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The Perfectionistic Self-Presentation Failure Scale: Psychometric Properties and Associations with Depression and Social Anxiety

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Abstract. *Objectives*: The current article introduces a new measure designed to assess self-appraisals of the ability to present oneself as perfect. We discuss some recent findings involving perfectionistic self-presentation and then describe a new measure titled the Perfectionistic Self-Presentation Failure Scale. *Methods*: Research is described with a sample of 140 university students who completed our new measure along with the Multidimensional Perfectionism Scale, the Perfectionistic Self-Presentation Scale, and measures of depression and social anxiety. *Results:* Psychometric analyses confirmed the presence of reliable and meaningful individual differences in self-appraisals of the ability or capability to portray oneself as perfect and limit mistakes made in public. Correlational analyses established that perfectionistic self-presentational failure was linked with higher levels of trait perfectionism, perfectionistic self-presentation, depression, and social anxiety. Additional analyses indicated that scores on this new measure predict unique variance in depression beyond the variance attributable to perfectionistic self-presentation and self-presentation failure mediates the link between perfectionistic self-presentation and depression. *Conclusion and Implications:* Many perfectionistic self-presenters are highly aware and troubled by previous times in which their mistakes, faults, failures, and imperfections have been on display and they see themselves as failures at perfectionistic self-presentation. These results underscore the negative self-views of people who need to seem perfect and how these views extend to seeing oneself as unable to seem perfect. The findings are discussed in terms of their implications for conceptual advances and the assessment and treatment of perfectionistic self-presentation and other debilitating forms of perfectionism.

Keywords: Perfectionism, Perfectionistic Self-presentation, Students, Failure, Depression, Social Anxiety, Assessment, Treatment.

Introduction

There have been many advances in research and theory on perfectionism over the past three decades. It is now generally accepted that perfectionism is largely maladaptive and it is associated with numerous adjustment difficulties. Perfectionism is linked with multiple disorders and the presence of co-morbid conditions (see Bieling et al., 2004). Flett and Hewitt (2020) couched perfectionism as "a problem in living" and outlined several reasons why perfectionists have complicated lives that are far from ideal. One reason is that perfectionistic people must learn to live with their failures and mistakes and associated consequences and some people are haunted by their past failures and mistakes.

Another reason why perfectionists experience problems in living is that being a perfectionist amounts to a very stressful existence. The stress can simply reflect the constant pressure of needing to live up to extreme standards, but perfectionists also have to contend with interpersonal conflicts related to demanding that others are perfectionism (i.e., other-oriented perfectionism) or feeling that people expect them to be perfect (i.e., socially prescribed perfectionism). In addition, perfectionists have a heightened stress response that they tend to engage in behaviour that generates stress (see Hewitt & Flett, 2002).

A third reason is that people who feel they must be perfect and strive for absolute perfection often end up feeling inadequate and ashamed and they try to hide their mistakes, failures, and humiliations from other people. Many perfectionists do not wish for others to know that they are imperfect. They often hide distress and psychological pain and there is tendency to have elevated trait levels of self-concealment (see D'Agata & Holden, 2018; Kawamura & Frost, 2004). These tendencies can be evident early in development. Flett and Hewitt (2022) described young people who hide behind a mask of invulnerability and are deeply engaged in perfectionistic self-presentation for protective and defensive reasons. It has been established in recent qualitative research that adolescent perfectionists often respond to their feelings of low self-worth by presenting a false front and projecting an image of having a perfect life despite feeling like an imposter who is far from perfect (see Molnar et al., 2023). The end result is that these young perfectionists lead their lives according to an inauthentic existence dominated by a false sense of self.

This tendency to put on a false front can take the extreme form of needing to seem perfect at all times when in public. Hewitt et al. (2003) extended the perfectionism construct by showing that not only do some people need to be perfect, they also need to seem perfect. They created the 27-item Perfectionistic Self-Presentation Scale to tap an interpersonal style characterized by presenting the self as perfect (i.e., perfectionistic self-promotion) and need to avoid seeming imperfect in terms of seeking to minimize displays of imperfection and disclosures of mistakes, flaws, and imperfections. The premise of this work is that certain perfectionists operate according to an ideal public self. Not surprisingly, this highly neurotic style

has been linked with elevated levels of psychological distress and suicidal ideation (see Hewitt et al., 2003; Robinson et al., 2021). The need to seem perfect seems to be underscored by a negative self-concept and a tendency to be self-critical and self-punitive.

