in another study (e.g., Sherry et al., 2008). By focusing on interpersonal problems as a mediating variable (e.g., Mackinnon et al., 2012), and largely ignoring interpersonal problems as a moderating variable, the original SDM shares this limitation. On a conceptual level, this implies perfectionists are primarily the authors of their own misery, a viewpoint that pays insufficient attention to (the seemingly arbitrary) life events that may conceivably happen to any person at any time independent of his/her personality (e.g., a spouse getting cancer or economic downturn leading to job loss). However, case studies and clinical observations (Blatt, 1995) suggest perfectionists deal not only with interpersonal problems directly linked with their personality (personality-dependent stressors that mediate the relation between perfectionism and psychopathology; see Fig. 10.1 for examples) but also with interpersonal problems largely beyond their direct control (personality-independent stressors that moderate the relation between perfectionism and psychopathology; see Fig. 10.1 for examples). In the terms familiar to perfectionism researchers, in this chapter we propose the integration of an established explanation for perfectionists' difficulties (i.e., the diathesis stress model, which focuses on moderation) with an emerging explanation for perfectionists' difficulties (i.e., the SDM, which focuses on mediation).

The diathesis stress model (also sometimes called the matching hypothesis, the specific vulnerability hypothesis, or the congruence hypothesis) holds that, for those high in perfectionism to get depressed, the stressor has to "hit close to home" (Hewitt & Flett, 1993, 2002). To illustrate, for people high on perfectionistic concerns, interpersonal stressors may be especially ego-involving. When those high in perfectionistic concerns encounter an interpersonal stressor, they are likely to get distressed in one way or another (e.g., depression). However, the SDM focuses only on the mediating effects of stressors on the relation between perfectionism and psychopathology. Statistical advances (i.e., moderated mediation) no longer require researchers to choose between testing moderation models and mediation models (see Fig. 10.1; Edwards & Lambert, 2007). Instead, moderated mediation models allow for integration of two explanations for when and why perfectionists experience psychopathology. That is, moderated mediation models allow for a conceptual integration of the social disconnection model with the diathesis stress model. Using a moderated mediation framework, the expanded SDM includes both personality-dependent mediators (as did the original SDM) and personality-independent moderators (consistent with diathesis stress models; see Fig. 10.1).

The Issue of Multifinality

The original SDM is silent on the issue of multifinality, even though the diverse interpersonal problems encountered by perfectionists are unlikely to lead to just one outcome. When applied to the SDM, the concept of multifinality suggests perfectionists experiencing similar interpersonal problems may diverge toward various

outcomes (Cicchetti & Rogosch, 1996; Nolen-Hoeksema & Watkins, 2011). We have preliminary evidence for the SDM being relevant to diverse outcomes. The SDM is supported in relation to suicide behavior, depressive symptoms, social anxiety, alcohol-related problems, binge eating, and poorer physical health (e.g., Hewitt et al., 2006; Molnar et al., 2012; Nepon, Flett, Hewitt, & Molnar, 2011; Sherry & Hall, 2009; Sherry et al., 2012; Sherry et al., 2008). However, it is presently unclear when and why interpersonally distressed perfectionists travel divergent trajectories. If perfectionists begin from more or less the same interpersonally distressed starting point, we need to understand when and why some perfectionists progress to divergent endpoints such as subclinical variants of a disorder (e.g., symptoms of depression), full-blown, frank expressions of a disorder (e.g., major depressive disorder), one disorder and not another (e.g., generalized anxiety disorder vs. major depressive disorder), or comorbid, multiproblem outcomes (e.g., generalized anxiety disorder, major depressive disorder, and suicide behaviors all in one individual at one time).

In seeking to understand pathways of multifinality, it is also important to understand when and why some perfectionists may on some occasions escape unscathed from interpersonal problems (as clearly not all perfectionists will experience symptoms in response to interpersonal problems all the time). Whereas the SDM is focused primarily on risk factors (e.g., factors that increase the likelihood of perfectionism resulting in negative outcomes), future studies should also attend to protective factors (i.e., factors that may slow or even prevent perfectionism from resulting in negative outcomes). We need to study pathways from perfectionism to psychopathology *and* pathways from perfectionism to resilience.

