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SOCIALLY PRESCRIBED PERFECTIONISM AND
LIMERENCE IN INTERPERSONAL RELATIONSHIPS

BY

ROBIN M. BANKER

B.A., University of New Hampshire at Manchester, 2007

THESIS

Submitted to the University of New Hampshire

in Partial Fulfillment of

the Requirements for the Degree of

Master of Arts

In

Counseling

May, 2010

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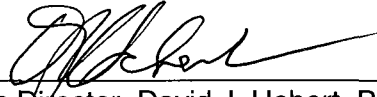
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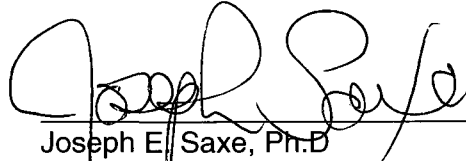
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ABSTRACT

SOCIALLY PRESCRIBED PERFECTIONISM AND LIMERENCE IN INTERPERSONAL RELATIONSHIPS

By

Robin M. Banker

University of New Hampshire, May, 2010

Socially prescribed perfectionism, in which one perceives that others have unrealistic expectations for them, appears to have a strong correlation to maladaptive characteristics and interpersonal problems. Another concept with maladaptive features and relational difficulties is an unhealthy form of obsessional love, known as limerence. Limerence is defined as an involuntary cognitive and emotional state of intense romantic desire for another individual. The aim of this thesis is to examine the relationship between socially prescribed perfectionism and limerence. It is hypothesized that an association exists between socially prescribed perfectionism and limerence, specifically in intimate relationships. A theoretical comparison supported the hypothesis, concluding that common characteristics of both concepts include obsessive and intrusive preoccupations, low self-esteem, fear of negative evaluation, failure and rejection, emotional dependence on others, poor self-control, self-conscious anxiety, hopelessness, depression and suicidality. Both concepts were also correlated with neurotic tendencies, an external locus of control and anxious/ambivalent attachments.

CHAPTER I

INTRODUCTION

Perfectionism can affect an individual's life in two ways, both positively and negatively. In a positive light, perfectionism motivates us to aspire and achieve great accomplishments. From a negative standpoint, it can be debilitating. Perfectionists are often unable to feel satisfaction because they believe that they never seem to do things well enough to warrant those feelings one gets from a job well done. These unrealistic personal expectations severely impact daily living and thoughts, contributing to a decrease in emotional stability and coping strategies. It is anticipated that the presence of such maladaptive emotional and cognitive patterns influence how perfectionists relate to others, contributing to interpersonal difficulties in intimate relationships (Hewitt & Flett, 1991b; Frost, Marten, Lahart, & Rosenblate, 1990). An individual's perfectionistic tendencies often interfere with his/her ability to develop and maintain healthy, functioning relationships. Instead, such demanding tendencies usually foster the development of unhealthy attachments and anxiety among partners.

Research has shown that different dimensions of perfectionism (self-oriented, other-oriented and socially prescribed perfectionism) vary in the extent that they are associated with and affected by maladaptive traits and neurotic tendencies. Among these dimensions, the strongest correlation to maladaptive characteristics and interpersonal problems has consistently been found among socially prescribed perfectionism. Other-oriented perfectionism is slightly less associated with negative aspects, having some positive characteristics. Lastly, self-oriented perfectionism seems to have the least maladaptive characteristics and greatest representation of positive

characteristics (Flett, Hewitt, Shapiro & Rayman, 2001; Haring, Hewitt, & Flett, 2003; Hill, Zrull, & Turlington, 1997).

It is the aim of this study to examine the relationship among socially prescribed perfectionism and one particular unhealthy aspect of relationships, known as limerence. Tennov (1999) defines limerence as an involuntary cognitive and emotional state of intense romantic desire for another individual. Common characteristics of the concept include obsessive preoccupation, emotional dependence on one's partner, self-conscious anxiety, idealization of one's partner, and fear of rejection. As research has demonstrated a significant link between socially prescribed perfectionism and unhealthy forms of thoughts and behaviors in relationships (Flett et al., 2001; Haring et al. 2003; Hill, Zrull, et al., 1997), the aspect of limerence and its relationship to socially prescribed perfectionism will be the specific focus of this thesis.

The presumption of this thesis is that a correlation exists between socially prescribed perfectionism and limerence, specifically in intimate relationships. To examine this presumption, a thorough literature review of both perfectionism and limerence will be conducted. Each concept will be examined with regard to its effect on interpersonal relationships. The concepts will be then be analyzed in relation to each other to investigate the likelihood that a significant relationship exists among the variables, generating a convincing argument thesis. Accordingly, the following two chapters of this thesis include the literature reviews of both perfectionism and limerence and their effects on interpersonal relationships.

CHAPTER II

PERFECTIONISM

Definition

What is the definition of perfectionism? Although this appears to be a simple question, its answer is rather complex. Over the past few decades, several leading researchers have proposed an array of conclusions on the concept of perfectionism. Hill, Zrull, et al. (1997) define perfectionism as “the tendency to maintain or aspire to unremittingly high standards” (p. 81). Flett and Hewitt (2002) define perfectionism as “the striving for flawlessness” and extreme perfectionists as “people who want to be perfect in all aspects of their lives” (p. 5). Alden, Ryder, and Mellings (2002) refer to perfectionism as “the tendency to establish excessively high personal standards of performance” (p. 375). Greenspon (2008) describes perfectionism as “a desire to be perfect, a fear of imperfection, and an emotional conviction that perfection might be the route to personal acceptability” (p. 280).

Slaney and Ashby (1996) noted that the typical definitions of perfectionism include words, such as excessive or extreme in relation to the perfectionist’s standards, thoughts and behaviors, suggesting that perfectionism is viewed as pathological in nature. However, conclusions of their self-report study suggest that some participants experienced certain characteristics of perfectionism as rewarding instead of strictly distressing. This suggests that individuals may define and experience certain aspects of perfectionism differently than others, a possibility that has only recently received acknowledgment in the literature.

Historical conceptualizations

Early conceptualizations of perfectionism viewed the construct as unidimensional, focusing solely on self-directed cognitions (Burns, 1980). As the literature on perfectionism increased, researchers began to explore the notion that in addition to the personal aspect, perfectionism has an interpersonal or social component, suggesting that it is multidimensional (Hewitt & Flett, 1991b; Frost et al., 1990). From this point on, a variety of researchers, regardless of their measure of perfectionism have tended to support a two-dimensional, higher order factor structure for perfectionism (Rice, Ashby & Slaney, 1998; Hong & Lee, 2001).

Multiple studies have explored various conceptualizations of perfectionism and its implications to the individual and others. Hamachek (1978) characterized perfectionism as having both *normal* and *neurotic* components. He defined normal perfectionism as when an individual derives pleasure from striving for excellence, leading to an increased sense of self-satisfaction and enhancement in self-esteem. In neurotic perfectionism, Hamachek asserts that individuals have unrealistic expectations coupled with excessively high standards, leading to feelings of anxiety, depression and low self-esteem in relation to task completion. Unlike normal perfectionism, the neurotic perfectionist is unable to derive satisfaction from their achievements, consistently fearing negative judgments from others.

Other researchers have proposed that perfectionism has positive and negative aspects. Positive perfectionism is defined as behavior that is driven by positive reinforcement and a desire for success, including a willingness to approach stimuli. In contrast, negative perfectionism is driven by negative reinforcement and includes a desire to avoid unpleasant outcomes (Terry-Short, Owens, Slade, & Dewey, 1995). Positive perfectionism is also described as “a predominantly normal or healthy form that carries positive benefits for the individual. As such, it is to be encouraged and fostered”

(Slade & Owens, 1998, p.377). High levels of organization, high personal standards, and a positive striving to meet one's goals usually characterize it. Alternatively, negative perfectionism is described as "a pathological or unhealthy form that has inherent disadvantages for the individual and is to be avoided or corrected" (p. 377). It is often associated with neuroticism, dissatisfaction, and maladaptive evaluation concerns.

Another conceptualization similarly distinguished two types of perfectionism; adaptive and maladaptive, stating that perfectionism can impact individuals' lives in two distinct ways, positively and negatively (Rice & Mirzadeh, 2000; Slaney, Rice, & Ashby, 2002). In a positive light, adaptive perfectionism is healthy as it motivates us to aspire and achieve great accomplishments. Similar to positive perfectionism, its characteristics include high personal standards, a need for order and organization, and an unwillingness to procrastinate. From a negative standpoint, maladaptive perfectionism is unhealthy as it can be debilitating to one's mental health and cognitive processing. It is characterized by excessive concern about making mistakes, doubt of actions, frequent procrastination and feelings of tenseness and anxiety. Many maladaptive perfectionists are often unable to feel satisfaction because they believe that they are incapable of functioning well enough to warrant that feeling of satisfaction. These unrealistic personal expectations severely impact daily living and thoughts, contributing to a decrease in emotional stability and healthy coping strategies (Rice et al., 1998).

Hewitt and Flett (1991b) expanded the research on perfectionism to include multiple conceptualizations, each consisting of a distinct definition and focus of problems. In their assessment of possible dimensions of perfectionism, Hewitt and Flett developed the 45-item Multidimensional Perfectionism Scale (MPS), resulting in the measurement of three dimensions of perfectionism; self-oriented, others-oriented and socially prescribed perfectionism. Self-oriented perfectionism was defined as the requirement for the self to be perfect while other-oriented perfectionism was termed as

the expectation that others need to be perfect. Lastly, socially prescribed perfectionism was identified as the perception that others have unrealistic expectations for the self in which they only attribute value to the self if perfectionism is reached and maintained.

In the same year, Frost et al. (1990) also created a measurement of perfectionism titled the Multidimensional Perfectionism Scale (MPS). This assessment of perfectionism explored demands directed to the self and demands perceived from parental forces toward the self. Four factors of perfectionism directed to the self that were assessed in the Frost MPS include: High personal standards, doubt about actions, concern over making mistakes, and organization. As for perceived parental demands for the self, two aspects of perfectionism were assessed, high parental expectations and parental criticism.