Several advances in recent years have extended what is known about the perfectionism self-presentation construct. For instance, it has been shown that some perfectionistic self-presenters are invested in attempting to portray an image of being effortlessly perfect (see Flett, Nepon, Hewitt, Molnar, et al., 2016). Research has also documented how perfectionistic self-presentation is expressed online and in ways that increase can result in low well-being (see Keutler & McHugh, 2022). Other research indicates that it is both possible and meaningful to examine daily reports of perfectionistic self-presentation (see MacKinnon et al., 2014). This study conducted over the course of 21 days showed via multilevel regressions that perfectionistic self-presentation could predict social anxiety at the between-subjects and within-subjects levels despite having controlling for levels of socially prescribed perfectionism, perfectionistic automatic thoughts, and depression.

The current article describes the creation and utility of a new measure of the perceived failure to present oneself as perfect. This work reflects the premise that people highly focused on an ideal public self tend to keep track of when they are less than ideal in public and this is a key part of their self-evaluations and self-concepts. Moreover, appraisals of the ability versus inability to seem perfect have key ramifications in terms of adjustment and well-being. The success versus failure at seeming perfect can also have important implications for anyone who is in the spotlight and must perform or seen to perform flawlessly in public (e.g., elite athletes, musicians, etc.). There has been considerable general discussion in the published literature of the nature of self-presentational failure and its antecedents and consequences (see Conroy et al., 2001; Leary, 1990; Thompson, 2014). Self-presentational failures represent significant threats to self and social identity (see Doherty & Schlenker, 1991) and such failures should be problematic given the tendency of perfectionists with elevated needs to seem perfect to pursue self-image goals (see Nepon et al., 2016). It follows that people who are heavily invested in needing to seem perfect and avoid seeming imperfect will evaluate themselves in terms of how they have done thus far in presenting the perfect image; that is, are they up to the challenge or lack what is necessary in order to seem perfect? This sense of having failed and being incapable of creating the desired or required impression is believed to be pervasive among people who are prone to social anxiety (see Leary et al., 1988).

The primary impetus for the current work is more general research showing that people who have engaged in self-presentational behaviour also tend to evaluate how they have fared and how they will fare in the future. Research has established that there are salient individual differences in self-presentational efficacy and associated outcome expectancies; not

surprisingly, low self-presentational efficacy is highly problematic (see Gammage et al., 2004; Leary & Atherton, 1986).

The focus of the current work is best summarized as follows: Flett and Hewitt (2002) initially characterized the Perfectionistic Self-Presentation Scale as being "… based on the belief that a specific neurotic form of perfectionism involves the need to publicly portray a flawless image to others" (p. 13). In contrast, the new measure described in this article taps feelings of success versus failure in terms of self-evaluations of the past or current ability to publicly portray an image of flawlessness to others. Our focus on failing to seem perfect is in keeping with evidence that people with elevated levels of perfectionistic self-presentation see themselves as falling short of personal and prescribed perfectionistic standards and these tendencies are linked with various self-defeating behaviours (see Mushquash & Sherry, 2012).

Why focus on individual differences related to the perception of self-presentational failure when seeking to seem perfect? When it comes to perfectionism, various authors have concluded that perfectionists are cognitive preoccupied with the possibility of failure due to a strong need to obtain approval and to avoid bearing the brunt of criticism (see Burns, 1980; Missildine, 1963; Pacht, 1984). Losses and failures are understandably adverse for those who must be perfect; indeed, Missildine (1963) astutely observed that intense perfectionists "… are motivated not so much by a desire for improvement as they are by a fear of failure" (p. 28).