There are certain psychosocial environments and biological predispositions reliably linked to psychopathology (Nolen-Hoeksema & Watkins, 2011). In terms of the expanded SDM (see Fig. 10.1), moderators of multifinality are factors that change the strength or the direction of the relation between personality-dependent mediators and psychopathology. Possibilities abound when it comes to specifying possible moderators of multifinality. To guide the identification of such moderators, we propose investigators might consider three broad classes of moderators of multifinality: personal variables, biological variables, and environmental variables. Regarding personal variables, timing (e.g., conflict with a romantic partner at age 14 vs. conflict with a romantic partner at age 64), personal history (e.g., past suicide attempts), residual symptoms (e.g., depressive symptoms remaining after treatment), and treatment refractoriness (e.g., not responding to appropriate treatment) are all candidate moderators of multifinality. To provide an illustrative example involving personal history as a moderator of multifinality, a conflict with a boss at work (i.e., a personality-dependent mediator) is especially likely to result in a suicide attempt (i.e., psychopathology), given a personal history of suicide attempts (Joiner et al., 2005). With respect to biological variables, genetic risk factors (e.g., family history of depression), individual differences in brain structure and in brain function (e.g., error-related negativity), and sex (male vs. female) are other possible moderators of multifinality. Using genetic risk factors as an example of a moderator of multifinality, the relationship between relationship dissolution and depression may be

especially strong for women who inherited a dysfunctional *5-HTTLPR* gene from the maternal side of her family (Anguelova, Benkelfat & Turecki, 2003). In terms of environmental variables, psychosocial risk factors (e.g., poverty), learning (e.g., history of rewards and punishments), and resiliency (e.g., resourcefulness) are other possible moderators of multifinality. For instance, using learning as a moderator of multifinality, a dispute between spouses may be especially likely to result in depressive symptoms for one partner when the other partner typically gives care and attention to depressive behavior (i.e., positively reinforcing avoidance behavior; Hopko, Magidson and Lejuez, 2011). While we do not believe that there are innumerable moderators of multifinality for perfectionists (Nolen-Hoesksema & Watkins, 2011), we do believe that there are probably several multivariate pathways that split into several outcomes (e.g., emotional distress, suicide behaviors, or eating disorders).

In summary, the expanded SDM is more inclusive in that it includes perfectionistic concerns, as well as perfectionistic strivings and other-oriented perfectionism. This expanded model also distinguishes between personality-dependent and personality-independent moderators, bringing greater precision to this conceptual model. The expanded SDM is also integrative in nature, drawing on moderated mediation models to subsume the diathesis stress model within its conceptual framework. This expanded model also sheds light on how interpersonally distressed perfectionists may travel divergent trajectories of symptom development. The expanded SDM also has clinical utility, something we hope to demonstrate by applying this model to the lives of two (in)famous interpersonally distressed perfectionists.

Applying the Expanded SDM to Sylvia Plath's Life

Sylvia Plath is a Pulitzer Prize-winning novelist and poet. Many accounts of Plath describe perfectionism as a core feature of her personality integral to her depression and suicide (e.g., Shulman, 1998). Plath had high levels of perfectionistic strivings and perfectionistic concerns, a combination theorized to have decreased well-being and poor psychological adjustment (Gaudreau & Thompson, 2010; Fig. 10.2a, paths 10 and 11). Plath's striving for perfection began early in life, with one high school teacher describing her as the type of student to argue that an A- should be an A (Gill, 2008). Indeed, Plath was a self-proclaimed perfectionist, and described her perfectionism as "a demon who wants me to run away screaming if I am going to be flawed, fallible" (Kukil, 2000; October 1, 1957). An ex-boyfriend of Plath noted: "[She was] driven by her demons to succeed [and] neglected aspects of her life other than the academic." (Lameyer, 1977, pg. 41 cited in Shulman, 1998). Plath's perfectionism led to numerous personality-dependent mediators that contributed to her psychological problems (Fig. 10.2a, paths 1 and 2). Plath's journal reveals crippling feelings of loneliness and perceived disconnection from others: "Alone, going alone among strangers. Month by month, colder shoulders. No eyes met mine. […] Alone. Loneliness burned" (Kukil, 2000; January 22, 1958). Other authors note more objective forms of social disconnection: Plath had a sharp tongue