Although differences exist between these two measures of perfectionism, (the Frost MPS and the Hewitt and Flett MPS), the development of both measures at the same time was significant as it promoted the belief that perfectionism is a complex, multidimensional concept (Flett & Hewitt, 2002). Asserting that perfectionism has both personal and interpersonal aspects, Flett and Hewitt suggest that the examination of perfectionism through strictly unidimensional approaches may have overlooked key aspects of the construct.

In response to Hewitt and Flett's (1991b) conceptualization, some supporters of the adaptive/maladaptive perception have maintained their perspective on perfectionism. Applying their approach to Hewitt and Flett's concept of perfectionism, Stoeber and Otto (2006) concluded that self-perfectionism exemplifies the adaptive form of perfectionism under certain situations (i.e. if the perfectionist is not overly concerned about making mistakes and receiving negative evaluations from others). Accordingly, others-oriented and socially prescribed perfectionism are believed to represent the maladaptive form of perfectionism. Slade and Owens (1998) have similarly contributed to this concept,

stating that self-oriented perfectionism is a characterization of positive perfectionism while socially prescribed perfectionism is a depiction of negative perfectionism.

Klibert, Langhinrichsen-Rohling, and Saito (2005) have also found self-oriented perfectionism to be adaptive and socially prescribed perfectionism to be maladaptive. Through further analysis, the authors found that when an individual experiences both self-oriented perfectionism and socially prescribed perfectionism, the least adaptive and most maladaptive symptoms were reported. When an individual only experiences self-oriented perfectionism, the most adaptive and least maladaptive symptoms seem to exist. This suggests that self-oriented perfectionism, in the absence of socially prescribed perfectionism, is adaptive in nature, while the combination of self-oriented and socially prescribed perfectionism is pathological.

However, Flett and Hewitt (2006) maintain that perfectionism can be maladaptive, but it cannot be adaptive. The argument against an adaptive style is that perfectionism can never be healthy for an individual because it is driven by the need to be perfect. Specifically, they stated:

What has been referred to as “normal” or “adaptive” perfectionism bears a striking resemblance to conscientiousness and achievement striving but not necessarily extreme perfectionism. We believe that the term *perfectionist* should be reserved for those individuals who hold rigidly to their standards, even in situations that do not call for perfection, and who continue to place an irrational importance on the attainment of impossibly high standards in not just one but in several life domains. Thus, we believe that it is important, both empirically and conceptually, to not equate perfectionism (as a form of overconscientiousness or hyperconscientiousness) with high levels of conscientiousness (p. 476).

Greenspon (2000) agrees with this notion, suggesting that all perfectionism is unhealthy. If the definition of perfectionism is a felt need to do things perfectly, healthy perfectionism is a misnomer and is oxymoronic because perfect performance is extremely rare (if not impossible). It is possible to have perfectionistic tendencies, such as being a high achiever, and still be psychologically healthy in many ways. However,

the perfectionism aspect itself is still unhealthy. It is the drive of the person that makes them successful, not necessarily the perfectionism. Greenspon concluded that perhaps the perception that types of perfectionism are healthy is partly a desire to avoid becoming painfully aware of perfectionism's unhealthy reality.

Dimensions of Perfectionism

Self-oriented Perfectionism

Self-oriented perfectionism is defined as the requirement for the self to be perfect. It includes self-directed perfectionistic behaviors, such as setting extremely high standards for the self and rigorously evaluating and censuring one's own behavior (Hewitt & Flett, 1991b). Self-oriented perfectionists commonly have high levels of achievement motivation and self-control (Klibert et al., 2005). Consisting of a motivational component, the self-oriented perfectionist strives to achieve perfection and avoid failures. Regardless of such high levels of aspiration, the self-oriented perfectionist has low regard for the self. This creates a discrepancy between the actual self and the ideal self, which has been associated with depressive affect (Hewitt & Flett, 1991b).

Self-oriented perfectionism has been associated with adaptive characteristics including having high self-standards, striving for positive achievement, self-esteem and self-actualization (Frost et al., 1990). It has also been associated with positive aspects including resourcefulness, positive affect, assertiveness, consciousness and intrinsic motivation and may be linked to greater adaptive functioning (Klibert et al., 2005).

In terms of maladaptive characteristics, self-oriented perfectionism has been associated with self-blame, self-criticism, guilt, anger, narcissism and various manifestations of maladjustment, such as anorexia nervosa, anxiety, mild depression, dysphoria, and neuroticism (Hewitt & Flett, 1991b). Contrary to Hewitt and Flett, Klibert et al. (2005) found that self-oriented perfectionism had an insignificant relationship with maladaptive characteristics, such as depression, suicide proneness, procrastination,

shame and guilt. However, they did conclude a weak relationship between self-oriented perfectionism and anxiety.

Other-oriented perfectionism

Similar to self-oriented perfectionism, other-oriented perfectionism is the expectation of perfectionism in multiple areas of functioning. But, instead of directing the perfectionistic requirements inward, the other-oriented perfectionist directs perfectionistic behaviors outward by setting unrealistic standards for significant others and severely critiquing their performance. General maladaptive characteristics consist of exploitative, dominant and authoritarian behaviors toward others and interpersonal problems, such as lack of trust, other-directed feelings of hostility and blame, cynicism, and loneliness. From a positive perspective, other-oriented perfectionism may be associated with the ability to lead others and facilitate others' motivation (Hewitt & Flett, 1991b).

This dimension of perfectionism is less associated with self-related disorders or symptoms for the perfectionist. Instead, other-oriented perfectionism commonly creates frustrations or difficulties for the target of the perfectionistic individual. Often, the targets of such high demands feel criticized for their inability to live up to the perfectionist's standards and express resentment towards the perfectionist for incessant maltreatment. Thus, the perfectionist continuously experiences disappointment about the failure on the part of others and interpersonal problems frequently occur (Hewitt & Flett, 2002).

Socially Prescribed Perfectionism

As previously noted, socially prescribed perfectionism is defined as the perception that others have unrealistic expectations for the self in which they only attribute value to the self if perfectionism is reached and maintained (Hewitt & Flett, 1991b). Based on these falsely perceived expectations, the socially prescribed perfectionist continuously feels compelled to live up to others' standards (Tangney, 2002). They often display a strong concern over obtaining and maintaining the approval

and care of others and strive for a sense of belonging that they believe can only be attained by reaching perfection in the eyes of others (Hewitt & Flett, 2002).

As it focuses on others' perception of the self, socially prescribed perfectionism is associated with an external locus of control, defining it as reactive rather than proactive. As a result, socially prescribed perfectionists possess a great desire to please others and avoid punishment, contributing significantly to the development of extrinsic motivation rather than intrinsic motivation. Thus, individuals who display excessive levels of socially prescribed perfectionism may develop learned helplessness because they perceive themselves as having no control over their own behaviors in relation to the unrealistic expectations that they perceive are prescribed by others (Hewitt & Flett, 1991b). Regardless of the fact that socially prescribed perfectionists have no direct control over the evaluations they perceive from others, individuals are extremely sensitive to these perceptions which serve as drastic contributors to their sense of self-worth (Hewitt & Flett, 1991a).

The socially prescribed perfectionist tends to be highly self-conscious and self-evaluative based on the perceived unrealistic standards from others (Tangney, 2002). Klibert et al. (2005) concluded that socially prescribed perfectionists do not derive pleasure from their efforts and often perceive their work as substandard. With an inability to measure up to perceived impractical values, a grand sense of failure is regularly experienced and interpreted as a general reflection of the self. Viewed as a general personal flaw, feelings of guilt and shame are experienced in relation to the self and the concept of others' perceptions (Klibert et al., 2005; Tangney, 2002). Similar to feelings of shame, the socially prescribed perfectionist frequently experiences embarrassment, which also relates to a focus on others' reactions to and evaluations of the self (Tangney, 2002). Commonly focusing on external evaluation, such perfectionistic

individuals appear to have a vulnerability to shameful and embarrassing experiences and are associated with fear of negative evaluation (Hewitt & Flett, 1991b).

The fear of evaluation seems to be a significant contributor to the development of self-conscious anxiety within socially prescribed perfectionism (Frost & DiBartolo, 2002). Concerned with how others perceive them, socially prescribed perfectionists consistently remain conscious of how they present themselves. Fearful that others will perceive them in an unfavorable perspective, they are highly concerned with making mistakes and resultantly monitor their actions, behaviors and interpersonal interactions. As a result of their lack of control over how others perceive them and relentless self-doubt about their actions and behaviors, anxiety frequently results, reinforcing their fear of evaluation (Flett, Greene & Hewitt, 2004; Frost & DiBartolo, 2002). Thus, it is suggested that socially prescribed perfectionists tend to have an anxious sensitivity to negative social evaluation (Flett et al., 2004).

After consistently experiencing feelings of disappointment in one's achievements and abilities, the socially prescribed perfectionist develops a fear of failure (Hewitt & Flett, 2002). Conroy, Kaye, and Fifer (2007) refer to a fear of failure as a "tendency to appraise threat and feel anxious during situations that involve the possibility of failing" (p. 239). The authors suggest that failure may appear threatening to individuals because they associate it with aversive interpersonal consequences. Since socially prescribed perfectionists focus on others' perceived expectations for their performance, they tend to believe that their failure will severely upset others, causing others to lose interest in them. Conroy et al. assert that these unrealistic beliefs contribute to high levels of self-neglect in the perfectionist, such as giving up on themselves and low levels of self-affirmation, such as providing themselves with self-encouragement. Chronically feeling inadequate, perceiving themselves as a failure, socially prescribed perfectionists tend to have a poor sense of self-esteem and self-worth (Rice et al., 1998).

The individual's fear of failure drives the expectation in the socially prescribed perfectionist that negative future events are certain to occur. This perceived negative certainty of those events increases the perfectionist's stress level, contributing to a sense of hopelessness and depression. If an individual is certain that an event will be negative and perceives that nothing can be done to change the event, it is nearly inevitable that hopeless suffering will occur (Hewitt & Flett, 2002; Hunter & O'Connor, 2003). Blankstein, Lumley and Crawford (2007) support this notion, implying that socially prescribed perfectionists tend to be pessimistic about future accomplishments and intimate relationships resulting in a vulnerability to both achievement and interpersonal hopelessness. Hewitt and Flett (2002) suggest that this is a *negative future events schema* found characteristic of socially prescribed perfectionists and is often assessed among depressed individuals.

