

The Role of Perfectionism In Law Enforcement Suicide

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ABSTRACT

The role of intense Perfectionism in the suicide of successful and talented persons has been recently documented. Further research, including data from the National Institute of Mental Health (NIMH), shows perfectionism interferes significantly with treatment response for Depression. Perfectionism is a multidimensional construct with both personal and social components. Two subtypes of perfectionism, self-oriented and socially prescribed perfectionism are associated with greater suicidal ideation, allowed for discrimination between suicide groups, and also served to moderate the link between stress and suicidal ideation. This article proposes the importance of perfectionism, rather than stress, as an important predictor in law enforcement suicide. The personality, character style and training of law enforcement personnel are discussed in relation to subtypes of perfectionism. Discussion and recommendations are made to identify and measure perfectionism, including the 45 item Multidimensional Perfectionism Scale (MPS) developed by Hewitt and Flett.

KEY WORDS: Perfectionism; Suicide; Law Enforcement.

Newspaper articles and narrative accounts in the public media regarding the suicides of three highly talented persons have drawn attention to the role of intense perfectionism in suicidal behavior (Blatt, 1995). In particular, the suicide of President Clinton's chief counsel, Vince Foster, led to accounts of a person with incredibly high and perfectionistic standards and critical self-scrutiny. These characteristics, whether noticed by colleagues or not, were not linked to the

possibility of self-destruction and suicide.

Sidney Blatt (1995) has reviewed and summarized research showing the role of intense perfectionism and severe self-criticism and its relationship to suicide. Included by Blatt is analysis of data from NIMH that shows that perfectionism interferes with the treatment of Depression. Blatt recommends long term treatment for persons who are perfectionistic and self-critical. Long term treatment must involve psychological and developmental perspectives, rather than responding only to symptoms or a descriptive diagnosis.

The implications of actual suicides of talented and successful persons and the development of research on perfectionism in the last decade have implications for the increase in law enforcement suicides recently documented (Fields & Jones, 1999). To what extent is the increase in law enforcement suicide related to specific aspects of perfectionism already evident in the personality and character of law enforcement personnel? What aspects of perfectionism does training programs in law enforcement reinforce? This paper will attempt to address these issues.

Subtypes of Perfectionism

Perfectionism is a multidimensional construct and has both personal and social components. Before examining the relationship between perfectionism and suicidal behavior, the subtypes or components of perfectionism need to be described. The three components of perfectionism, and the Multidimensional Perfectionism Scale have been developed by Hewitt and Flett (Hewitt & Flett, 1990, 1991). The three components are self-oriented perfectionism, other oriented perfectionism, and socially prescribed perfectionism.

Self-oriented perfectionism involves the setting of exceedingly high self-imposed standards. This includes an intense self-scrutiny and criticism of self in which the person cannot accept flaws or failures in many areas of life. Hewitt and Flett (1990) describe self-oriented perfectionism as “an active striving to be flawless”.

Other-oriented perfectionism is the same as self-oriented perfectionism but the perfectionism is directed outward. Other-oriented perfectionism involves demanding that others meet exaggerated and unrealistic standards. This is often shown towards significant others as in a demanding parent. The person then stringently evaluates others’ performance and behavior, leading to blaming others and hostility towards others.

Socially prescribed perfectionism is a belief that others have and maintain unrealistic and exaggerated expectations that are difficult and may be impossible to attain. The person feels, however, that they must attain these standards to win approval and acceptance. Since this type of perfectionism is imposed from the outside or externally, it is experienced as something not in one's control or uncontrollable. The result includes feelings of failure, helplessness, and hopelessness.

Other researchers have made significant contributions to research on perfectionism. Most noteworthy is Frost and colleagues (1993) who have also developed a perfectionism scale and factor analyzed items of their scale with Hewitt and Flett's scale. Socially prescribed perfectionism was found to correlate with three of Frost's scales. These scales were excessive concern for mistakes, high parental expectations, and a high level of parental criticism. Considerable research has been conducted to link the three components of Hewitt and Flett's perfectionism scale to suicidal ideation and behavior.