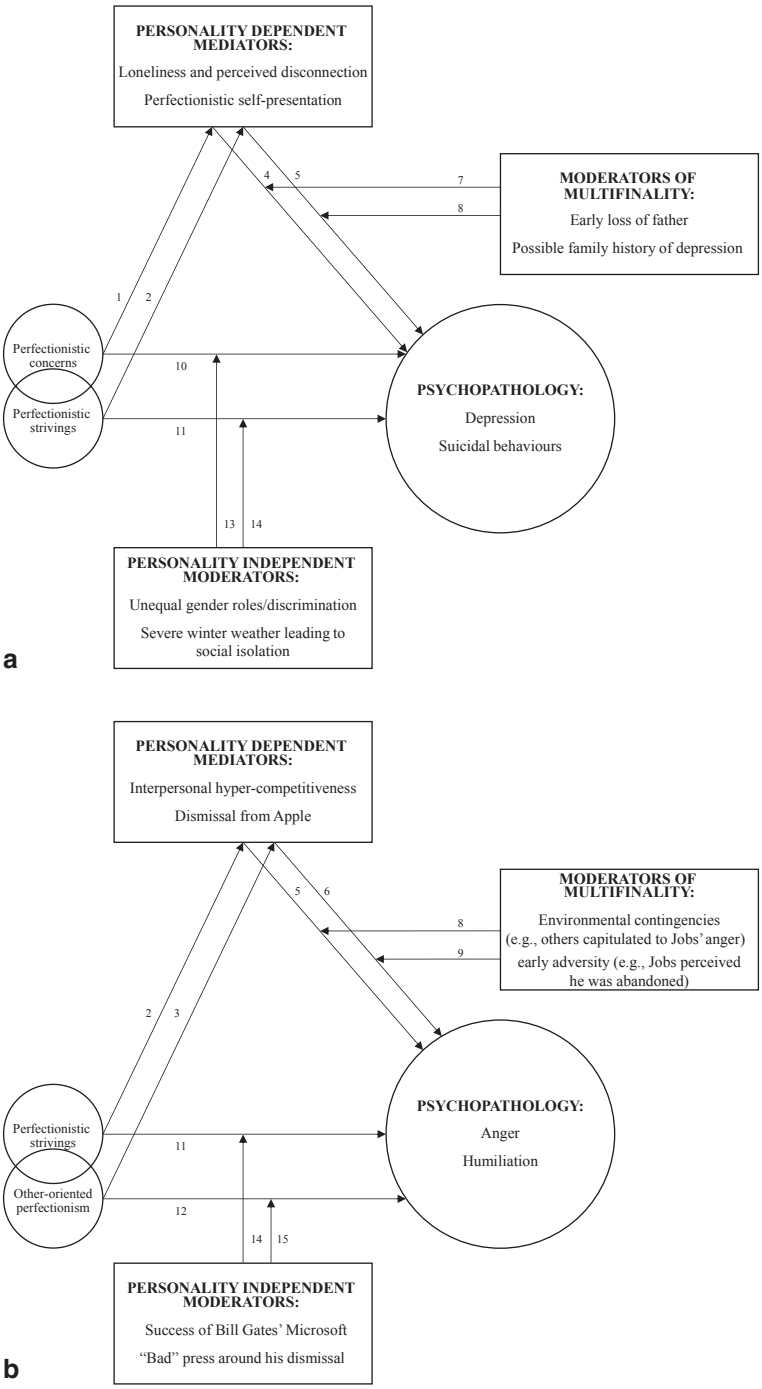

Fig. 10.2 The expanded SDM applied to the lives of Sylvia Plath (**a**) and Steve Jobs (**b**)

and was known to be demanding, inconsiderate, and temperamental when stressed (Shulman, 1998). Indeed, Plath kept distance between herself and others through perfectionistic self-presentation strategies; by creating a perfect façade, which she believed others would like, she was difficult to know personally, and rarely let her guard down even among close others (Lester, 1998). These perfectionistic self-presentation strategies made her loathe to ask for support from others, even from her husband: "Keep quiet with Ted about worries. […] Even with Ted I must learn to be very calm and happy" (Kukil, 2000; November 5, 1957). These interpersonal problems led to depression and suicidal ideation (Fig. 10.2a, paths 4 and 5).

For Plath, psychological problems manifested primarily as symptoms of depression and, tragically, her suicide in 1963. Within the expanded SDM, several moderators of multifinality contribute to these outcomes (Fig. 10.2a, paths 7 and 8). Plath's father died after complications from surgery when she was 8 years old, a traumatizing event that made Plath feel betrayed and abandoned (Lester, 1998; Shulman, 1998). Plath also had a history of prior suicide attempts (a known risk factor for suicide; Jenkins, Hale, Papanastassiou, Crawford and Tyrer, 2002), including one attempt in 1953 where she overdosed on sleeping pills after her application for a high-level creative writing course was unsuccessful (Gill, 2008). Plath's family history is also suggestive of a genetic link. Notably, her father was noted to have a "morbid personality" in recently released FBI reports that many believe provide evidence of Otto Plath's difficulties with depression (Alberge, 2012). Moreover, her son Nicholas Hughes also suffered from depression, and ultimately committed suicide on May 19, 2009 (Wilkinson, 2009).