A vast amount of research on perfectionism implies a correlation between socially prescribed perfectionism and depression (Klibert et al., 2005; Hewitt & Flett, 1991a, 1993, 2002; Hunter & O'Connor, 2003; Rudolph, Flett & Hewitt, 2007; Scott, 2007). Hewitt and Flett (2002) note that socially prescribed perfectionists with low levels of general self-efficacy tend to be associated with high levels of depressive symptoms. Scott (2007) explores the effect of self-worth on depression, claiming that one of the greatest predictors of depression is one's level of self-acceptance. As socially prescribed perfectionists determine their self-worth based on how well they achieve others expectations of them, they tend to have a low sense of unconditional self-acceptance. This poor sense of self-regard accumulates inside them as they persistently experience feelings of failure until they can no longer handle their fears of evaluation and self-criticism, resulting in depression. Thus, Scott proposes that the negative consequences of perfectionism (poor self-worth, feelings of failure, embarrassment, shame and guilt,

etc) are the contributing factors that lead to depression rather than perfectionism as a concept itself.

Flett, Hewitt, Garshowitz and Martin (1997) support the position that the quality of social interactions also has a significant effect on one's psychological well-being. The authors maintain that negative social interactions have a negative impact on one's emotional reactions and thought processes, contributing to psychological distress. Flett et al. explored the associations between negative social interactions, personality traits and depressive symptoms. Specifically examining the personality trait of perfectionism, the dimensions of perfectionism were assessed. The results of the study conclude a relationship between socially prescribed perfectionism and negative social interactions, finding that socially prescribed perfectionists experience a greater frequency of negative social interactions which lead to the development of depressive symptoms.

In addition to contributing to depression, Hunter and O'Connor (2003) suggest that a lack of positive thinking (hopelessness) among socially prescribed perfectionists is one of the most significant contributing factors toward suicidal behavior. Blankstein et al. (2007) also conclude a significant correlation between hopelessness and suicidal ideation among socially prescribed perfectionists. In addition to a fear of evaluation and criticism from others due to their failure to achieve perfection, socially prescribed perfectionists consistently seek out approval from others. If approval is not received, perfectionistic individuals tend to withdraw emotionally and/or physically to avoid feelings of rejection as a protective defense mechanism. Unable to withdraw from their own self-evaluations, these individuals end up engaging in relentless self-criticism for failing to succeed, often leading to depression and suicidal thoughts (Blankstein et al., 2007). Similarly, R. C. O'Connor (2007) concluded that self-critical evaluative concerns of perfectionism, such as socially prescribed perfectionism, self-criticism, concern about mistakes, and doubts about action are significantly correlated with suicidality.

Irrational Beliefs. Ellis (as cited in Wolfe, 2007) asserts that all human beings strive to remain alive and to achieve some degree of happiness. Yet, individuals are prone to adopting irrational beliefs and behaviors which stand in the way of achieving those goals and purposes. Irrational beliefs are rigid beliefs that denote absolute values on individuals' thoughts and behaviors including 'musts', 'shoulds', or 'oughts'. Believing that people usually feel the way they think, Ellis suggested that dysfunctional thinking plays a major role in emotional distress as unrealistic demands contrast with individuals' rational and flexible desires, wishes, preferences and wants. Flett, Hewitt, Blankstein and Koledin (1991) explored the relationship between irrational beliefs and the dimensions of perfectionism, concluding that a strong correlation existed between socially prescribed perfectionism and a variety of irrational beliefs. These irrational beliefs included high self-expectation, demand for social approval, blame proneness, anxious overconcern and dependency on others.

Sherry, Hewitt, Flett and Harvey (2003) explored Beck's concept of dysfunctional attitudes in relation to the dimensions of perfectionism. Dysfunctional attitudes (as cited in Sherry et al., 2003) are rigid and irrational beliefs, attitudes, and assumptions in which one's self-worth is contingent upon obtaining unrealistic needs or goals. These dysfunctional attitudes commonly include the need for perfectionistic achievement and constant approval by others, and may contribute to the development of depression. Sherry et al. suggest that socially prescribed perfectionism is associated with several dependent attitudes, such as striving to please others, craving nurturance, admiration, and acceptance from others, and deriving self-worth from others' approval.

Coping Styles. Coping styles are "the behavioral and cognitive responses that individuals use when they encounter stressors" (O'Conner & O'Conner, 2003, p. 363). Hewitt and Flett (2002) assert that two general categories of coping styles exist, adaptive coping and maladaptive coping. They define adaptive coping as the implementation of

task-focused strategies in dealing with a problem and maladaptive coping as when emotion-oriented strategies are employed. Research has suggested that the degree of psychological well-being is contingent on adaptive and maladaptive coping styles, maintaining that adaptive styles are likely to result in positive psychological health while maladaptive styles commonly contribute to psychological distress (Hewitt & Flett, 2002; O'Conner & O'Conner, 2003).

In their study of psychological distress and hopelessness with relation to perfectionism, O'Conner and O'Conner (2003) found that socially prescribed perfectionists tended to implement the avoidant coping style. Avoidance is viewed as maladaptive in that it typically involves denial, behavioral and mental disengagement, and consuming alcohol as a stress-reliever. A significant relationship was noted between socially prescribed perfectionism, hopelessness and psychological distress with coping as a moderator of the severity of negative symptoms. In other words, the higher the frequency that avoidance was implemented, the higher the severity that hopelessness and psychological distress were experienced by socially prescribed perfectionists. This suggests that socially prescribed perfectionists have maladaptive coping styles that contribute to psychological distress.

In their study of the relationship between cognitive emotion regulation and the dimensions of perfectionism, Rudolph et al. (2007) support the notion that perfectionists have maladaptive coping skills. Results of the study demonstrated that socially prescribed perfectionism was positively correlated with maladaptive cognitive emotion regulation strategies (self-blame, catastrophization, and rumination) and negatively correlated with adaptive cognitive emotion regulation strategies (putting things into perspective and using positive reappraisal). Based on these results, Rudolph et al. concluded that a link exists between high levels of depression, socially prescribed perfectionism and maladaptive cognitive emotion regulation. Hewitt and Flett (2002) also

note that socially prescribed perfectionism is associated with negative problem-solving orientations. In summary, socially prescribed perfectionism appears to be correlated with maladaptive coping styles that assist the maintenance of maladaptive psychological states, such as depression and anxiety (Hewitt & Flett, 1993).

Obsessive Preoccupations. Obsessions, defined by the American Psychiatric Association (as cited in Bhar & Kyrios, 2005) are exclusively mental phenomena in the form of images, thoughts or impulses. Bhar and Kyrios (2005) report that obsessions are frequently experienced as inharmonious with individuals' sense of morality, rationality and personality, intrusive (outside of one's self-control), distressing and anxiety provoking. In their study of obsessions and the dimensions of perfectionism, Bhar and Kyrios found a significant relationship between obsessions and socially prescribed perfectionism, asserting that obsessions are driven by the socially prescribed perfectionist's need to assure certainty. When certainty is not attained, obsessions develop, striving to defend the perfectionist from various consequences, specifically the possibility of social disparagement.

Although obsessions transpire on a private, internal level, they appear to have social implications due to the fact that they are evaluated by individuals in relation to how they perceive social norms. Socially prescribed perfectionists often appraise their intrusive thoughts as socially unacceptable, contributing to their fears of reproach and abandonment from others. In attempt of reducing this increased level of fearfulness, the perfectionist struggles toward avoidance of such thoughts, which reinforces the fear and ironically increases the persistence and frequency of the intrusive thoughts (Bhar & Kyrios, 2005).

Another form of obsessive thought is the cognitive process of rumination. Nolen-Hoeksema (as cited in Blankstein & Lumley, 2008) describes rumination as a particular response style or method employed in coping with negative moods that consists of self-

focused attention. Research has supported the notion that there are two common types of rumination, *brooding* and *reflection* (Blankstein & Lumley, 2008; Olson & Kwon, 2008). Blankstein and Lumley (2008) explain brooding as “moody pondering” and suggest that it is the “active ingredient” of rumination. Olson and Kwon (2008) refer to brooding rumination as when individuals unintentionally, but repetitively and passively ponder their distress symptoms and/or negative emotions.

For example, if an individual were experiencing a depressed mood, brooding rumination would involve behaviors or thoughts that obsessively focus the individual's attention solely on the depressed symptoms, dwelling on the possible causes and consequences of the symptoms (Olsen & Kwon, 2008). In this process, the individual's primary focus is on the meaning and consequences that the distress contributes to their lives rather than attempting to find a solution to the problem through reflection. Reflection rumination is when one neutrally reflects or contemplates a negative situation (Blankstein & Lumley, 2008) and is self-reliant in discovering a solution and alleviating distressing symptoms (Olsen & Kwon, 2008). In terms of coping response styles to distress, reflection rumination is viewed as adaptive while brooding rumination is considered to be maladaptive (Olsen & Kwon, 2008).

Several researchers have studied the relationship between brooding rumination and the dimensions of perfectionism and found a significant relationship among socially prescribed perfectionism (Blankstein & Lumley, 2008; Flett, Madorsky, Hewitt & Heisel, 2002; D. B. O'Connor, O'Connor, & Marshall, 2007; Olson & Kwon, 2008; Rudolph et al., 2007). D. B. O'Connor et al. (2007) explored the notion that rumination may occur in cases where one has a significant need for a sense of control over the environment. When dealing with negative situations, such individuals may implement rumination in attempts to gain control over the disturbing circumstances of the problem.

Relating this to socially prescribed perfectionism, D. B. O'Connor et al. (2007) suggest that such perfectionistic individuals are driven to demonstrate brooding rumination due to a lack of control. Although socially prescribed perfectionists consistently strive for a sense of control, they infrequently experience it due to excessively worry about achieving the unrealistic expectations they perceive from others. Unable to reach standards of perfection, they feel like a failure, perceiving they possess no control over their lives. In attempting to rectify this unnerving sense of insecurity and gain a sense of control, socially prescribed perfectionists implement rumination (D. B. O'Connor et al., 2007). Olson and Kwon (2008) suggest that although socially prescribed perfectionists attempt to achieve high standards, they typically lack a strong sense of willpower in reaching these standards and consequently become less resilient in dealing with obstacles.