Role of PFM in Psychological Disturbance and Suicide

The past decade has shown a considerable amount of research on perfectionism and its relationship to psychological disturbance and suicide. It is important to note, however, that perfectionism is a complex and multidimensional construct that is linked to normal adaptive functioning as well as psychological distress. Certain components of perfectionism can lead to the setting of high personal standards and also of orderliness (Blatt, 1995).

In general, personality traits that are seen in symptoms of depression and in anxiety disorders have a cognitive component that consists of perfectionism thought patterns that are ruminating. These automatic thought patterns of perfectionism are clearly associated with psychological distress (Flett et al, 1998).

The relationship between perfectionism and depression is now well documented, including the in-depth analysis of NIMH data documenting the interference of treatment for depression by the prevalence of perfectionism in the patient (Blatt, 1995). Blatt et al (1998) report considerable psychological research indicating that individuals with increased levels of perfectionism and self-criticism are especially vulnerable to experiences of failure, followed by an increase in the intensity of depressive symptomatology. Perfectionism may certainly be symptomatic of a self-critical depression. As such, persons with high levels of self-criticism

experience feelings of inferiority and a sense of failure. Along with this is a chronic fear of criticism and disapproval. The strong need for excessive achievement is an overcompensation that over time leads to dissatisfaction. This perfectionism drive is characterized by an intense level of competition in which the person is critical and attacking of others as well as themselves (Blatt, 1974).

Self-criticism and perfectionism are also associated with difficulty establishing and sustaining interpersonal relationships (Blatt et al, 1998). This social experience of failure for law enforcement contributes to suicide. In a study of 134 police officers, officers who reported marital discord were 4.8 times more likely to attempt suicide. Those officers who had been suspended were 6.7. times more likely to attempt suicide (Janik & Kravitz,1994).

Initially, socially prescribed perfectionism was directly related to suicidal threats. In a study of perfectionism and suicide threat with 87 psychiatric patients, socially prescribed perfectionism was found to correlate with suicide threat and intent (Hewitt, Flett. et al, 1992). Suicide potential was readily associated with a person who perceives that others are unrealistic in their expectations for the self. Hewitt, Flett and Weber (1994) conducted two studies to explore the relationship between perfectionism and suicidal ideation. These studies included a sample of 91 psychiatric patients and 160 college students. Utilizing the MultiDimensional Perfectionism Scale along with 3 additional measures including the Beck Depression Inventory, results reported that both self-oriented and socially prescribed perfectionism were associated with greater suicidal ideation. Significant statistical analysis of these results revealed the importance and strength of perfectionism. Self-oriented and socially prescribed perfectionism were shown to distinctively discriminate suicide groups and to serve as a moderator variable between high stress and suicidal ideation.

In summary, psychological research clearly demonstrates that self-oriented and socially prescribed perfectionism contribute to vulnerability to experience of failure and sense of helplessness and hopelessness, despair, and suicide. These factors are often seen in successful and talented persons, and often those labeled by society and others as a “rising star” and “poster boy”. This research and psychological perspective has implications for law enforcement personnel.

LAW ENFORCEMENT TRAINING AND PFM

It is logical to assume based on the research of perfectionism, that components of perfectionism are either part of the personality and character development of law enforcement personnel or imposed directly upon them by job demands and the training programs of law enforcement. Of course, both could be true, that law enforcement candidates are perfectionistic in personality and character, and enter a system that demands perfectionism. Specifically, these perfectionism components would include aspects of unrealistic high standards, unrealistic high expectations of self and from others, fear of making mistakes, and exposure to constant criticism from within law enforcement and from society at large. This section addresses what aspects of perfectionism training programs in law enforcement might reinforce. The questions raised are for further exploration, discussion and understanding of psychological factors that contribute to law enforcement suicide.