The hypersensitivity to failure among perfectionists was addressed in one of the earliest studies of multidimensional perfectionism and self-actualization. This study by Flett and colleagues (1991) utilized a self-actualization measure that included a subscale measuring an inability or intolerance of failure. Participants also completed the Hewitt and Flett Multidimensional Perfectionism Scale (HF-MPS; Hewitt & Flett, 1991). Analyses showed that higher reported levels of failure intolerance were correlated significantly with self-oriented perfectionism (i.e., personal striving for perfection), other-oriented perfectionism (i.e., demanding perfection from others), and socially prescribed perfectionism (i.e., social expectations to be perfect imposed on the self). The link between failure intolerance and socially prescribed perfectionism is understandable given mounting evidence of numerous links between socially prescribed perfectionism and negative consequential outcomes (see Flett et al., 2023).

Another investigation examined trait perfectionism and a stress reactivity subscale tapping stress reactivity in failure situations (see Schlotz et al., 2011). Analyses confirmed that all trait perfectionism dimensions and a measure of perfectionistic automatic thoughts were linked with greater reported stress reactivity to failure (Flett, Nepon, Hewitt, & Fitzgerald, 2016). As was noted in Flett and Hewitt (2016), intolerance and stress reactivity to failure should be magnified when people are highly invested in their goals and performance outcomes. This should apply to people who place considerable importance on needing to seem and be perfect to others.

Our focus on self-evaluations of the ability to present as perfect is in keeping with the two-component model of perfectionism and social anxiety proposed by Alden and colleagues (2002). They advanced the notion that when it comes to social anxiety, exceptionally high standards only become problematic if accompanied by maladaptive self-appraisals. They view maladaptive self-appraisals as a sense of personal inadequacy and neurotic self-doubt accompanied by a pathological self-appraisal system. While they did not mention perfectionistic self-presentation per se, this general framework seems applicable to our current work, with the caveat that the focus is on personal inadequacy and self-doubt about the ability to present as perfect and limit mistakes made in public. This self-appraisal system is believed to result in people magnifying the magnitude of blunders and failures made in public (see Alden et al., 2002).

The new inventory that grew out of our research is described below. This is a relatively brief measure that consists of four items. Our decision to create a brief scale was designed to increase its use in future research as well as the fact that very brief versions of the Perfectionistic Self-Presentation Scale (Hewitt et al., 2003) instead of the 27-item version have proven to be psychometrically sound (e.g., MacKinnon et al., 2014; Mushquash & Sherry, 2012). We evaluated this new measure in a sample of university students. A key objective was to ascertain how this new measure, which we titled the Perfectionistic Self-Presentation (PSP) Failure Scale, qualifies and extends existing measures of trait perfectionism and perfectionistic self-presentation.

Method

Participants and Procedure

The sample consisted of 140 university students (25 men, 114 women, and 1 undeclared), with a mean age of 20.7 years (*SD* = 4.3). Participants were recruited through the Undergraduate Research Participant Pool at a large Canadian university. They received credit towards their final introductory psychology grades as a reward for their participation. Many participants were in their first year of study (60%), with 22.9% in their second year, 7.1% in their third year, and 6.4% in their fourth year. The most frequently reported intended majors were psychology (23.6%) and kinesiology (14.3%).

The following self-report questionnaires were administered to the participants in an online study in counterbalanced order:

Perfectionistic Self-Presentation Failure Scale (PSP Failure Scale; see Appendix 1). We developed this novel scale to measure the perception of one's inability to display an image of perfection. This new measure consists of four items: "My attempts to seem perfectly capable usually fall short," "I have made too many mistakes in front of other people," "I often find myself in situations where my mistakes are on display

for others to see," and "I lack the skills needed to make myself look or seem perfect to others." Items were rated on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) with the same instructions used for the Perfectionistic Self-Presentation Scale. Higher scores on this scale indicate less self-perceived failure in seeming perfect.

Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991). The MPS is composed of 45 items measuring three distinct dimensions of trait perfectionism: self-oriented perfectionism (e.g., "When I am working on something, I cannot relax until it is perfect"); other-oriented perfectionism (e.g., "I have high expectations for the people who are important to me"); and socially prescribed perfectionism (e.g., "People expect nothing less than perfection from me"). Items are scored on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with elevated scores reflecting elevated levels of trait perfectionism. Considerable research has shown that the MPS is a multidimensional measure with good reliability and validity in student and clinical samples (Hewitt & Flett, 2004).

Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003). The PSPS is a 27-item scale measuring the need to appear perfect to others. This measure has three subscales: perfectionistic self-promotion (e.g., "I must always appear to be perfect"); nondisplay of imperfection (e.g., "I hate to make errors in public"); and nondisclosure of imperfection (e.g., "I should always keep my problems to myself"). Items are scored on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with greater scores indicating greater levels of perfectionistic self-presentation. The PSPS possesses sufficient reliability and validity (Hewitt et al., 2003).

Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977). The CES-D comprises 20 items measuring the frequency of depressive symptoms over the past week. Sample items include "I was bothered by things that usually don't bother me" and "I felt depressed." Items are rated on a Likert scale, with 0 indicating *rarely or none of the time (less than one day)* and 3 indicating *most or all of the time (5-7 days)*. Higher scores on the CES-D reflect a higher frequency of depressive symptoms over the last week. This scale has good internal consistency and test-retest reliability, in addition to adequate construct validity (Radloff, 1977).

Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987). The LSAS consists of 24 items assessing social phobia. Sample items include "Going to a party" and "Working while being observed." Items are rated according to both fear or anxiety and avoidance for each activity over the past week. Fear or anxiety is rated on a scale from 0 (*none*) to 3 (*severe*), and avoidance is rated on a scale from 0 (*never*) to 3 (*usually*). Elevated

scores on this measure reflect elevated levels of fear or anxiety, and a higher frequency of avoidance. The present study used a total score of social anxiety, rather than subscale scores. The LSAS possesses good psychometric properties (Heimberg et al., 1999).

Results

Descriptive Statistics

Table 1 presents the means, standard deviations, and alpha coefficients for the measures. The PSP Failure Scale items had adequate internal consistency with an alpha of .78. Nunnally (1978) has stated that .70 and above is an acceptable level of internal consistency for measures in the initial stages of development. Most measures had adequate internal consistency with the exception of the PSP nondisclosure subscale. There were no gender differences in terms of mean levels of perfectionistic self-presentational failure, $t(50.39) = .23$, $p = .817$.

Table 1

Means, Standard Deviations, and Alpha Coefficients for All Measures

Variables	M	SD	Alpha
1. Perfectionistic Self-Presentational Failure	19.21	4.51	.78
2. Self-Oriented Perfectionism	68.34	15.06	.88
3. Other-Oriented Perfectionism	59.63	10.35	.71
4. Socially Prescribed Perfectionism	55.47	12.29	.81
5. Perfectionistic Self-Promotion	37.70	9.21	.78
6. Nondisplay of Imperfection	40.17	9.88	.80
7. Nondisclosure of Imperfection	27.71	6.04	.60
8. Depression	15.68	9.76	.89
9. Social Anxiety	41.78	23.52	.96

Note. $N = 140$.

Confirmatory Factor Analysis

A confirmatory factor analysis (CFA) was conducted to validate the one-factor solution we predicted using maximum likelihood estimation procedures. The model was an excellent fit, χ^2 (2) = 1.502, p = .472, CFI = 1.00, TLI = 1.01, SRMR = .018, RMSEA = .000, 90% CI [.000, .154], p_{close} = .582. As can be seen in Table 2, all of the PSP Failure Scale items had factor loadings of .45 or higher.

Table 2

Factor Loadings for the Items of the PSP Failure Scale

Items	Factor Loadings
I often find myself in situations where my mistakes are on display for others to see.	.74
My attempts to seem perfectly capable usually fall short.	.82
I have made too many mistakes in front of other people.	.76
I lack the skills needed to make myself look or seem perfect to others.	.45

Note. N = 140.

Correlational Analyses

Table 3 presents the correlations among scores from the PSP Failure Scale, dimensions of trait and self-presentational perfectionism, depression, and social anxiety. Correlational analyses revealed that PSP failure scale scores were negatively linked with socially prescribed perfectionism, but not with self-oriented perfectionism or other-oriented perfectionism. PSP failure was also negatively correlated with all of the PSPS subscales, with the highest of these correlations involving nondisplay of imperfection. Lastly, scores on the PSP Failure Scale were associated with lower levels of depression and social anxiety. These findings provide support for the construct validity of this novel scale because the correlations are in the expected direction (i.e., perceived failure is linked with higher levels of perfectionism and distress). In addition, the correlations outlined above are not so high that they would be considered redundant with each other.