There were also identifiable personality-independent moderators (Fig. 10.2a, paths 13 and 14). During Plath's life, cultural pressures surrounding the prescribed gender roles for women were immense. Hammer (2001) notes that Plath struggled to meet the competing demands of career success and motherhood. Indeed, the glass ceiling was a source of considerable frustration for a high-achieving, perfectionistic woman like Plath, who insisted on "having it all" (Hammer, 2001, p. 66). Moreover, around a year before her death, Ted Hughes had an affair with a mutual acquaintance, which was devastating for Plath (Lester, 1998). There were also numerous other life stressors in the month preceding her suicide in 1963, including a severe bout of influenza, social isolation (she was in a 2-month queue to receive a telephone in her new flat), childcare shortages, and an exceptionally severe winter (Gill, 2008). Along with the other components of the expanded SDM, these personality-independent moderators provide a compelling, theory-driven explanation for Plath's symptoms of depression and ultimate suicide.

Applying the Expanded SDM to Steve Jobs' Life

Perfectionism is a defining feature of Apple founder and visionary designer, Steve Jobs', personality (Isaacson, 2011). Jobs' biography suggests he was particularly high on perfectionistic strivings and other-oriented perfectionism (Isaacson, 2011). His perfectionistic strivings are evident in his work with Apple. He believed his

products were life-changing and revolutionary (Burrows, 2004), and relentlessly obsessed over even the smallest detail of his products, refining them until they were "perfect" (Gladwell, 2011). Jobs said, "That's my job—to make sure everything is great" (Moisescot, 2012). His pursuit of perfection was often inefficient; he once spent 6 months tweaking scroll bars for a computer operating system (Surowiecki, 2011).

While Jobs is often described as an angry, mercurial man, it is unclear whether his perfectionistic strivings directly manifested into anger (see Fig. 10.2b, path 11). What is clear is that Jobs' hypercompetitiveness greatly contributed to his anger, and Jobs was explosively angry when he felt subordinate to others in competition. Jobs' perfectionistic strivings led to many interpersonal problems. In striving for perfection, Jobs was hypercompetitive (personality-dependent mediator; see Fig. 10.2b, path 2), viewing others as competitors, not collaborators. His hypercompetitiveness also fuelled to his anger (see Fig. 10.2b, path 5). Good enough was never good enough for Jobs; he was notorious for throwing temper tantrums and showing intense anger toward those who disagreed with him, or tried to get him to lower his standards (Barondes, 2011; Moisescot, 2012). In 2010, Jobs received an e-mail from writer Ryan Tate critiquing Jobs for describing the iPad as a revolutionary product. At the end of a vitriolic e-mail response, Jobs replied, "By the way, what have you done that's so great?" (Rainy, 2011).

The relationship between Jobs' hypercompetitiveness and anger was made worse by environmental contingencies rewarding Jobs' anger (moderator of multifinality; see Fig. 10.2b, path 8). Dating back to Jobs' childhood, when Jobs got angry, others would act to quickly appease his anger by agreeing with or accommodating to his impossible standards (Moisescot, 2012). His anger was reinforced by the favourable consequences it produced. Because others capitulated to Jobs' anger, the relationship between his hypercompetitiveness and anger was especially strong. Such environmental contingencies help to explain why Jobs' hypercompetitiveness manifested in anger rather than something else (e.g., depression).

Jobs was also involved in a lifelong competition with Microsoft's Bill Gates. During the 1980s and the 1990s, Apple sales lagged behind Microsoft and IBM. In fact, some Apple computers were widely considered as failures by insiders in the computer industry (personality-independent moderator; see Fig. 10.2b, path 14; Streitfield, 2011). During this time, Apple was subordinate to Microsoft in terms of both market share and public popularity. Being high in perfectionistic strivings, with its "if-you're-not-first-you're-worst" mentality, made Jobs' anger at the success of Bill Gates' Microsoft even worse.