Blankstein and Lumley (2008) examined the relationship between perfectionism and brooding rumination in the prediction of emotional distress, reporting that a significant relationship exists between socially prescribed perfectionism and brooding rumination in response to depression and anxiety in both men and women. Other studies have reported that socially prescribed perfectionism and brooding rumination contribute to psychological distress, concluding that higher levels of ruminative and intrusive cognitions are associated with higher levels of depression (Flett, Madorsky, et al., 2002; Olsen & Kwon, 2008), anxiety, and anxious arousal (Flett, Madorsky, et al., 2002).

In summary, Klibert et al. (2005) conclude that no adaptive functions have been associated with socially prescribed perfectionism. Instead, they conclude that socially prescribed perfectionism has a negative relationship with self-esteem, self-control, and achievement motivation and a positive relationship with shame, guilt, anxiety, depression, and suicide ideation. These maladaptive characteristics are not driven by an

internal desire to succeed, but instead stem from a fear of failure and desire to avoid feelings of embarrassment, shame, and guilt.

Development of Perfectionism

To further understand perfectionism, it is beneficial to explore its origins. However, research on the development of perfectionism is still in early stages as little empirical work has been performed (Flett, Hewitt, Oliver, & Macdonald, 2002). Several theorists have suggested that the role of family factors and the social environment of childhood are significant contributors (Greenspon, 2000; Rice & Mirzadeh, 2000; Flett, Hewitt, et al., 2002).

Flett, Hewitt, et al. (2002) review four models, including the social expectations model, the social learning model, the social reaction model, and the anxious rearing model. The social expectations model suggests that parental standards for the child are relatively high. When children are unable to meet these standards, they often experience feelings of helplessness and hopelessness that foster a sense of conditional self-worth.

Since a sense of conditional self-worth is a key aspect of socially prescribed perfectionism, Hewitt and Flett (1991b) note that these individuals are likely to have been exposed to conditions of contingent self-worth and are highly vulnerable to feeling helpless when others give them negative feedback. They also note that for the development of socially prescribed perfectionism, feelings of conditional self-worth not only stem from family members, but also from other people, such as teachers or peers.

Hamachek (1978) suggested that the absence of any parental expectations could lead to the development of perfectionism, such as self-oriented perfectionism. In situations of parental neglect, children set high expectations of themselves in order to cope with the lack of clear standards. Also, they set high self-standards because they are unable to determine whether a particular action merits punishment or reward. However, Flett, Hewitt, et al. (2002) note that this theory has not been empirically tested.

The second model of perfectionism that Flett, Hewitt, et al. (2002) discuss is the social learning model. This model presumes that children develop perfectionism by observing and imitating their parents who are perfectionists. Children often have an idealized notion of how seemingly perfect their parents are and attempt to personify them through imitation. Flynn, Hewitt, Flett, and Caelian (as cited in Flett, Hewitt, et al., 2002) conducted a study in which participants completed measures of perfectionism for themselves as well as subjective views of their parents' levels of perfectionism. Among these results, the greatest correlations existed between corresponding dimensions. That is, each dimension of perfectionism that participants were identified as (self-oriented, other-oriented or socially prescribed perfectionism) was most strongly correlated with that same dimension among their mothers' or fathers' perfectionism. This data supports the notion that social learning processes exist in the development of perfectionism, specifically in relation to children and their parents.

The third model that Flett, Hewitt, et al. (2002) present is the social reaction model. This model proposes that children develop perfectionism as a result of exposure to harsh environments, such as a chaotic family, physical violence and/or psychological abuse. As a reaction or response to these threatening situations, children develop perfectionistic tendencies as a coping mechanism for a few interconnected reasons. First, children may become perfectionists to attempt to escape from or avoid further physical or psychological abuse. Another reason could be to reduce the amount of shame or humiliation that children in harsh environments frequently experience. Lastly, children may develop perfectionism as a method of gaining a sense of control and predictability in an inconsistent or unstable environment.

The fourth model that Flett, Hewitt, et al. (2002) examine is the anxious rearing model. This model assumes that individuals with perfectionistic tendencies and overanxious concerns about making mistakes have most likely been exposed to anxious

parents who consistently focus on mistakes and the negative consequences of making them. Children of such parents are continuously exposed to this parental worry of imperfection and are often warned by their parents to be cautious of how others may perceive them negatively. Unknowingly, parents mold their children into perfectionists who develop the need to avoid possible future threats associated with anticipated mistakes. This model is quite recent in relation to the development of anxious cognitions, but Flett, Hewitt, et al. (2002) maintain that it may account for the development of perfectionism.

Greenspon (2000) seems to support the notion that perfectionism is developed through family and social experiences. Specifically, he states:

Most authors agree that the origins of perfectionism are in the messages adult caregivers give to children; perfectionists may be acting, for example, to please their parents in ways they have learned might work, or they may be acting to heal a sense of shame and restore a sense of self-coherence that childhood experience has left in a state of disrepair (p. 203).

In regard to the specific development of self-oriented, other-oriented and socially prescribed perfectionism, Flynn et al. (as cited in Flett, Hewitt, et al., 2002) note several characteristics of parental attitudes and behaviors. Self-oriented perfectionism was found to be associated with fathers' decreased acceptance, high perceived levels of rejection and strict, punitive and hostile control, while other-oriented perfectionism was associated with hostile rejection and control from both parents. For both self-oriented and other-oriented perfectionism, a relationship was found among overprotection from both parents in men, but only among overprotection from fathers for women. Specifically among other-oriented perfectionism, a perceived lack of care from fathers was found amongst men, but not for women. For socially prescribed perfectionism in both men and women, a relationship was found among affectionless control and an increased hostile rejection from both parents.

Lastly, the development of perfectionism has recently been associated with various types of attachment styles between the self and others. Bowlby (as cited in Karen, 1998) established the research on attachment styles, suggesting that we have an innate desire to create emotional bonds to others in our lives to feel safe and secure. The first attachment bond that forms is the one between infants or young children and their caregivers. The bond that develops at this early age usually determines the attachment styles that we implement in relationships with others throughout our childhood and into adulthood.

Rice and Mirzadeh (1998) assert that the quality of the parent-child relationship is constructed by the type of attachment style that exists among parents and parental figures and is a significant factor in the development of perfectionism. Bowlby (as cited in Rice & Mirzadeh, 1998) notes that secure attachments develop when parents are emotionally available and nurturing with their children. These healthy attachments grant a sense of comfort and predictability to children, encouraging them to actively explore new developmental and interpersonal challenges. It typically has positive implications, such as an ability to regulate emotions and succeed in interpersonal relationships.

Bowlby (as cited in Rice & Mirzadeh, 1998) maintains that insecure attachments (avoidant and anxious/ambivalent) develop from unpredictable, harsh, or unsupportive interactions between parents and their children. These unhealthy attachments often generate difficulties for children in managing developmental challenges. Insecurely attached children also frequently experience a variety of personal and interpersonal adjustment problems. Greenspon (2008) acknowledges that the research on the relationship between perfectionism and attachment styles is in its early stages of life however, he states, "It is possible to argue that perfectionism is reflective of, and an attempt to rectify, insecure attachments" (p. 272).

Perfectionism and Intimate Relationships

There is a rapidly increasing body of literature on perfectionism and intimate relationships. With rigid maladaptive cognitive patterns, perfectionistic tendencies may interfere with a person's ability to maintain healthy functioning in intimate relationships. Hill, Zrull, et al. (1997) examined this relationship by assessing the association of the dimensions of perfectionism with interpersonal traits and interpersonal problems. They concluded that the conceptualizations of perfectionism resulted in diverse interpersonal associations, suggesting that each dimension has its own distinguishable characteristics and effects in the relationship.

Specifically focusing on socially prescribed perfectionism, this dimension was found to be highly maladaptive among displayed characteristics and interpersonal aspects for both men and women (Hill, Zrull, et al., 1997). Interpersonal qualities associated with men included being emotionally distant, controlling, aggressive, distrustful, nonempathetic, manipulating, and suspicious toward others. It was reported that these characteristics reflected a moderate level of interpersonal problems. Among women, a high level of interpersonal distress was reported based on an array of maladaptive interpersonal characteristics including controlling, mistrusting, trying to change others, experiencing social anxiety and embarrassment, difficulty expressing anger, nonempathy, gullibility, over-generosity and permissiveness, overly-pleasing, attention-seeking, overly self-disclosing, and unable to spend time alone. In summary, Hill, Zrull, et al. (1997) conclude that socially prescribed perfectionism is associated with negative interpersonal characteristics and high interpersonal distress.

Haring et al. (2003) indicated that socially prescribed perfectionism is a significant predictor of interpersonal adjustment difficulties for both men and women. It was found to be negatively associated with multiple aspects of marital functioning for both the perfectionistic individual as well as the partner. In terms of coping strategies,

the results supported that socially prescribed perfectionism is linked with more maladaptive coping styles in both the self and the partner. The belief that their partners' expect perfection from them increases their likelihood of using negative coping strategies. It is interesting to note that the women tended to use all four negative types of coping styles (conflict, introspective self-blame, self-interest and avoidance) assessed in the Marital Coping Inventory (MCI, as cited in Haring et al., 2003) while men solely tended to use conflictual coping styles. This suggests that individuals' personality traits may not only affect their satisfaction with the marriage, but their partners' satisfaction level as well. The authors also noted a relationship between socially prescribed perfectionism and negative social behaviors that may be detrimental to interpersonal relationships.

Flett et al. (2001) examined the relationship between perfectionism and the intimate relationship by assessing to what extent the dimensions of perfectionism are associated with relationship beliefs, behaviors and dyadic adjustment. They concluded that each dimension has diverse relational results and that some interpersonal aspects of perfectionism are associated with self-defeating tendencies among intimate relationships. Self-oriented and other-oriented perfectionism were associated with stronger relationship beliefs in areas including communication, trust, and support, suggesting the existence of high relationship standards and levels of commitment.

In contrast, socially prescribed perfectionism was associated with destructive responses when dealing with interpersonal problems, such as feelings of hopelessness and helplessness. Maladaptive relationship tendencies were also found among socially prescribed perfectionists, such as attempting to terminate the relationship when things are going poorly, having a negative view of the relationship and neglecting and acting insensitively toward one's partner. Flett et al. (2001) suggest that the perception that others impose perfectionistic demands on the self may contribute to these destructive

responses in intimate relationships. Results also conclude that socially prescribed perfectionism was associated with low dyadic adjustment, indicating that the quality of the relationship adjustment was poor among partners.

