Examining Maladaptive Childhood Perfectionism:

Progression to Obsessive-Compulsive Personality Disorder

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Abstract

This paper explores the role of maladaptive childhood perfectionism in obsessive-compulsive personality disorder (OCPD), highlighting how assuming direct progression lacks empirical evidence. Understanding perfectionism as a specific personality construct and drawing upon works by Flett and Hewitt provides a conceptual context for understanding perfectionism. While considering previous theoretical progression claims, addressing current misconceptions about the longevity of this trait, and explaining how diagnostic overlaps and unclear diagnostic criteria impact practice, provides clarity for interpreting the common complications for the assessment of maladaptive perfectionism. Exploring clinical interpretations of how perfectionism in childhood resembles OCD is important for their separation in clinical contexts. Discussing the impact of parenting styles, academic environments, societal pressure, and peer influences, as well as developmental, psychological, societal, and ethical implications associated with childhood perfectionism, highlights the real impacts that this level of meticulousness has on functionality. The importance of considering behaviors from developmental contexts is crucial for understanding behavior, implementing appropriate psychological interventions, and protecting developmental integrity across the lifespan. Future research is needed to determine the context in which traits progress to personality psychopathology.

Keywords: obsessive-compulsive personality disorder, childhood maladaptive perfectionism, developmental psychopathology, diagnostic overlaps, dysfunctional coping, functional interventions

Dissecting Maladaptive Childhood Perfectionism:

Progression to Obsessive-Compulsive Personality Disorder

Introduction

Perfectionism is viewed as a complex personality construct characterized by high standards, a need for excellence, and strict self-evaluations (Hewitt & Flett, 1990; Smith et al., 2019). The Multidimensional Perfectionism Model, originally developed by Hewitt and Flett, contends that there are three types of perfectionists: self-oriented, other-oriented, and socially prescribed. The extreme levels of self-oriented perfectionists strive for perfection in themselves (Dwyer, 2018) in an absolute way, as if perfection is non-negotiable. They are likely rigid about the way in which they approach tasks and relationships "even when the context suggests perfection is neither required nor possible" (Dwyer, 2018, para. 2). Other-oriented perfectionists exhibit a degree of hostility towards people who do not meet their pre-determined standards with the execution of certain activities, such as tasks, goals, or behaviors (Dwyer, 2018). Socially-prescribed perfectionists are "hypersensitive to criticism" (Dwyer, 2018, para. 4) and have an understanding that obtaining value from others is conditional upon their perfection (Dwyer, 2018). This model offers a comprehensive understanding of the motives behind perfectionistic behaviors and presents a framework for the perception of perfectionism.

Perfectionism manifests in children in a variety of ways. Examining the work of Cohen (1996) and Pacht (1984), Nugent (2000) describes how these variations manifest in the classroom setting. Figure 1 highlights the authentic impacts that maladaptive perfectionism has on the daily routines of perfectionistic children in a classroom setting, detailing their reluctance

to participate, repetitive revision in assignment progress, and intolerance of others' incompetence.

- Delay in assignment completion
- Repeatedly redoing assignments
- Refusal to turn in completed assignments
- Unwillingness to volunteer, share work, or participate (unless certain of the correct response)
- All-or-nothing responses to evaluation or inability to tolerate mistakes
- Unrealistically high-performance standards
- Impatience with others' imperfections
- Overly emotional reactions to relatively minor errors.

Figure 1: Perfectionistic Behavior Manifestations in the Classroom Setting. (Nugent, 2000)

Nugent (2000) explains that if these resistant tendencies are unaddressed, they can severely impact student self-perceptions, leading to a multitude of maladaptive behaviors. For example, the child's reluctant engagement in class may be based on not having the "perfect idea," or the child's delayed assignment completion could come from repeatedly revising said assignments until it meets their standards. This dysfunctionality speaks highly to the importance of effectively managing behaviors and implementing appropriate interventions. Aside from external manifestations, maladaptive perfectionism also manifests internally. Children with perfectionism also regularly experience an intense level of pressure. They "show feelings of sadness, anger, futility, distress, embarrassment, a negative self-concept, dissatisfaction with themselves, and blame" (Melero et al., 2020, p. 2). Maladaptive perfectionism interferes with a multitude of everyday activities, making effortless tasks seem grueling, efficiency seem unreachable, and responsibilities left unmet. A child with perfectionism continues to develop with those

difficulties into adolescence and adulthood, thus interfering with academic obligations and exacerbating task management, when these indisputable issues are perceived as incorrect.