As noted earlier, aspects of perfectionism are a part of adaptive functioning, and high standards and orderliness are sought and desired in law enforcement officers. The issue involves at what point does perfectionism become pathological, and whether those can maintain an internal balance in law enforcement work. The problem may be defined as how to differentiate between perfectionism that encourages achievement and a perfectionism that is self-defeating.

Self-oriented perfectionism, involving intense self-criticism and striving to be flawless, could lead to a trainee who through over-achievement attains the highest performance standards in training. But how long can this last? Eventually, the person will not be flawless or mistake free. Will supervisors notice if a trainee exhibits severe self-criticism during training difficulties? Or will more pressure be applied and even higher standards imposed when a trainee encounters difficulty? The paradox inherent in law enforcement training is that it involves preparation for life and death decisions for both self and others. To allow for mistakes in training may signal to many in law enforcement that they are not doing their job in preparing candidates. The consideration may be that any different type of perspective may be a softening of standards with future dire consequences. But maybe the opposite is true, that allowances for no mistakes and development of self-criticism are reinforced in training programs, and eventually contribute to failure and self-destruction. Obviously, as time goes on, how can anyone not make a mistake?

Socially prescribed perfectionism, involving high and unrealistic standards from others can be inherent in law enforcement work. Yet it is the belief that these expectations are

exaggerated that are of importance. The overall question pertaining to socially prescribed perfectionism is whether trainees believe or experience the setting of training standards to be exaggerated and unrealistic. Since this aspect of perfectionism is imposed from outside and not in one's control, it would remain for those involved in training design and implementation of standards to look at this possibility.

An important characteristic of perfectionism is the resultant vulnerability to experience of failure. Turvey (1995) cites data and vignettes of officer suicides and reports the obvious precursor of a loss or disappointment. Since perfectionism involves personal and social components, social relationships and divorce, along with job related investigations or suspension are obvious precursors to suicide. There may not be a manner of determining how a trainee will respond to a personal or social failure. However, during training, those who successfully complete the program may never encounter an experience of failure or even a minor setback, and their response to this factor cannot be observed. The question with regard to training might be whether law enforcement training has an atmosphere that has no allowance or consideration that a candidate may experience failure in the course of a career. In other words, does training prepare a candidate for the possibility of experiencing difficulties or mistakes during a law enforcement career? Or instead, does training produce a candidate who has no expectations of difficulties or failure, and is expected to maintain a career- based perfectionism for the next 20 to 30 years?

Another aspect of perfectionism that develops from feelings of intense self-scrutiny and high standards and expectations is an attitude of competition. The competition is a result of intense self-criticism and criticism of others, often not overtly expressed or seen, and channeled instead into competition. An important question is if law enforcement training breeds and fosters competition in trainees and then reinforces an aspect of perfectionism. Through competition, the intensity of perfectionism and over-achievement is heightened, resulting in some trainees who become "rising stars" by winning the competition battle. Placed on a pedestal as a winner, an experience of failure can literally lead to a dramatic fall and demise.

In summary, these aspects of perfectionism are presented with questions raised, with an attempt that they may be further explored and examined with relation to law enforcement training.

THE IDENTIFICATION AND MEASUREMENT OF PFM

The identification and measurement of perfectionism can be readily incorporated into a psychological interview or screening. Clinical interviewers certainly probe factors underlying the development of perfectionism, such as parental expectations, parental demands and self-criticism. However, perfectionism is not adequately addressed as an important isolated factor by itself. Previously, it was noted that perfectionism is linked to anxiety, depression and therefore related DSM diagnoses. While perfectionism is listed as a prominent feature of Obsessive/Compulsive Personality Disorder (OCD), it is much more specific and developed than the general list of descriptive items listed to warrant a diagnosis of OC Personality Disorder. In addition, 4 out of 8 descriptive symptoms must be evident for a diagnosis to occur. This general and counting procedure of descriptive diagnoses is different than a psychological and clinical assessment process. However, Hewitt and Flett (1991) report that two components of perfectionism, other-oriented and socially prescribed perfectionism did correlate with the MMPI Compulsive Disorder scale. However, self-oriented perfectionism did not correlate with the Compulsive scale. Self-oriented perfectionism was correlated with alcohol abuse. It seems only the social aspects of perfectionism are involved in O/C symptoms. In summary, most commonly used psychological assessment instruments will not adequately identify and measure important clinical aspects of perfectionism that are related to suicide.