In summary, the literature demonstrates that perfectionism appears to be maladaptive in nature, but consists of both positive and negative characteristics. The degree to which these characteristics are present varies from one dimension of perfectionism to another. Self-oriented perfectionism is associated with positive aspects, such as intrinsic motivation and high achievement and negative aspects, such as neuroticism and depression with a higher correlation to positive aspects. Other-oriented perfectionism has a higher association with negative characteristics, such as frequent disappointment and interpersonal problems and a lower correlation with its positive aspects, such as the ability to lead others and facilitate others' motivation. Lastly, socially prescribed perfectionism has a strong correlation to negative aspects, but no correlation to positive aspects. Associated maladaptive characteristics typically include a sense of poor self-esteem and self-control, a lack of achievement motivation, suicidal ideation, depression, anxiety, shame and guilt.

In reference to how these dimensions of perfectionism affect interpersonal relationships, the literature provides similar conclusions as to each dimensions' common characteristics. Self-oriented perfectionism tends to have significantly more positive interpersonal aspects and less negative relational problems while other-oriented perfectionism has been shown to demonstrate less positive and more negative effects on the relationship. Among socially prescribed perfectionism, interpersonal relationships are strictly correlated with maladaptive aspects and interpersonal distress.

In their study on how perfectionism affects intimate relationships, Flett et al. (2001) also examined the concept of limerence among the dimensions of perfectionism. The results indicated a significant correlation between perfectionism and limerence

among socially prescribed perfectionists, but not among self-oriented and other-oriented perfectionists. Socially prescribed perfectionists were associated with various neurotic aspects of love, including self-conscious anxiety in dating relationships, obsessive preoccupation with the partner and an emotional dependency on the partner. From these results, Flett et al. suggest that socially prescribed perfectionists have an anxious, obsessive, and dependent form of attachment to their partners and that such insecurely attached individuals tend to experience much anxiety and react poorly to a period of separation from their partner. To explore this relationship further, the concept of limerence will be discussed in the next chapter.

CHAPTER III

LIMERENCE

Definition

What is love? This is one of the most difficult questions to answer. Love occurs as a multidimensional concept among various individuals in one's life, such as parents, children, friends, family members and significant others (Baumeister & Bratslavsky, 1999). In intimate relationships, the research on love has been widely explored and referred to as a variety of types of love. Hatfield and Walster (1978) state that two types of intimate love exist, passionate love and companionate love. They define passionate love as "a wildly emotional state, a confusion of feelings: Tenderness and sexuality, elation and pain, anxiety and relief, altruism and jealousy" and companionate love as "a lower-key emotion of friendly affection and deep attachment to someone" (p. 2).

Baumeister and Bratslavsky (1999) refer to passionate love as when one has strong feelings of attraction for another person that are usually characterized by physiological arousal and a desire to unite with that person. It has also been defined as "a motivational state associated with feelings of attachment and the inclination to seek commitment with one partner" (Gonzaga, Turner, Keltner, Campos & Altemus, 2006, pg 163). Wang and Nguyen (1995) maintain that passionate love commonly occurs during the beginning stages of romantic relationships and can gradually grow over time to a compassionate form of love with the deepening of relationships. Other names for passionate forms of love have included "infatuation," "romantic love," "a terrible crush," (Tennov, 1999) "puppy love," "obsessive love," and "lovesickness" (Wang & Nguyen, 1995).

According to Tennov (1999), there are at least two types of love: *Loving affection*, which commonly describes the bond that exists between an individual and his or her parents and children and *limerence*, which she refers to as *loving attachment*. Loving affection is viewed as a healthy form of love while limerence is perceived as less healthy. As stated previously, limerence is defined as an involuntary cognitive and emotional state of intense romantic desire for another individual. Tennov refers to it as the ultimate, near-obsessional form of romantic love. It is often displayed when one expresses intense feelings of attachment and preoccupations with the object of passionate desire, referred to as the limerent object. Often, limerence is experienced through intense emotions, such as extreme joy or despair, depending on whether the feelings are reciprocated.

Hope and Uncertainty

In order for limerence to exist, a certain balance of hope and uncertainty must exist. Equally essential aspects to limerence, an individual can only be limerent when neither rejection nor reciprocation from the limerent object can be confirmed. Thus, if the limerent object does not excessively respond to the limerent individual's desire, either positively or negatively, the limerent individual is caught between hope and uncertainty and limerence thrives. Striving to eliminate uncertainty, the limerent unrelentingly searches for any evidence of hope, regardless of how valid it may be. Reality often becomes distorted through the limerent's perception rather than through objective facts. The desire for hope is so strong that it is extremely difficult for the limerent individual to accept the notion that the limerent object does not and will not return the feelings. Their continued search for any evidence of reciprocation blinds them from realizing the truth, especially if the limerent object has not openly expressed rejection (Tennov, 1999).

Course of Limerence

General Process

Determined by the most reported experiences of limerent individuals in her research, Tennov (1999) concludes that a general process of limerence exists. In summary of Tennov's concept of limerence, Verhulst (1984) concludes that the process of limerence can be broken down into five phases: Prelimerence, preresiprocity, reciprocity, gradual dissolution, and postlimerence.

Prelimerence. The first stage of limerence occurs when individuals have a general sense of longing for love. Individuals desiring the feeling of being in love are said to be in a period of readiness for limerence, but not yet limerence itself. Often experienced by adolescents, individuals in readiness search for a suitable limerent object and may experience a limerent attraction with more than one potential limerent object. A sign of potential reciprocation from any of these potential *loves* determines for whom the individual will develop limerence. Individuals in readiness do not choose relationships for practical or realistic reasons, but because they yearn to be loved, completely and intensely (Tennov, 1999).

Preresiprocity. The next phase, preresiprocity, begins when one individual (the limerent individual) develops a significant interest in another individual (the limerent object). The initial attraction may be physical in nature and although sexual attraction is not initially necessary, the limerent must view the limerent object as a possible sexual partner. Attraction is communicated to the limerent object through nonverbal behaviors, such as lingering eye contact, shyness, awkward behavior or dilated pupils. If the limerent object openly rejects the limerent individual's interest, feelings of despair or depression may occur, but the limerent will gradually return to state of readiness or longing for limerence. If the response of the limerent object is ambiguous or neutral, the limerent individual receives this as a possibility of reciprocation (Verhulst, 1984).

It is at this point that the limerent finds themselves constantly thinking about the limerent object, intensely enjoying the process and experiencing feelings of elatedness, buoyancy, and freedom. If the limerent object further responds (or is believed to respond) with a possible sign of reciprocation, the limerent individual's interest is heightened and an extreme sense of euphoria is experienced. Sullivan defines euphoria as "a state of total well-being characterized by the absence of any internal needs or noxious external stimuli" (as cited in Ewen, 2003, p. 148). At this heightened state of interest, longing for reciprocation deepens and the limerent individual focuses all attention solely on the limerent object. Much of the limerent's thoughts are consumed by pondering what they view as attractive traits in the limerent object as well as possible traits of themselves that may have attracted the limerent object to them (Tennov, 1999).

With the presence of external obstacles or doubtful thoughts of reciprocation, heightened interest in the limerent object intensifies tremendously, escalating into an obsession. With mounting uncertainty of a return of feelings, a fear of rejection develops and self-doubt accumulates, challenging the limerent's sense of self-satisfaction and esteem. Preoccupation with the limerent object now completely consumes the limerent individual while all attempts are made to increase desirability from the limerent object's perspective. Any sign (or perceived sign) of reciprocation renews the limerent's hope, reducing uncertainty and reinvests them in the possibility of a relationship with the limerent object. This temporarily relieves preoccupation and level of limerence, bringing the rising degree involvement to a halt – at least until uncertainty rises again (Tennov, 1999).

Reciprocity. If the limerent object responds with a definite reciprocation of feelings, the process of limerence enters the third stage, reciprocity. This stage is often displayed by both individuals as a dramatic, intense experience of love and obsession with each other. It may last for a few days to a few years, depending on the levels of

hope and uncertainty experienced. Typically, the receipt of mutual limerence alleviates levels of uncertainty in at least one of the individuals, resulting in a decrease in the intensity of limerent investment. As a mixture of hope and uncertainty must exist for limerence to sustain itself, this stage is often short-lived. However, if both individuals remain unsure of their partners' commitment level, limerence can thrive throughout the duration of the relationship (Verhulst, 1984).

Gradual Dissolution. The fourth stage of limerence occurs when the intensity of limerence gradually lessens and ceases to exist. Individuals in relationships at this point may experience anxiety due to the loss of limerence and react in a few different ways. The first reaction is when individuals feel that they chose incorrectly when they chose their partner. They often blame their partner for the flaws in the relationship, believing their partner to have deceived them or not lived up to their expectations in the relationship. The next reaction is when individuals cling to the notion of limerence, trying to regain its existence and ignoring the fact that they are no longer experiencing its characteristics. This often results in interpersonal distress due to the fact that as they continuously try to avoid awareness of the loss of limerence, the more artificial the relationship becomes and the more effort they have to put forward. The last reaction that possibly occurs due to gradual dissolution is when neither partner is blamed for the loss of limerence. In this case, individuals are able to perceive that limerence was a temporary part of their relationship and transition to a healthier form of love (Verhulst, 1984).

Postlimerence. When limerence is no longer experienced in an intimate relationship, the relationship enters the postlimerence stage. It is characterized by strong, healthy attachments, a personal commitment to relationship, open communication, conflict resolution and collaboration. Many limerent relationships are unable to reach this stage after experiencing gradual dissolution. Relationships that

commonly experience intense conflicts and negative emotional involvement tend to result in termination. Individuals then return to the initial state of prelimerence where they long for limerence with another limerent object (Verhulst, 1984).