Environmental context must be considered on an individual basis. Direct, all-or-nothing assumptions that indicate maladaptive childhood perfectionism is a definitive indicator of personality pathology fails to consider individual experiences and how those experiences may or may not contribute. The condition of the current diagnostic criteria for maladaptive perfectionism, OCD, and OCPD remains unclear and complicates assessment and treatment. Empirical evidence is lacking for a direct, causal progression from childhood maladaptive perfectionism to adult OCPD due to an absence of longitudinal studies. In addition, OCPD's antecedents are not well understood in research (Gray, 2023). Exploring maladaptive perfectionism in childhood as a distinct developmental occurrence allows for the recognition of maladaptive patterns without assuming a direct progression to OCPD, emphasizing a focus on functional interventions rather than on an oversimplified label. Future research is required to examine the specific longevity and trajectory of this trait progression, and to determine whether such traits reflect temporary dysfunctional coping or early stages of personality psychopathology.

Inaccurate Assumptions

Flett and Hewitt (2022) make the important distinction between adaptive and maladaptive perfectionistic behaviors, where extreme forms of maladaptive behaviors focus on absolute elements and achieving perfection by any means, whereas general adaptive behaviors focus more on being responsible and driven, but do not necessarily feel indebted to perfection. Maladaptive perfectionism is often unrelenting and causes significant functional impairment, interfering in the

most intrusive and problematic ways, such as the child who is afraid to try new things, in fear of making mistakes, or not being the best. Hong and colleagues (2017) further these distinctions, explaining how adaptive perfectionism is associated with healthier, sustained task-oriented behavior and psychological well-being, whereas maladaptive perfectionism is associated with unhealthier psychological turmoil and distress (Hong et al., 2017). Adaptive perfectionism can be a desirable trait because it celebrates qualities like ambition, accountability, and determination, where achieving optimal effort is held in high regard to self-identity. With maladaptive perfectionism, however, endeavors are not matters of effortful achievement, but unconditional success that is *dependent* upon self-identity.

Maladaptive perfectionism in childhood is a known risk factor and potential indicator for developing Obsessive-Compulsive Personality Disorder (OCPD) in adulthood. However, it is not a predetermined outcome. Casale and colleagues (2024) emphasized that the development and maintenance of psychological concerns are not solely considered by the static model of personality that views traits as fixed characteristics, but rather by their interaction with environmental factors. To understand psychological distress, it is not adequate to simply bring awareness to specific dispositional characteristics, but also to explore the ways in which those characteristics evolve over time (Casale et al., 2024). This exploration highlights the importance of considering psychopathology in context and evaluating concerns based on multifactorial characteristics. Nearly 10 years prior, Roberts and Pomerantz (2004) suggested that the person-situation debate of personality, as in the extent to which environment impacts personality, has been long overdue for an integrative model. The development of personality should be considered from a perspective that includes traits, environments, and the processes of that interdependence (Roberts & Pomerantz, 2004).

Clinical Perspectives and Diagnostic Overlap

Maladaptive perfectionism in childhood is often understood as similar to OCD (obsessive-compulsive disorder) traits, such as order, control, and ritualism. Speaking to the characterization of OCD, with reference to the APA, Sametoğlu and colleagues (2022) state there is a "'distressing sense of 'incompleteness' or uneasiness until things look, feel, or sound 'just right'" (p. 1469). They explain that these characteristics of OCD highlight the perfectionistic tendencies of these individuals (Sametoğlu et al., 2022) and therefore reflect an overlap between OCD symptomology and perfectionism. They also note that because "perfectionism has not yet been empirically considered as an antecedent for OCD psychopathology" (Sametoğlu et al., 2022, p. 1469), the consideration was only conceptual. However, these "just right" experiences do seem to be an important overlapping factor, as the meticulousness noted in "just right" experiences reflects the same level of overemphasis on outcomes as seen in maladaptive perfectionism.