Jobs also demanded perfectionism from others (Isaacson, 2011). He expected his coworkers to live up to his high expectations and to manufacture products that were well ahead of their time (Gates, 2011). "He was a tough customer, very demanding. There's a passion for perfection, and he divides everybody into heroes and dunces" (Isaacson, 2011). His other-oriented perfectionism led him to derogate others, to experience feelings of disappointment and dissatisfaction with others, and to engage in frequent conflicts with others. For example, he would often send his food back multiple times at restaurants and interviewed 67 nurses when he was ill before he found 3 nurses he could tolerate (Gladwell, 2011). In media accounts, Jobs

is variously described as tyrannical, derogatory, insensitive, manipulative, a bully, mean, merciless, judgmental, frighteningly cold, and unreasonable (e.g., Gladwell, 2011; Isaacson, 2011). Jobs' frequent conflict with coworkers eventually resulted in being dismissed in 1985 from Apple, the corporation he created (see Fig. 10.2b, path 3; Gladwell, 2011). His dismissal resulted in strong feelings of humiliation for Jobs (see Fig. 10.2b, path 6; Isaacson, 2011). This humiliation was made worse by the sense of abandonment he already felt after his biological parents gave him up for adoption as an infant (moderator of multifinality; see Fig. 10.2b, path 9). Jobs' dismissal from Apple was also very public, resulting in a lot of "bad press" (personality-independent moderator; Jobs, 2005) and exacerbating his humiliation (see Fig. 10.2b, path 15). While it is unclear whether Jobs' other-oriented perfectionism led directly to his humiliation (see Fig. 10.2b, path 12), his prickly traits clearly contributed to his dismissal and his humiliation. His case also illustrates the expanded SDM and shows how social disconnection leads to psychopathology (e.g., anger and humiliation) for someone high in both perfectionistic strivings and other-oriented perfectionism.

Limitations and Future Directions

Despite the advances offered in the expanded SDM, there are still limitations to the model. For example, perfectionism both arises from and contributes to a dysfunctional interpersonal environment (Blatt, 1995). Our model focuses mostly on experiences in the proximal interpersonal environment (i.e., events close to the present moment). Future studies should also take into account developmental experiences in the distal interpersonal environment (i.e., events in the distant past). These include risk factors such as parental psychological control, exposure to parental psychopathology, physical, sexual, and emotional abuse, neglect, and harsh parenting (e.g., Flett, Hewitt, Oliver, & Macdonald, 2002). We would not be surprised to find a resemblance between developmental experiences in the distal interpersonal environment (e.g., growing up with a critical, demanding father) and activating experiences in the proximal interpersonal environment (e.g., having a critical, demanding boss at work). This correspondence between distal and proximal environments may be guided by a personality-based pattern of selection (Buss, 1987), wherein perfectionists select environments (e.g., the people they interact with) that are generally congruent with their early upbringing and disposition.

The social disconnection model is an explicitly interpersonal model tested to date with largely intrapersonal methods. In future research on the expanded SDM, perfectionism should be studied in actual interpersonal contexts, such as within families, romantic relationships, and workplaces. How does a daughter's perfectionistic strivings contribute to her depression? And, at the same time, how does her father's other-oriented perfectionism contribute to her depression? In other words, perfectionism and perfectionists are embedded in a much wider interpersonal context, a context which is not often studied by perfectionism research, despite many theoretical writings suggesting the importance of this context.

Clinical Implications

Perfectionism represents an interpersonal trait that predisposes people to interpersonal problems, which may then result in depression, disordered eating, generalized anxiety, or other problems (e.g., social anxiety). The SDM and its growing research base help to clarify the characterological and the interpersonal context in which mental and physical health problems occur for perfectionists. Since interpersonal problems play a leading role in the onset and the maintenance of perfectionists' difficulties, clinicians are advised to closely examine their client's long-term social history and current social functioning during assessment. Such an examination will point toward treatment targets (e.g., a need to modify demandingness).

The SDM also provides a theoretical support for interpersonal therapy as one treatment choice when working with distressed perfectionists. This therapy involves modifying important interpersonal problems such as interpersonal disputes, deficits, transitions, and losses (Klerman, Weissman, Rounsaville, & Chevron, 1984). By improving key elements of their interpersonal functioning and by developing a more supportive social network, people high in perfectionism may reduce their vulnerability to various mental and physical health problems (Klerman et al. 1984). Interpersonal therapy may also provide a way to assist distressed perfectionists in forging a more positive social identity, forming positive, stable relationships, and integrating into wider social communities (e.g., a university campus).

Concluding Remarks

Building on Hewitt et al. (2006), the expanded SDM brings a greater clarity and coherence to our understanding of interpersonally distressed perfectionists and their problems. This model provides a framework for understanding, researching, assessing, and treating interpersonally distressed perfectionists so that Sylvia Paths, Steve Jobs, and other perfectionists of our world can build more satisfying relationships and lead longer, more satisfying lives.

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