Intensity

Limerent individuals vary on a continuum from no or low intensity to high or severe intensity of limerence. Influenced by the limerent's perceived and received reciprocity from the limerent object, some limerences are more intense than others. The level of intensity of limerence depends on the combination of circumstances during its development. Beginning as a spark of interest in a particular person, certain mixtures of hope and uncertainty nurture one's limerence potentially until maximum intensity is reached. At maximum intensity, it may be experienced as ecstasy or despair, changing from one to the other at any moment depending on evidence of reciprocation or rejection (Tennov, 1999). Erikson asserted that despair occurs when an individual regards their life as meaningless and consequently fears that death will intervene before meaning can be found (as cited in Ewen, 2003, p. 180).

The height of limerence steadily maintained over time often provides little to no temporary relief until a period of decline occurs. Typically, its intensity fluctuates, dropping and rising in a cyclical fashion that may repeat itself several times before a final decline occurs. In brief periods of limerence, the appropriate conditions of hope and uncertainty may not exist to foster limerence, thus maximum intensity may not be reached. Decreases in intensity levels to little or no limerence at all typically occur with absolute confirmation of reciprocation or rejection, awareness of the limerent object's unfavorable traits that reduce desirability or upon transference of limerence to a new limerent object (Tennov, 1999).

Physical obstacles to reciprocation also increase the degree of involvement in limerence. Examples include parental objections, spouses, distance in geographic

location or social customs (Tennov, 1999). Driscoll, Davis and Lipetz (1972) present a classic example of imposed physical obstacles, the tragic romance of Romeo and Juliet. A story of two young lovers, kept apart by feuding families, forced to declare a primary allegiance either with family or love. Although the families strived to separate the lovers in efforts of terminating the relationship, the difficulties the lovers endured served to heighten and intensify their desire and love for one another. Driscoll et al. explored this phenomenon, known as “the Romeo and Juliet effect” (p. 9), in which parents who attempt to interfere with their childrens’ love relationships may actually intensify the romantic love experienced.

The state of limerence sustains because one of the desires of limerence is limerence itself. In other words, limerent individuals are “in love with love” (Tennov, 1999, p. 107) and seek out situations that fulfill this desire. At high intensity of limerence, the desire for love is met and readiness subsides. At low intensity, when no particular limerent object exists, limerence is maintained toward the longing of limerence and readiness blossoms. Instead of being directed toward a particular limerent object, limerence is directed at the possibility of any person who will respond with feelings of reciprocation (Tennov, 1999).

Basic Components

Basic components of limerence include: Intrusive thinking about the limerent object, who is a possible sexual partner, acute longing for reciprocation, fear of rejection, dependency of mood on the limerent object’s actions or on the perceived interpretation of the limerent object’s actions in respect to reciprocity, inability to act limerently towards more than one person at a time, unsettling shyness in the limerent object’s presence, buoyancy when reciprocation seems evident, idealization of the limerent object and pronounced sensitivity to external events that reflect the disposition of the limerent object towards the individual (Tennov, 1999).

Intrusive Thinking

In an assessment of Tennov's (1999) work, Reynolds (1983) concludes that intrusive and obsessive thoughts are the single, most important characteristic of limerence. Preoccupation with the limerent object is experienced by the limerent through involuntary and persistent thoughts and images. Consistent thoughts and images of the limerent object are vividly triggered by all objects, people, places, or situations associated with the limerent object. For example, the limerent is continuously reminded of the limerent object when encountering the limerent object's favorite restaurant, sport, perfume, artist, etc. Yet, it is not necessarily the external object that reminds the limerent of the limerent object, but instead that the incessant mental presence of the limerent object defines all other experiences. In thoughts where no previous connection to the limerent object exists, the limerent individual will instantly create one based on their perception of how the limerent object will think, respond and react to the situation at hand (Tennov, 1999).

Limerent Fantasy

At the height of limerence, Tennov (1999) suggests that intrusive thoughts transform into compulsive daydreams that are rooted in reality, known as limerent fantasies. These fantasies are rooted in reality in that they are based on the limerent individual's perception of reality or how they would prefer to perceive reality. Usually, the possibility of such fantasies actually occurring in reality is unlikely, even extremely unlikely, but nonetheless, there is a chance of possibility. It is this notion of possibility that keeps the limerent intrigued and involved.

Tennov (1999) introduces two forms of limerent fantasy, retrospective and anticipatory. In retrospective limerent fantasy, the limerent reviews the memory of an event that actually occurred between the limerent and the limerent object. Past interactions and conversations are vividly recalled, continuously replayed and analyzed

in search of evidence of possible reciprocation. Body and verbal language, such as gestures and words the limerent object used are endlessly available for review, specifically if the limerent can interpret them as proof of reciprocation. If specific evidence of reciprocation cannot be clearly concluded, the limerent individual will search for alternative meanings that explain for the situation in their favor.

In situations where no actual exchange took place between the limerent and the limerent object, anticipatory limerent fantasy occurs. The limerent creates intricate scenarios of potential future encounters, imagining exactly what they will say to the limerent object, how the limerent object will respond and their further reactions. Much of the limerent's anticipatory fantasies are focused on examining and planning out every detail in order to improve how they are perceived by the limerent object. Since no factual evidence of possible reciprocation exists, the limerent imagines possible situations where the limerent object expresses the return of feelings through a word, a look, a gesture or embrace. Beginning with an ordinary event, fantasies gradually advance and climax when the goal of limerence is reached, the moment the limerent receives reciprocation from the limerent object (Tennov, 1999).

The most classic depictions of anticipatory limerent fantasies involve unusual, dramatic or tragic events. In one common fantasy, the limerent receives sudden news that death is impending. The limerent object receives word of this situation and rushes to the limerent's side, revealing their secret reciprocation of feelings. Another common fantasy involves a situation where the limerent encounters a dangerous situation, acts as a hero toward another individual and is harmed in the process. The limerent object visibly experiences the limerent's actions, rushes to their side and confesses mutuality. In each of these situations, reciprocation from the limerent object provides the limerent with a sense of satisfaction or pleasure, regardless of the tragic outcomes (Tennov, 1999).

Longing for Reciprocation

Intrusive and persistent fantasies, both retrospective and anticipatory, enhance the limerent's longing for mutuality. Through re-experiencing past interactions and imagining possible future encounters, the limerent individual becomes increasingly invested in receiving reciprocation from the limerent object. The ultimate desire craved by the limerent individual is to be the object of affection of the very person they are infatuated with. In other words, the limerent longs to be their limerent object's limerent object. This desire for expression of returned feelings is the significant force that drives limerence, influencing the limerent's actions, behaviors and thoughts toward reaching the goal of limerence, referred to as the *moment of consummation*. Typically imagined as a handclasp, a mutual gaze, words of endearment or a sigh of desire, the moment of consummation focuses on receiving an emotional commitment from the limerent object rather than a sexual commitment. Although the possibility for a sexual attraction to the limerent object must exist for limerence to fully occur, immediate sexual attraction is not necessary for limerence to begin formation. As intrusive thoughts are mainly focused on the longing for reciprocation (an emotional attachment), sexual union is not commonly depicted in limerent fantasy (Tennov, 1999).

Exclusivity

In general, an individual is only able to act limerently towards one limerent object at a time. Exceptions exist only when the intensity of limerence is at a low level, such as the commencing or fading periods of a limerent attraction. Operating on a strong desire for their limerent object to reciprocate their intense level of limerence, limerent individuals have an extreme need for emotional exclusivity. They long for the limerent object to only have romantic feelings toward the limerent, hoping the limerent object feels no need for emotional connection with anyone else. Strong feelings of jealousy and possessiveness develop, not so much with regard to who the limerent object has

sexual encounters with, but more focused on where return of feelings is directed. The mere notion of emotional intimacy between the limerent object and another person is devastating to the limerent individual (Tennov, 1999).

Fear of Rejection

Tennov (1999) asserts that one of the greatest concerns for the limerent individual exists within the fear that their feelings will not be returned by their object of affection. The notion that rejection will occur instead of reciprocation is devastating to the limerent. Serving as a rejection prevention strategy, they feel the constant need to monitor their language and behavior to protect the image they perceive the limerent object has of them. Based on a constant fear that at any moment, their actions could result in the termination of the relationship, the limerent individual is often overcome by persistent and unsettling shyness, stammering, awkwardness and confusion in the presence of the limerent object.

Limerence as a Game

Regardless of the intensity of limerence, the limerent individual can never simply ask for reciprocation from the limerent object. Such requests risk premature self-disclosure, jeopardizing all possibility of a relationship from the limerent's perspective. Instead, the limerent individual tends to the interactions with the limerent object as a delicate quest or game, where all actions and reactions depend on the other. Becoming a game of skill, the limerent maintains a strong sense of composure, developing essential limerent strategies that maintain a sense of control. Proceeding with caution, the limerent individual hides their true feelings from the limerent object, as the declaration of limerent feelings may result in rejection. Believing that their limerent object may be experiencing the same process, but is also protecting themselves in the same fearful way, the limerent individual is easily convinced that their object of desire is secretly harboring a return of feelings. Thus, if the limerent object appears withdrawn or

uneager, the limerent individual perceives it reasonable to assume such behavior as evidence of limerence (Tennov, 1999).

Dependency

Tennov (1999) deduces that emotional dependency occurs in limerence as an emotional response between evidence of hope for mutuality and of rejection by the limerent object. With an extreme fear of rejection constantly on a conscious level, the limerent individual gradually becomes paralyzed by self-doubt. Combined with the fluctuating experience of hope and uncertainty, the limerent individual begins to lose a sense of emotional self-control. With every behavior and thought preoccupied with the limerent object, limerence intensifies, eliminating one's ability to maintain self-satisfaction. When a significant or maximum intensity of limerence is fostered, the limerent's emotional well-being becomes dependant on their limerent object's actions with regard to the probability of reciprocation.

With potential evidence of reciprocation, the limerent individual experiences magnificent periods of ecstasy. Feeling on top of the world, they perceive that no challenge exists that can't be overcome. Every aspect of their lives seems easier and problem free and situations that used to bother or upset them seem insignificant. With the possibility of return of feelings from their limerent object, the limerent considers themselves in the happiest state they've ever encountered (Tennov, 1999).

Unfortunately, this seemingly permanent status of pure bliss can be shattered instantaneously. With evidence of rejection, the limerent experiences an immediate switch from elation to utter misery. Feeling as if their entire world is falling apart, they become significantly distressed and lose the ability to function at their normal level. Concentrating on simple tasks becomes difficult, sleep and eating patterns are impacted, and life appears to hold little pleasure. Perceiving to have little control over anything, their daily routines are affected resulting in a decrease of productivity in task-

related activities, such as employment and education. An attraction that was once exciting and liberating transforms into an involuntary process filled with misery and despair (Tennov, 1999).