Morrison's DSM-5-TR Clinician's Guide to Diagnosis (2023) defines individuals with OCPD as "perfectionistic and preoccupied with orderliness," with a need to have both interpersonal and psychological control (Morrison, 2023). These traits exist at the expense of productivity and flexibility, often deriving from uncertainty, meticulousness, over-conscientiousness, and an unwillingness to compromise (Morrison, 2023). Individuals with OCPD poorly allocate their time, are workaholics to the point of planning pleasure, and resist authority that's not their own (Morrison, 2023). They often seem depressed in fluctuations, driving them to seek treatment (Morrison, 2023). The prevalence of OCPD could be very

common, estimated to be around 5% (Morrison, 2023), but individuals often resist even thinking of needing treatment due to the ego-syntonic nature of this disorder.

While the criteria for OCPD does include maladaptive perfectionism, there are two considerations. First, maladaptive perfectionism isn't the only contributor to OCPD, and other factors perpetuate this disorder. Second, developmentally-considered maladaptive perfectionism does not indicate the predetermination of psychopathology, but could be better described, in some cases, as a simply dysfunctional way of addressing temporary psychological states.

OCPD can be best differentiated from OCD by considering the ego-syntonic and ego-dystonic nature of these disorders. The symptomatic intrusive thoughts and compulsive behaviors in OCD are said to be ego-dystonic, referring to the individual perceiving these as originating as separate from the self, causing distress; whereas OCPD characteristics, or personality traits, are considered to be ego-syntonic, as perceived as originating from the self and acceptable to self-image and self-identity (Bartz et al., 2007). Although both disorders are experienced with distress, OCD distress results from the symptoms themselves. OCPD distress often occurs secondary to the conflict, where it's the inconsistency between those traits and the rules of the external world that causes most difficulties (Grant et al., 2020). OCD and OCPD exist as two distinct conditions with different classifications, underlying motives, and treatment approaches. Differentiating between the two is crucial for ensuring effective treatment and realistic prognoses.

Existing Research and Theoretical Connections

Some studies have suggested continuity between childhood perfectionism and adult obsessive-compulsive traits. In general, research from Pinto and colleagues (2015) suggests that early temperament shapes lifelong developmental pathways, "and are predictive of adult

personality structure, interpersonal relations, and psychopathology" (Pinto et al., 2015, pp. 25). Much of the current research has been dedicated to the impact of childhood OCPTs (obsessive-compulsive personality traits) on progression to OCPD, with maladaptive perfectionism included in the scope of OCPTs. Notably, in the same article by Pinto and colleagues (2015), they compared OCPTs in adults with OCPD by examining three trait facets, including perfectionism, inflexibility, and a need for order, with findings that suggest "adults with OCPD reported higher rates of all three childhood OCPTs" (Pinto et al., 2015, p. 27) related to healthy controls.

In addition, a study by Park and colleagues (2016) sought to examine the presence of OCPTs in youth that contribute to later psychopathology. Their findings suggested that OCPTs may manifest in childhood, but also note that "personality traits are fluid during childhood and adolescence and, therefore, may be more susceptible to change" (Park et al., 2016, pg. 288-289). Considering this fluidity provides context for the instability of personality during critical developmental periods and highlights the need for considering traits on an individual level to ensure proper assessment.

Similarly, Sametoğlu and colleagues (2022) sought to determine whether childhood perfectionism predicted both OCPD traits and OCD symptoms. They based their hypothesis on research by Cicchetti and Rogosh (1996) that indicated that multiple pathological processes were expected by the same cognitive susceptibility (Sametoğlu et al., 2022). They found evidence for "decreases in higher-order maladaptive traits from childhood through adolescence, translate towards the facet-level of personality pathology and can be extended toward the more specific facet of perfectionism" (Sametoğlu et al., 2022, pg. 1474). These findings indicate that the overall improvement from dysfunctional behavior presentation can be dissected and understood by looking at the specific aspects of personality variation. A child with a general tendency

towards perfectionism might improve in some aspects, while more specific features might be better targets for intervention. Conducting studies such as this allows for a more thorough understanding of how personality is maintained throughout development and highlights the importance of contextual understanding in personality psychopathology.