Table 3

Correlations Among PSP Failure Scale, Trait Perfectionism, Perfectionistic Self-Presentation, Depression, and Social Anxiety

Measures	1	2	3	4	5	6	7	8	9
1. PSPFS	–								
2. Self	.00	–							
3. Other	-.07	.46**	–						
4. Social	-.28**	.50**	.40**	–					
5. Promote	-.37**	.51**	.35**	.61**	–				
6. Nondisplay	-.54**	.20*	.06	.44**	.65**	–			
7. Nondisclose	-.37**	.09	-.02	.30**	.46**	.50**	–		
8. CES-D	-.59**	-.06	.06	.36**	.25**	.42**	.38**	–	
9. LSAS	-.42**	.06	-.06	.32**	.38**	.57**	.44**	.55**	–

Note. $N = 140$. *$p < .05$, **$p < .01$, two-tailed. The abbreviations are: PSPFS = Perfectionistic Self-Presentational Failure Scale; Self = Self-Oriented Perfectionism; Other = Other-Oriented Perfectionism; Social = Socially Prescribed Perfectionism; Promote = Perfectionistic Self-Promotion; Nondisplay = Nondisplay of Imperfection; Nondisclose = Nondisclosure of Imperfection; CES-D = Center for Epidemiological Studies-Depression; and LSAS = Liebowitz Social Anxiety Scale.

Regression Analyses

Two hierarchical multiple regression analyses were performed to test whether this novel scale predicts depression and social anxiety, over and above facets of perfectionistic self-presentation. First, we screened for normality of the outcome variables and found that depression and social anxiety both differed significantly from a normal distribution. Consequently, we used the robust bootstrapping method to generate 5000 bootstrap samples, which provided the estimates, standard errors, and 95% bias-corrected confidence intervals.

The regression analysis predicting depression was performed with the facets of perfectionistic self-presentation entered into the first predictor block, and with the PSP Failure Scale scores entered into the second

predictor block (see Table 4). The facets of perfectionistic self-presentation significantly predicted 22.2% of the variance in depression scores, $F(3, 136) = 12.92$, $p < .001$. Self-presentational failure predicted an additional 16.7% of the variance in depression scores, $F(4, 135) = 21.43$, $p < .001$. Therefore, perfectionistic self-presentational failure predicted unique variance in depression, above and beyond dimensions of perfectionistic self-presentation. The significant individual predictors of depression were perfectionistic self-presentational failure, as well as nondisplay and nondisclosure of imperfection.

Table 4

Summary of Hierarchical Multiple Regression Predicting Depression

Variable	R^2	ΔR^2	B	SE B	95% CI
Step 1	.222***				
Perfectionistic Self-Promotion			-.11	.10	[-.31, .09]
Nondisplay of Imperfection			.35***	.10	[.15, .55]
Nondisclosure of Imperfection			.40*	.17	[.08, .77]
Step 2		.167***			
PSP Failure Scale			-1.06***	.18	[-1.43, -.68]

Note. $N = 140$. *$p < .05$, ***$p < .001$.

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Step 2		.167***			

PSP Failure Scale	-1.06***	.18	[-1.43, -.68]

Note. N = 140. *p < .05, ***p < .001.

The next regression predicting social anxiety was performed with the perfectionistic self-presentation dimensions entered first, followed by the PSP Failure Scale scores. The facets of perfectionistic self-presentation significantly predicted 35.4% of the variance in social anxiety scores, $F(3, 136) = 24.90$, $p < .001$. However, our novel measure did not significantly predict additional variance in social anxiety scores, over and above perfectionistic self-presentation.

Mediation Analyses

A structural equation model was tested to examine if perfectionistic self-presentation failure mediates the links between perfectionistic self-presentation and depression (see Figure 1). In this model, the predictor was a latent factor comprising all three facets of perfectionistic self-presentation, the mediator was perfectionistic self-presentation failure, and the outcome was depression. This model was a good fit, χ^2 (4) = 8.360, p = .079, CFI = .981, TLI = .952, SRMR = .041, RMSEA = .089, 90% CI [.000, .174], p_{close} = .182. In this model, perfectionistic self-presentation was positively linked with perfectionistic self-presentational failure, which, in turn, was positively linked with depression. Perfectionistic self-presentation was no longer significantly linked with depression when the mediator (i.e., self-presentational failure) was included in the model. Social anxiety was initially included in this model, however, mediation could not be tested with that outcome because the proposed mediator (i.e., self-presentational failure) was not significantly linked with social anxiety.