Idealization and Crystallization

A major oversight of limerence is the limerent individual's tendency to view the limerent object through rose-colored glasses. The obsession is so intense that often the limerent individual is unable to recognize the faults of the limerent object, idealizing their every aspect (Reynolds, 1983). The limerent individual focuses their attention on emphasizing the attractive or notable features and characteristics of the limerent object while paying little to no attention to the limerent object's unattractive or negative qualities. The limerent individual perceives positive attributes as extremely admirable, minor flaws and imperfections are regarded with compassion and neutral aspects are deemed through a positive lens as charming and delightful. These embellished features are embedded into the limerent consciousness, endlessly revered through limerent fantasy. And regardless of the behavior displayed by the limerent object, the limerent individual continuously interprets it constructively, reacting positively to the limerent object's deficits. Often, this intense ritual of idealization results in overlooking significant negative characteristics of the limerent object, which can cause serious problems in the relationship (Tennov, 1999).

Tennov (1999) compares this process of idealization to Stendhal's (1975) conceptualization of passionate love, known as crystallization. In his travels to Hallein and Salzburg, Stendhal came across a series of salt mines in which the phenomenon of *salt crystallization* repeatedly occurred. In this process, a bare tree branch is tossed into a salt mine in the beginning of the winter and remains there until the embarking of spring. Basking in salt crystals for months, the branch absorbs a significant amount of salt. Left to dry as the waters recede with passing time, the bough retains its salt

saturated composure, undergoing a metamorphosis. Upon surfacing from the salt mine, the once bare branch is transformed by the salt crystals into an object of shimmering beauty. Covered in dazzling salt crystals that sparkle in the sunshine like diamonds glittering in a brightly lit room, the bough is no longer recognizable as a branch. Sparkling with what appears as endless perfection of glimmer, the human eye cannot help but notice its astonishing magnificence.

Implemented as a metaphorical representation of human relationships, Stendhal (1975) suggests that a mental metamorphosis occurs when one encounters a new love. As a process of enhancement, the person's unattractive features, similar to the bare tree branch, are transformed into perceived perfections of shimmering beauty. Focusing all attention on the person's increasing positive aspects, the individual views their new love in the most favorable light. Regardless of how clearly undesirable outsiders, such as friends and family members perceive this new love to be, the individual is mesmerized by their perception of their love as existing in absolute flawlessness. Just as the salt crystals on the branch magnify the attractive features of the branch, mental crystallization magnifies the attractive features of the new love.

Applying this process to limerence, Tennov (1999) states that the limerent object's characteristics are crystallized by mental events, in which the limerent individual emphasizes the positive features and purposefully ignores the negative features. The course of crystallization begins with the initial formation of limerence; the moment a limerent individual determines a limerent object and focuses on their attractive qualities. Stendhal (1975) terms this as the *first crystallization* and the first peak of the process. Tennov speculates that in this stage of crystallization, roughly 30 percent of the limerent individuals thoughts are intrusively, yet pleasurably bound to the limerent object. With the appropriate mixture of uncertainty and hope, limerence intensifies, increasing rapidly until reaching the height of limerence, described by Stendhal as the *second*

crystallization. Climbing to its second peak, limerence has driven full force with thoughts of the limerent object occupying 100 percent of the limerents consciousness, an intensity that can persevere for days or even weeks.

Although vast similarities exist between idealization and crystallization, Tennov (1999) notes a mild difference between the concepts. Idealization strives to match another individual into a perfectly pre-sculpted mold while crystallization simply focuses on enhancement. Attractive attributes are enhanced in both concepts, yet negative characteristics are managed differently. In idealization, unattractive factors are completely overlooked while in crystallization, negative aspects are typically recognized, yet emotionally ignored. In limerence, some partners are commonly able to identify their partner's deficits but choose to ignore them, instead increasingly favoring the positive aspects through crystallization. However, in other cases of limerence, individuals were unable to view these discrepancies, overlooking them through idealization. From this research, it is evident that both of these romanticized concepts, idealization and crystallization, contribute as components of limerence and can occur independently or simultaneously.

Limerence is Not Love

One of the greatest concepts to grasp in understanding limerence is that it is different than love. Although various definitions exist for the term love, a commonality in many definitions involves a concern for others' wellbeing and feelings (Tennov, 1999). Fromm emphasizes that love is a sense of responsibility towards humanity, including caring for others, knowing their true feelings and wishes and respecting their right to develop in their own way (as cited in Ewen, 2003, p. 132). Quoting the Holy Bible, the properties of love are defined as such:

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, it keeps no record of

wrongs. Love does not delight in evil, but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. Love never fails. (I Corinthians 13:4-8a, New International Version)

The properties of limerence contrast this definition, as it demands a return of feelings and has expectations of the limerent object. The limerent individual is envious and jealous of any emotional and sexual relationships that the limerent object has with others. Limerence is entirely self-seeking, aiming strictly for the limerent object to admit to intense feelings of desire for the limerent individual. When rejection occurs, the limerent individual can become easily angered or vengeful, keeping track of just how badly the limerent object has emotionally wounded them. Limerence thrives on the game of love and heightens through perception rather than the truth. It is harmful as opposed to protective, fearful as opposed to trusting, uncertain as well as hopeful and can cause devastation rather than preservation (Tennov, 1999).

Effects of Limerence

Physiological Effects

Tennov (1999) reports that limerence has physiological components, such as heightened awareness or alertness of the limerent object's body language. A significant amount of interpersonal communication occurs non-verbally through one's eye movements, facial expressions, hand gestures and body movements. The limerent individual becomes particularly observant and interpretative of the limerent object's body signals and may falsely perceive a minute action as a grand gesture of attraction or reciprocation. Other physical components include heart palpitations, trembling, flushing, pupil dilation and general weakness as a result of the fear of rejection from the limerent object. Typically, the limerent individual experiences a sensation of limerence in midpoint of the chest and occasionally in the abdominal region during periods of ecstasy due to reciprocation or despair due to rejection.

Positive Effects

Regardless of the great suffering that limerent individuals endure, Tennov (1999) notes that limerence is found to have several positive effects. One of the most significant is the intense emotional high (extreme joy and elatedness) that the limerent individual experiences when initially consumed by intrusive thoughts, preoccupation with fantasy and continuous romanticism of the limerent object. A more observable positive effect is the amount of effort the limerent individual invests in self-improvement, specifically in physical appearance.

Believing that if they present themselves in the most favorable light, the limerent object will be utterly impressed and reciprocate feelings, the limerent individual becomes preoccupied with their physical appearance, spending endless hours beautifying themselves before a possible interaction. With the possibility of sexual activity between the limerent individual and the limerent object in constant awareness, dedicating special attention to grooming gradually transforms into a significant ritual, increasing as limerence heightens (Tennov, 1999).

Another positive effect of limerence that typically occurs is the exploration of new interests or hobbies. As limerence heightens, the limerent individual develops a significant interest in the limerent object's interests. Such interests, however trivial they may be, are viewed by the limerent individual as extremely captivating and magnificent. Adventuring through new experiences, the limerent individual experiences heightened periods of freedom and fulfillment. The duration of these newly discovered interests or hobbies typically only last as long as limerence itself. Yet, in some cases, interests coincide with the limerent's characteristics and personality style, existing long after limerence has terminated (Tennov, 1999).

Negative Effects

With a foundation constructed by obsessional thoughts, a need for exclusivity, dependency and the fear of rejection, it can easily be assumed that limerence produces negative effects. In terms of behavioral effects, limerence has a tendency to result in anti-social behavior as the limerent individual merely desires one of four possible situations: 1) to physically be with the limerent object; 2) to be in a physical location where the limerent object is likely to be; 3) to be alone, thinking and fantasizing about the limerent object; or 4) to be talking about the limerent object to others. Causing the limerent to withdraw from social situations or to push others away through constant referral or discussion of their limerent object, individuals gradually lose contact with friends or family members, appearing too busy and aloof (Tennov, 1999).

Another negative behavioral effect is the sudden and extreme mood swings that result between perceived reciprocation and rejection. Any sign of either is enough to instantaneously switch the limerent's mood from an emotional ecstasy to ultimate despair and vice versa. This emotional instability usually interferes with the limerent individual's other relationships, work and self-esteem (Tennov, 1999).

The most commonly experienced effect occurs when it is evident that reciprocation of feelings will not transpire. Upon receipt of rejection, many limerent individuals encounter a period of depression in which emotional and physical pain consumes the individual's life. All ability to productively function ceases, cognitively, physically and psychologically. The limerent individual cannot eat, sleeps excessively and becomes tremendously hopeless and helpless; similar to feelings and behaviors often experienced as in grieving over the death of a loved one. With the persistence of such despair, it is not atypical for suicidal thoughts to develop and possibly transform into attempts of suicide. The misery is so intense and the hope so nonexistent that the only possible solution increasingly appears to be suicide. In situations where physical

obstacles present severe adversity (as demonstrated in Romeo and Juliet), limerence is sometimes carried to frightening extremes, such as mutual suicide. Believing that the only way to be together is in the afterlife, both partners kill themselves (Tennov, 1999).

Another severe negative effect is an enraged sense of jealousy that can occur in some limerent individuals when the need for exclusivity, either emotionally or sexually, is unmet. Several of Tennov's (1999) interviewees reported either being the perpetrator or the victim of various forms of violence when faced with rejection. Kaighobadi, Shackelford and Goetz (2009) revealed that jealousy is a common cause of both physical and sexual partner directed abuse, more frequently occurring in men than in women. In their empirical review, Kaighobadi et al. reported that men are five times as likely to commit homicide toward their female partner if sexual jealousy is triggered, if the victim terminates the relationship or leaves them for another man. They also found that 30% of female homicide victims are killed by an intimate partner while this figure for male homicide victims is only 5%. Yet, Tennov suggests that homicide relating to limerence can involve spouses, lovers, potential romantic rivals, mistresses, and their related partners and lovers. In summary, extreme jealousy in limerence potentially contributes to violent behaviors toward the self, to property and to others, resulting in serious assault or murder.