Developmental and Environmental Influences

Parenting styles characterized by approval conditioned on success and high expectations are strongly linked to the development and maintenance of maladaptive childhood perfectionism. Hong and colleagues (2017) discussed developmental trajectories of maladaptive perfectionism in the context of parenting styles. Their research concluded that among children with maladaptive perfectionism, their parents tend to be overbearing and intrusive. Often, these parents set high standards for performance and do not accept inadequacy (Hong et al., 2017). In addition, it was also found that obstructive parenting behaviors, such as rigorous discipline and hypercriticism, were also positively correlated with maladaptive childhood perfectionism (Hong et al., 2017). Parents want success for their children, and children want their parents to be proud of them. When "being successful" is conditioned upon being respected, children develop maladaptive strategies to ensure being approved of, especially when approval equates to the admiration that they may not otherwise receive.

Academic environments and societal pressure contribute to maladaptive childhood perfectionism by creating a culture where children equate self-worth with achievement. Sohn (2024) conceptualized childhood perfectionism from the perspective of an achievement-driven culture. She explains that being successful is important for our mental health; however, when individuals are self-proclaimed to be unable to achieve expectations, the push for perfection can be detrimental to mental health (Sohn, 2024). We put such an emphasis on success that it

conveys failure as a dispositional characteristic and therefore affects self-esteem and self-worth in children who grow up thinking that they are never allowed to fall short.

Nanu and Scheau's (2013) study on the relationship between dimensions of perfectionism and peer influences highlighted the impact of having high standards and self-critical behaviors for performance evaluation in social settings. They found that those with minor resistance to the influence of peers felt more inclined to promote perfection and to conceal imperfection (Nanu & Scheau, 2013). They also reiterate that a lack of resistance to social conformity is a significant risk factor that perpetuates these socioculturally promoted models (Nanu & Scheau, 2013). Children experience these impactful relationships, and developmentally, comparing oneself to a peer sets a precedent for unhealthy efforts to exceed those expectations that were set by others. These peer cultural expectations reinforce a success culture and greatly contribute to competitive and undesirable compensation behaviors.

Clinical Interpretation and Consequences

Clinicians often conceptualize maladaptive perfectionism through behaviors resembling obsessive-compulsive tendencies because they share common underlying psychological features. From recent research, an association has been found between maladaptive perfectionism and OCD (Sher et al., 2024). Since perfectionistic tendencies have been found to contribute to obsessive-compulsive behaviors, the link is “thought to underlie the core pathology contributing to both the development and maintenance of OCD across a range of theoretical connections and perspectives.” (Sher et al., 2024, pg. 593) This observation indicates that perfectionism is thought to be central to both the indication for the development of OCD and the reason that it persists over time. Therefore, while maladaptive perfectionism is a personality trait, and OCD is a clinical condition, the two are closely intertwined.

Unclear diagnostic criteria further complicate the assessment of maladaptive perfectionism, OCD, and OCPD because of overlapping behaviors and motivations. Figure 2 highlights some of these distinctions, drawing from previously mentioned sources.

Feature	**Maladaptive Perfectionism**	**Obsessive-Compulsive Disorder (OCD)**	**Obsessive-Compulsive Personality Disorder (OCPD)**
Primary Motivation	Unrealistically high standards met with excessive self-criticism and a fear of failure.	Compulsions performed to reduce anxiety brought on by unwanted and intrusive obsessive thoughts.	A need for control, orderliness, and adherence to rigid rules while maintaining a sense of correctness
Level of Insight	**Ego-syntonic:** typically perceives perfectionistic behaviors as aligning with sense of self, and may not view these behaviors as problematic	**Ego-dystonic:** typically perceives behaviors as distressing and irrational or excessive	**Ego-syntonic:** typically perceives their approaches as correct and rational, where distress comes from external factors

Figure 2: Differentiating Maladaptive Perfectionism, OCD, and OCPD

While all three feature rigidity, an intense focus on details, and high standards, their components differ significantly. These conditions can be easily overlooked without careful consideration, highlighting the importance of accurate clinical assessment. The ability for clinicians to differentiate between these terms in practice guides effective treatments.