The primary scale for measuring perfectionism, the Multidimensional Perfectionism Scale (MPS) was developed utilizing construct validation (Hewitt & Flett, 1991). The 45-item scale was developed from a larger set of items while also controlling for the response bias of social desirability. The three dimensions were shown to have adequate reliability and internal consistency, and to correlate with other psychological tests and construct factors. No differences were found by gender and the three dimensions were validated with both clinical and non-clinical samples (Hewitt & Flett, 1991). Later (Hewitt et al., 1991) research demonstrated the stability of MPS subscales, including concurrent validity, lack of influence by response bias, and a demonstrated reading level of 6-7 grade.

The 45-item scale utilizes a 7-point degree of assessment scale, with some items scored as reverse keyed, and subscales with a higher score indicating a higher degree of perfectionism. Sample items for Self-Oriented, Other –Oriented, and Socially Prescribed perfectionism are listed in Appendix A.

Frost et al (1990) have also developed a perfectionism scale. This 35-item scale appears more behavioral and less clinical, and its major categories measure Concern over Mistakes, Personal Standards, Parental Expectations, Parental Control, Doubts about Actions, and Organization.

SUMMARY AND RECOMMENDATIONS

The increase in law enforcement suicides may be more readily understood by taking a psychological perspective that attempts to focus upon personality and character of persons in the law enforcement system. This research paper documents the importance of intense perfectionism as a predictor in suicide.

Current interventions in law enforcement may not take a psychological perspective, but rather emphasize behavioral goals or skills development. While this is helpful, it probably has little impact on suicide prevention. Indeed, it seems that stress management programs abound in law enforcement, and despite their implementation suicide rates are increasing. This correlation is supported by research of perfectionism, in which perfectionism was shown to be a moderator variable between high stress and suicidal ideation (Hewitt, Flett, and Weber, 1994). Those with high stress alone were likely to have suicidal ideation if they were high on Other-oriented and Socially Prescribed perfectionism. Police officers are expected to be in control and can develop a constant need to be in control. Stress management programs can be presented in such a manner that reinforces that one can control everything if you just learn how, or if you try harder. A psychological approach, would be to attempt to avoid rigidity or control and that one cannot control everything, (especially job- related stress that is not a part of normal experience), and develop ways to integrate experiences and maintain a healthy mood and affect. This type of approach is worth exploration. Currently, law enforcement will not be able to rely on simply increasing stress management programs as an effective intervention for suicide prevention.

Other interventions utilized in law enforcement should be reviewed for their comprehensiveness. The trauma response procedures or Critical Incident Stress Debriefings (CISD) is an educational effort to help law enforcement officers prepare for symptoms and cope with an experienced trauma. The intervention is brief, even described in a popular manner as a “briefing” or “debriefing”. However, an important factor with regard to an experienced trauma is how the person interprets the trauma, especially if they perceive their part to be an experience

of failure. It is the meaning ascribed to the experienced trauma that is the most important psychological indicator and issue leading to further referral and treatment. CISD will not be helpful with cumulative stress in someone with high perfectionistic components, but rather more useful in a single trauma in relatively stable persons without psychological vulnerability. A step by step and comprehensive process assuring that defusings and briefings help identify psychological factors of those in most distress and that they receive follow-up services is essential. Simply increasing CISD response is secondary to assuring that qualified mental health clinicians are utilized to deliver services and identify perfectionistic tendencies and psychological distress. CISD intervention will not be effective in suicide prevention unless a more sophisticated and psychological process is incorporated with experienced clinicians.