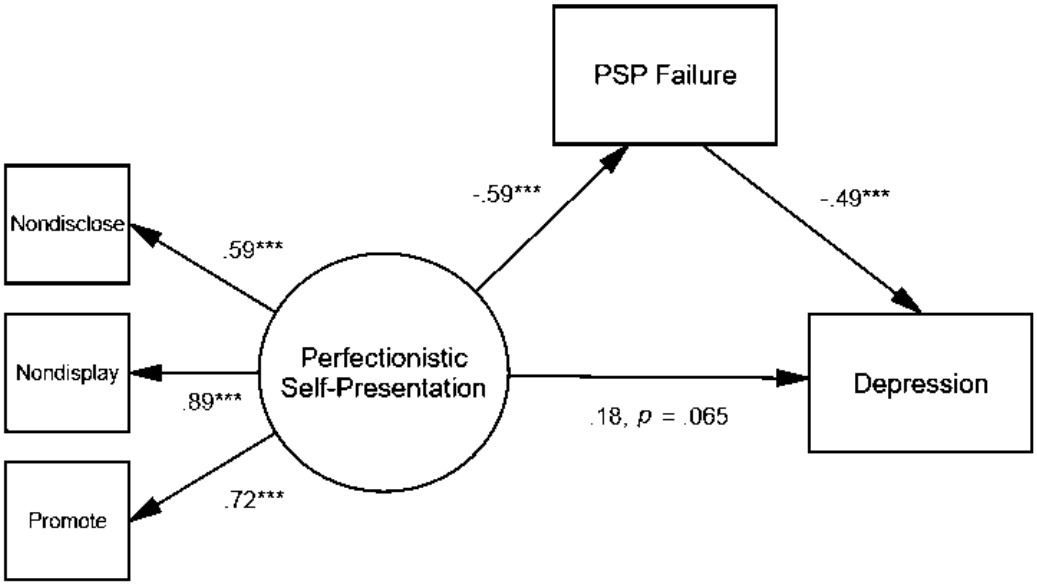

Figure 1. Mediated model of perfectionistic self-presentation, perfectionistic self-presentational failure, and depression

Note. ***$p < .001$. Error terms have been omitted for ease of presentation. The abbreviations are: PSP Failure = Perfectionistic Self-Presentational Failure; Promote = Perfectionistic Self-Promotion; Nondisplay = Nondisplay of Imperfection; and Nondisclose = Nondisclosure of Imperfection.

To test if the indirect (i.e., mediated) effect of perfectionistic self-presentation on depression through perfectionistic self-presentation failure was significant, 5000 bootstrap samples were generated to obtain 95% bias-corrected bootstrap confidence intervals. The 95% confidence interval for the mediated effect of perfectionistic self-presentation on depression through perfectionistic self-presentation failure was .46 to 1.33. Because this interval does not contain zero, the indirect effect is significant. Thus, perceived perfectionistic self-presentation failure mediated the association between perfectionistic self-presentation and depression.

Discussion

The goal of the current study was to create a brief measure of the perceived failure to present oneself as perfect and then illustrate its usefulness and potential meaningfulness as an individual difference variable. The development of this measure reminds us that people who need to be or seem perfect are quite cognizant

of whether they are being relatively successful or failing to reach their goals and standards. The new PSP Failure Scale is relatively brief, but collectively, the items are broad in that they include references to making mistakes, falling short, and a self-perception of being someone who lacks the capacity or capability to seem perfect to others. Given the diversity among the items in terms of themes that are tapped, and how brief measures typically have comparatively low levels of reliability, it is impressive that the scale had an internal consistency of .78 in our initial assessment. Other psychometric analyses established, as expected, that the PSP Failure Scale is composed of one factor. Collectively, the initial evidence supports the use of this measure. We believe that this represents a significant advance because it is vitally important to distinguish between people who are high in perfectionistic self-presentation and see themselves as successful and efficacious when it comes to projecting and maintaining an image of perfection versus those people who see themselves as imperfect failures and who lack the confidence to project a highly idealized image of perfection.