Understanding the importance of separating OCPD from maladaptive childhood perfectionism promotes functional, individualized interventions and reduces the application of shallow labels. Functional interventions target core psychological mechanisms. Carey and

colleagues (2020) contend that a better understanding of psychological mechanisms would assist in narrowing the theory-practice discrepancy known for being an obstacle in the application of evidence-based interventions (Carey et al., 2020). In addition, labels are often reductive and oversimplifying. A person is not solely defined by their psychological disorder (Szeto et al., 2013). A diagnosis, particularly for personality disorders, may overshadow individual struggles, unique circumstances, and other personality factors. In general, this approach is consistent with several psychological principles that emphasize understanding the function of behaviors rather than focusing solely on categorical diagnoses.

Developmental and Psychological Outcomes

Persistent self-criticism, fear of mistakes, and internalized pressure increase the risk of psychological consequences for children by creating a pattern of negative thoughts, low self-esteem, and a heightened sense of inadequacy. Flett and Hewitt (2022) express that certain core vulnerabilities of self-representation represent pathways to depression. (see Figure 3)

Self-Representations	**Contributions to the "Imperfect Self"**
The failed self	Self-punishment and low self-reward
The false self	Overgeneralization of failure
The flawed self	Models of **rumination** (persistent pattern of negative thoughts and emotions that are past-focused)

Figure 3: Self-Representations and Contributions to the "Imperfect Self" (Flett & Hewitt, 2022)

The "failed self" stems from seeing repeated shortfalls as a reflection of failure. When personal or social standards are too high, falling short on occasion is an inevitable outcome (Flett & Hewitt, 2022). When these "failures" accumulate, they are seen as a reflection of the self (Flett & Hewitt, 2022) and, in turn, as affecting self-identity. The "false self" occurs when struggles are

hidden behind the outward perception of perfection in fear that the actual self won't be accepted (Flett & Hewitt, 2022). Oftentimes, this "lack of authenticity will fuel existing tendencies to feel like an imposter who is not as competent as others have been led to believe" (Flett & Hewitt, 2022, p. 227). Lastly, the "flawed self" becomes apparent when feedback reflects an inability to meet extreme expectations (Flett & Hewitt, 2022). This leads to various forms of rumination, which are negative thinking or feeling patterns about the past, related to harsh parental criticism (Flett & Hewitt, 2022). The intense pressure that perfectionistic children are under does not end with successes. These tendencies cause a myriad of psychological concerns that, without intervention, could be detrimental to positive growth.

Maladaptive perfectionism undermines resilience and interferes with identity formation. Flett and Hewitt (2014), in their article on preventing perfectionism, state that "vulnerable perfectionists need to develop emotional self-regulation capabilities and build resilience to academic setbacks by promoting grit and academic buoyancy" (p. 901). Everybody gets disappointed with facing obstacles, but for perfectionists, setbacks can be detrimental to their sense of self. Building resilience is about knowing that it's acceptable to not always satisfy expectations. Negru and colleagues (2021), referring to work by Hewitt, Flett, and Mikali (2017), emphasize that competence and achievement for perfectionists can become intertwined with self-identity. Yet this component of identity becomes problematic when failures are experienced (Negru et al., 2021). Achieving high standards is contingent upon how perfectionistic children identify with themselves. These children feel like they do not know who they are without flawlessness, and because everybody makes mistakes, these unrealistic expectations are hindering identity formation.

Repeated failure to meet unrealistic standards reinforces cycles of self-doubt that continue throughout development. Xie and colleagues (2025) make three observations related to perfectionists and self-criticism, self-doubt, and self-worth. 1) Perfectionists are self-critical, 2) Perfectionists cannot accept their own imperfections, leading to self-doubt, and 3) Perfectionists see any negative feedback as a denial of their self-worth (Xie et al., 2025). Since this level of defensiveness is so prevalent, it hinders the possibility of ever evolving from failures (Xie et al., 2025). Although failures can be setbacks, learning from constructive feedback can help people progress toward success. Yet for perfectionists, negative feedback is perceived as absolute. Instead of considering feedback from a growth perspective, perfectionists recognize feedback as self-destructive, and by avoiding possibilities for feedback, they are able to maintain their sense of competency.