The personal and social aspects of perfectionism probably relate in some way to the nature of a trauma experienced. The nature of a trauma experienced, and how personal it is, or how it relates to one's character style and personality development is more important than the number of past traumas. Recent literature reviews do not support a causal link between childhood traumas and development of Dissociation and Post Traumatic Stress Disorder (PTSD). Further, PTSD is not an inevitable result of a trauma, but is determined by other factors including personality, family history, and level of psychological functioning (Pierris, 1998). However, the experience of childhood abuse may be a personal experience, in and of itself, that contributes to increased psychological symptoms following a trauma or experience that triggers the trauma. In a survey sample of 46 trained investigative police officers that were investigating child sexual abuse, almost 20% of respondents reported their own history of childhood abuse. This sample was later found to experience increased trauma-specific symptoms those investigators who did not report a history of childhood abuse (Follette et al, 1994).

Yet the understanding of a trauma response in all these situations must consider a person's character and personality, in particular how one perceives, thinks, experiences emotion, interacts, and processes information. From this perspective and approach, suicide prevention can be improved.

Certainly, well-known problems exist in attempting to deliver mental health services in law enforcement. The lack of willingness for law enforcement officers to pursue help is well-known. Accessing mental health services is a stigma, a sign of being weak, and may be perceived as an experience of failure. Job performance reviews requiring listing mental health

services received are also a prominent negative barrier to encouragement of using psychological services. Officers may indeed be more likely to seek help with stress management, than state they are going for mental health services. When someone does receive services they are most likely to receive brief, short- term treatment from an EAP or clinician who also offers popular time-limited treatment methods. However, mental health professionals also encourage this short-term approach. In other words, practice patterns used in law enforcement are designed or are delivered as short-term interventions. In order to address individuals with high perfectionism, vulnerability to experiences of failure and possible precursor to suicidal behavior, longer-term treatment will need to be offered and sanctioned. It may not be inherently true that law enforcement personnel will refuse longer courses of treatment if experienced and skilled mental health clinicians are offering this type of psychological treatment approach. This treatment would involve helping one to integrate and master affects associated with stress and trauma--- including anger, anxiety, guilt and despair. This type of psychological treatment is a process and requires more than simply responding to symptoms with interventions such as stress management, CISD, and EMDR.

Taking a perspective from the outside looking in, law enforcement can use the MPS scale to prescreen for perfectionism and attempt to screen out or re-interview persons who bring a high perfectionism factor to the job. Certainly bringing perfectionism to the demanding job environment puts one at greater risk for suicidal behavior in the future. Within law enforcement, decision-makers must be willing to look at training issues, and consider if training process and standards reinforce aspects of perfectionism and contribute to suicidal tendencies. Exploration of a construct such as perfectionism may be helpful in doing so.

In summary, it is clear that perfectionism can contribute to suicide and that perfectionism interferes with short- term treatment of Depression. A longer course of treatment and broader psychological approach must be considered to enhance suicide prevention. It would be important that law enforcement personnel be encouraged to use psychological services for not just short-term contact or treatment, but that persons be directed to mental health clinicians that use a broader and psychological approach.

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Appendix A

Sample items from Multidimensional Perfectionism Scale:

Self-Oriented Scale:

It makes me uneasy to see an error in my work
One of my goals is to be perfect in everything I do.
I never aim for perfection in my work.(reverse keyed)
I must work to my full potential at all times.
I must always be successful at school or work.

Other-Oriented Scale:

I have high expectations for the people who are important to me.
I do not have very high standards for those around me. (reverse keyed)
If I ask someone to do something, I expect it to be done flawlessly.
I can't be bothered with people who won't strive to better themselves.
The people who matter to me should never let me down.

Socially Prescribed Scale:

The better I do, the better I am expected to do.

My family expects me to be perfect.

Those around me readily accept that I can make mistakes too. (reverse keyed)

The people around me expect me to succeed at everything I do.

Anything that I do that is less than excellent will be seen as poor work by those around me.