The potential utility of this new measure was shown in the current research in terms of its significant associations with depression and social anxiety. The association between scores on the PSP failure scale and social anxiety accord with accounts of how the anticipatory processing of people with social anxiety is fuelled by ruminating about past failures (see Clark & Wells, 1995). Our results suggest that there is a focus on past public self-presentational failures that considerably qualifies the need to seem perfect. The significant association between scores on the PSP Failure Scale with social anxiety suggests that current views of how perfectionism relates to social anxiety need to be expanded. Flett and Hewitt (2014) have called for a comprehensive approach to perfectionism and social anxiety and conceptualization that includes various components, including trait perfectionism, perfectionistic automatic thoughts, and perfectionistic self-presentation and the current research suggests that there is need for more facets and even greater complexity.

The results of regression analyses indicated that scores on this new measure accounted for a substantial 16.7% of unique variance in depression scores when preceded by a predictor block composed of the PSP facets tapping needing to seem perfect (i.e., perfectionistic self-promotion) and needing to avoid seeming imperfect (i.e., nondisplay and nondisclosure of imperfections). This stronger role in predicting depression fits with the tendency for failure appraisals to elicit feelings of depression, including failures in self-regulation (see Strauman et al., 2001). However, the measure of perfectionistic self-presentation failure did not predict significant unique variance in social anxiety. This may be due, in part, to the fact that the three PSPS subscales accounted for significantly more variance in social anxiety scores than was accounted for in depression scores.

We also found evidence suggesting that scores on the PSP Failure Scale may reflect a key mediator of perfectionistic self-presentation when examining its link with depression. Specifically, our results indicated that scores on this new subscale mediated the association that perfectionistic self-presentation had with depression. Clearly, this finding needs to be replicated and replicated in longitudinal research, but it seems quite plausible that seeing oneself as unable to

seem perfect is an element of how perfectionistic self-presentation can result in depression.

The pattern of correlations indicated that scores on this new measure were associated significantly with socially prescribed perfectionism and all three facets of perfectionistic self-presentation. Thus, perceptions of not being perfect in public are linked with both needing to be perfect in order to live up to prescribed standards and with needing to seem perfect. However, it must be noted that as might be expected, the correlations involving PSP failure were stronger with the PSP subscales, relative to socially prescribed perfectionism; this ought to be the case given our focus is on the perceived failure and inability to seem perfect in public. While this pattern needs to be replicated in future research, it signifies that a substantial proportion of people who need to seem perfect actually see themselves as incapable or unable to seem perfect. This is a key consideration to keep in mind when interpreting the results of previous and future research on individual differences in perfectionistic self-presentation. For instance, Sherry et al. (2007) showed in two large samples of undergraduates that one or more facets of perfectionistic self-presentation were associated with various forms of personality pathology. It was found that perfectionistic self-presentation was linked significantly with elevated scores across Cluster A, Cluster B, and Cluster C in the first sample, and broad dimensions representing dysregulation, dissociality, inhibition, and compulsivity in the second sample. Dysregulation as conceptualized and measured by Livesley et al. (1992) includes themes such as identity problems, submissiveness, affective instability, insecure attachment, anxiety, and avoidance. A lack of positive, stable identity and a tendency to be anxiously avoidant and keep a distance from others are entirely understandable if the person who feels a need to seem perfect also feels unable to maintain an image of perfection and is expecting to fail in ways that are on public display, as has been the case in the past. In fact, it is likely that there is considerable heterogeneity among people who share the fact that they are perfectionistic self-presenters; the subset of people most likely to defensively disengage from others are those who lack a sense of efficacy about actually being able to seem perfect in public. If so, an emphasis on failing to seem perfect seems like an important element to consider for inclusion in the perfectionism social disconnection model (see Hewitt et al., 2017).