Societal and Ethical Clinical Implications

Misinterpretations of maladaptive, perfectionistic behaviors as predictive of OCPD stigmatize children and may misshape therapeutic approaches. Sheehan and colleagues (2022) reported on the debate for diagnosing personality disorders in adolescents. They contend three levels of stigma: public, self, and associative stigma (Sheehan et al., 2022). Public stigma consists of discriminatory behaviors that may include being insulted, being prevented from accessing supportive education, and receiving minimal expectations from parents or teachers (Sheehan et al., 2022). Self-stigma occurs when children may assume the negative stereotypes imposed upon them are accurate (Sheehan et al., 2022). Associative stigma becomes apparent when families feel faulted for the child's mental illness and are judged by that fact (Sheehan et al., 2022). Personality disorders are often stigmatized by the notion that they are easily controlled or changed (Sheehan et al., 2022), when in reality, the nature of these patterns is enduring and

pervasive. Treatment for OCPD symptoms includes strategies to protect the person from feelings of insecurity or uncertainty (Grant et al., 2020) because "when patients gain this insight, they then work to change their inflexible patterns of behavior and give up their rigid demands for perfectionism in favor of a more reasonable outlook" (Grant et al., 2020, p. 147). Whereas the treatment for maladaptive perfection, specific to childhood, includes more strategies appropriate for child development, like play therapy. (Flett & Hewitt, 2022) These interventions conceptualize the treatment of maladaptive childhood perfectionism from a developmental standpoint, emphasizing the importance of perspective-taking. The perfectionistic level of OCPD in adults is experienced differently from maladaptive perfectionism in children; therefore, it's important to consider individual experiences in clinical contexts.

Ethical clinical practice requires acknowledging environmental context, avoiding premature conclusions, and promoting an evidence-based understanding. Rutter (2005) describes the impact of environmental influences on psychopathology. He contends: "empirical evidence also points to the pervasiveness and strength (when considered cumulatively) of environmental influences" (Rutter, 2005, p. 15). For children, this could indicate familial, academic, peer, and community factors (Rutter, 2005). Specifically for perfectionism, the roles of environmental influences play a pivotal role in the maintenance or suspension of these maladaptive factors. Ethically, it's important to consider these factors for a full understanding of behavior interpretations, which reflects the beneficence principle that entails promoting well-being. Ayers (2014) reflects on the ethical issues of psychopathology in children. He expresses that, all too often, because of the vague language in the DSM, children are being considered for psychopathology under adult criteria (Ayers, 2014). He emphasizes that ignoring developmental contexts is entirely unethical. Treatments should be aligned for children with the understanding

of developmental contexts, and ignoring those because of ambiguity in the system's diagnostic categorization leads to a causal sequence of overdiagnosis, or even misdiagnosis. Berg (2025) outlines the key components of evidence-based practice in psychology: best available research, clinical expertise, and patient preferences. Implementing this understanding would indicate that clinicians are drawing from within the scope of their discipline, using the appropriate knowledge and skills, and heavily considering a patient's perspective and experience to influence treatment approaches. For children, this means clinicians are up to date on current research within the field of child psychology, can utilize their academic and professional knowledge and experience to direct approaches, and listen to their clients by taking on those unique child-like perspectives. Especially when working with children, it is important that clinicians are listening with the true intent to understand, and not to simply respond.

Conclusion

Although maladaptive perfectionism may contribute to OCPD, this progression is not guaranteed. Developing a personality disorder must be unrestricted from "if-then" causal assumptions. With current research, there's a wide consensus of empirical uncertainty (Gray, 2023). Longitudinal validation would promote clear frameworks for understanding the progression from maladaptive childhood perfectionism to adulthood OCPD. Future research should focus on longitudinal approaches, where children with maladaptive perfectionism can be tracked across developmental stages; utilizing multifactorial models, allowing for the integration of environmental, cognitive, biological, and cultural variables to provide clarity for interpreting behaviors; and maintaining clinical transparency, where developing evidence-based frameworks provides context for early intervention and improves clinical outcomes. Avoiding premature

causal assumptions is crucial for protecting developmental integrity. For if we can protect children from the assumptions that their behaviors will later prove problematic, then we can foster resilience and improve psychological outcomes across many different contexts.

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