In addition to its need to be considered in conceptual models, the tendency to perceive the self as unable to seem perfect in public is also a key theme for consideration in treatment and counseling interventions. People who feel like self-presentational failures are likely quite cautious and detached and this can undermine the therapeutic alliance. It is also possible that these individuals will be cognitively focused on not seeming to be someone who typically fails and this will restrict their focus on essential goals. This particular focus of feeling like a failure in public can be targeted when seeking to lessen self-criticism and build up the self-compassion that seems to be lacking among perfectionists (see Flett et al., 2023). If it possible that interventions that reduce the tendency to see oneself as a failure and that also target reductions in the irrational need to be and seem perfect, as discussed by Ellis (2002), will also be impactful in reducing levels of distress.

The limitations of the current work must be noted. First, and foremost, research on this new measure is still at an early stage and, clearly, more work is needed from a psychometric perspective. Additional investigation is needed to examine such issues as the temporal stability of self-presentational failure and ideally, in larger samples. Parenthetically, it is important to state that elements of this article could be interpreted as if the perceived failure to present oneself as perfect has a causal role in distress and dysfunction and this kind of conclusion is not warranted on the basis of cross-sectional research. Second, it should be evident that the current research should not be generalized beyond university students. However, having acknowledged this reality, we feel that the current measure represents an individual difference variable that exists among people of various ages, including adolescents. Given that there are meaningful individual differences among adolescents in perfectionistic self-presentation (see Flett et al., 2012; Hewitt et al., 2011), it is likely that perceptions of failing to present oneself as perfect are highly salient among young people and this may be a key element contributing to crafted images of having the perfect life via social media that are found far too often.

Future research is needed to further establish the potential role of perceived failure to present oneself as perfect in distress and dysfunction, including its ramifications for the quality of interpersonal relationships. But research is also needed that focuses directly on understanding the origins and nature of individual differences in perceived failure to seem perfect, including the factors that underscore these negative self-appraisals. It is likely, for instance, that these individual differences will have a different connotation for someone who takes a fixed mindset approach to self-presentational skills versus a growth mindset. On a related note, given the tendency for people with a history of negative self-presentational outcomes to project these experiences into the future (see Pozo et al., 1991), it is likely that people who acknowledge self-presentational failures in the past will also see these as quite likely and perhaps certain to occur in the future. It also seems important to consider in future research the extent to which perceived failure relates to cognitive ruminations about mistakes and past incidents that involve perceived or actual public humiliation. Also, a key overarching question is whether the perceptions are accompanied by actual differences in self-presentational skills.

In summary, the current article introduces a brief measure of the perceived failure to present oneself as perfect. This new scale represents a potentially important supplement to existing measures of trait perfectionism and perfectionistic self-presentation. This research establishes that people evaluate themselves with respect to whether they have succeeded or failed at seeming perfect and there is a need to supplement assessments of the need to seem perfect with appraisals of self-presentational behaviours. This new measure is not redundant with existing measures given evidence obtained suggesting that scores on the PSP Failure Scale are associated with depression and social anxiety and predict depression beyond the need to seem perfect. More generally, when it comes to a person-focused perspective, this work illustrates the usefulness of directly assessing beliefs and

perceptions about the ability to seem perfect when seeking to understand the role of perfectionism in the distress and dysfunction experienced by individuals.

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Availability of data and material

Data will be made available upon reasonable request.

Conflict of Interest

The authors declare that they have no conflict of interest.

Author's contributions

The first and second authors significantly contributed to the research and preparation of manuscript. The third author contributed substantially at the conceptual level.

Informed Consent

Informed consent was obtained from all participants prior to participating and being included in the study.

Ethics Approval

This research was reviewed and approved for compliance to ethics protocols by the Human Participants Review Committee (HPRC) at York University.

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Appendix 1

PSP FAILURE SCALE

Listed below are a group of statements. Please use the rating scale shown below to indicate your degree of agreement or disagreement with each of the statements.

1	2	3	4	5	6	7
strongly disagree			neither agree nor disagree			strongly agree

1.	I often find myself in situations where my mistakes are on display for others to see	1 2 3 4 5 6 7
2.	My attempts to seem perfectly capable usually fall short	1 2 3 4 5 6 7
3.	I have made too many mistakes in front of other people	1 2 3 4 5 6 7
4.	I lack the skills needed to make myself look or seem perfect to others	1 2 3 4 5 6 7