Limerence and Intimate Relationships

Occurrence

The occurrence of limerence varies from one relationship to the next as individuals experience love differently from relationship to relationship. As all limerent individuals vary in their past experiences and relational strategies, they often experience a wide range of behavioral, emotional and interpersonal reactions (Verhulst, 1984). Limerence does not necessarily cease to exist once a relationship with the limerent object begins. It may persist into a relationship and exist for an extended period of time.

Some individuals periodically experience limerence throughout their lives while others may never experience it at all. These non-limerent individuals are just as able to love and desire other individuals as limerent individuals can, but the lives of the non-limerents are not consumed by their relationships. A non-limerent individual may have been limerent at one point in their life. In such a case, once limerent individuals may have experienced an excruciating case of limerence that influenced them to become non-limerent in future relationships. In contrast, individuals who have never experienced limerence in their lives may become limerent toward others (Tennov, 1999).

Types of Relationships

Throughout Tennov's (1999) research and interviews, she discovered commonalities with regard to types of existing intimate relationships. From these relational patterns, she concluded that relationships are divided into specific combinations defined by the amount of limerence and non-limerence experienced by each partner. The first sort of relationship occurs when two individuals are mutually limerent towards each other, known as the *reciprocal relationship*.

As it has been reviewed, limerence only can occur with the experience of emotional and/or physical obstacles, intrusive thoughts, fear of rejection and a mixture of hope and uncertainty. Even though both individuals are limerent towards one another, these factors can negatively impact the ability to reach the limerent goal. Severe fear of rejection from both parties can impact their behaviors toward one another, such as unsettling shyness and awkwardness, preventing the acknowledgment of reciprocation of feelings.

External factors, such as family members and society can serve as physical barriers, delaying or preventing the moment of consummation. In situations where reciprocity has occurred and an exclusive commitment exists, such as marriage, limerence often decreases due to finally reaching reciprocity. Conflict may occur

between partners after this decrease of limerence, as the original attraction and foundation of the relationship no longer exist.

Tennov (1999) reported that the majority of relationships are classified in the second combination of relationships, which transpires between the limerent and the non-limerent. In this case, one individual experiences some level of limerence towards a limerent object who does not reciprocate with limerence. Often, this leads to the belief by the limerent individual that the non-limerent is not as interested or committed as they are in the relationship. Constantly fearing that their feelings are significantly more intense for their partner than their partner's feelings for them, they continuously engage in evidence seeking behaviors of reciprocation. Regardless of the demonstration of interest or commitment from the non-limerent, the limerent never feels satisfaction of reciprocation. In social situations, the limerent longs to be in close proximity of the non-limerent and feels ignored or rejected when distance occurs between them. Thus, the limerent is always *being hurt* and it appears that no amount of attentiveness will ever suffice, leaving the non-limerent individual feeling suffocated.

Lastly, the third type of relationship is an affectionate and sexual relationship that exists between two non-limerent individuals. Termed by Tennov (1999) as *affectional bonding*, individuals in such relationships report a bond based on love, affection and mutual respect. Instead of experiencing intrusive and compulsive thoughts, intense desire for exclusivity, a dependency on receiving reciprocation and episodes of ecstasy and despair, non-limerent couples emphasized an importance of compatibility of interests and leisure activities, enjoyable sexual experiences, the ability to work together and in some cases, experiencing a state of contentment that is almost impossibly experienced by limerent individuals. Some affectional bonding relationships form with one limerent partner, transitioning to non-limerence over time, while some relationships

form as affectional bonding from the beginning, neither partner ever experiencing limerence (Tennov, 1999).

It is important to mention that due to external constraints, Tennov's (1999) interviews typically only included one participant of most of the relationships observed. Tennov cautioned that it is difficult to truly determine which type of relationship exists through reports obtained from half of the partnership. In situations in which both partners were available for interview, she concluded that some relationships did exist with both partners reporting affectional bonding. However, both partners did not always consistently exhibit relational characteristics that were congruent with what was initially described. Several cases occurred where one partner reported both partners as experiencing non-limerence, yet the other individual was secretly encountering hidden limerence toward their partner (Tennov, 1999).

Duration of Limerence

Tennov (1999) notes that the duration of limerence can range from occurring over a few days to existing throughout an entire lifetime. This range covers the moment that limerence develops until a feeling of neutrality exists for a limerent object. Based on her research of limerence in couples, Tennov notes that the most frequently experienced duration ranges between 18 months and 3 years, with an average of approximately 2 years. Extreme cases of limerence (which Tennov refers to as *full-blown limerence*) rarely dissipate in fewer than 6 months, but rarely last a lifetime, although lifetime limerences can and do occur. The period of limerence varies from relationship to relationship, yet commonly begins with the formation of a relationship and persists until termination of the relationship occurs. In other cases, limerence may in fact be longer in duration than the duration of the relationship itself. This would exist when a limerent individual becomes limerent towards another individual significantly before any sort of relationship exists and lasts long after the relationship has ended.

As for the duration of limerence in types of relationships, limerent-limerent relationships tend to last the least amount of time compared to affectional bonding and limerent-non-limerent relationships. As limerent-limerent relationships often escalate due to external obstacles, there is often an impossibility of a long-term commitment. Common examples include situations where individuals' reside in different parts of the country or world, encountering each other through romances experienced on vacation, shipboard romances and other temporary intimate connections. Both are aware of the overwhelming obstacles that lay before them, enhancing their limerent reaction and experience with one another. Due to physical limitations, the duration of limerence in these situations typically last for the length of the experience (Tennov, 1999).

In limerent-limerent relationships in which physical proximity allows for commitment, the relatively short duration of the relationship is due to the fact that limerence is by nature, an unstable state of relating to another human being. As limerence is an intense desire for limerence itself, limerent individuals long more to be in love, than for a practical, realistic and mutual relationship. Driven by their desire for limerence, limerent individuals often begin a relationship with another limerent person seeking the same limerent connection. At first, the experience is perceived as pure bliss by both partners and based on the necessary balance of hope and uncertainty in their interactions, their limerence gradually or significantly increases until maximum limerence is reached (Tennov, 1999).

When reciprocation of feelings is evident, all uncertainty dissipates and limerence significantly decreases. It is at this point that one or both partners realize that they are not as interested in the other as they thought. Without limerence serving as the catalyst to their intimate and passionate connection, interest is lost, the relationship terminates and each individual begins to form a limerent attraction to another limerent object. Shielding one from perceiving the true attraction and relation to another,

limerence functions as the root of both initiation and destruction of limerent-limerent relationship (Tennov, 1999).

Relationships between a limerent and a non-limerent individual appear to exist longer than those of two limerent partners. Often, the non-limerent partner maintains patience in the limerent partner, giving the relationship a chance to survive. With the possibility that a limerent individual can transform to experience non-limerence in relationships, they may strive to acknowledge and alter their relationship style over time. This transformation often allows the relationship to progress to affectional bonding, resulting in a non-limerent bond between both partners. In cases in which this transformation does not occur, it is often the limerent partner who terminates the relationship, commonly through a dramatic scene of hurt feelings, leaving the non-limerent sad, lonely and confused over the reason for the termination (Tennov, 1999).

Affectional bonding relationships tend to have the longest duration out of the three limerent relationship types. Based on love, affection and mutual respect, partners coexisting in this bond are often described as *old marrieds*. The interactions between non-limerent partners are typically stable and mutually gratifying, resulting in less conflict. Commonly depicted by limerent individuals as the ideal relationship after the honeymoon bliss has ended, affectional bonding represents the cultural idea of what relationships should be. Sexually, non-limerent relationships are usually monogamous, yet not due to the need for exclusivity that limerent individuals undergo. Instead, reasons for exclusivity include consideration of the other's feelings, convenience and concern for their personal and partners' safety (Tennov, 1999).

Marriage and Limerence

When interviewing married couples, Tennov (1999) found that she encountered all three types of limerent relationships. In some cases, individuals who experienced limerence in their marriage reported experiencing doubt of reciprocation even after

being married for several years. Caught between a perpetual balance of hope (from the reality that they are married) and uncertainty (from perceived lack of sufficient return of feelings), the limerent becomes paralyzed in agony and fear of rejection. In other cases, limerence experienced by one or both of the partners gradually transformed into a stronger, genuine bond of love between partners. Demonstrating that over time, marriage can serve as a positive opportunity for growth and increased commitment, affectional bonding can be attained from various states of limerence.

Reports of the happiest marriages were amongst older interviewees who considered their relationship to be based on mutual compatibility, affection and an equal partnership, i.e. non-limerence. These relationships tend to appear stable from both an internal and external perception. However, some relationships that appear to be stable may not be as indestructible as they appear. A potential risk of non-limerent relationships occurs when one partner gradually develops a longing for a limerent object. Specifically a concern in relationships where one partner has been previously limerent in a past relationship, this phenomenon can significantly distress the foundation of a relationship (Tennov, 1999). In summary, limerent individuals tend to engage in relationships with their heart, marry someone their heart leads them to and leave when their heart leads them to another person, resulting in the culture of divorce of Western society.

Development of Limerence

As similar experiences of limerence occur among diverse populations of individuals, Tennov (1999) speculates that it is well-rooted in our biological composition. Proposing that human beings are born with an innate drive toward limerence, she suggests that we have some sort of limerence gene that potentially gets turned on at a certain age. Savin-Williams and Berndt (1990) state that romantic interest in members of the opposite sex emerges in early and middle adolescence. They also report that

most adolescents experience a dating or passionate relationship before graduating high school. In terms of experiencing love, Savin-Williams and Berndt suggest that adolescent love often consists of excessive flattery and admiration instead of actual personal intimacy. Considering these relationships as more of an infatuation, it can be suggested that they are demonstrations of limerence. Adolescent infatuations can occur over famous cultural icons that the individual has never met before, such as a movie star or rock musician, or with a known peer (Savin-Williams & Berndt, 1990). In either case, Tennov maintains that such relationships progress into an obsessive and intrusive form of attachment that they perceive paramount to their happiness. Young lovers commonly feel as if the earth will shatter when experiencing distance and that their heart will rip into a million pieces if the relationship ceases. Tennov proposes that it is at this stage in human development that the limerence gene gets triggered and begins to form.

Venter (2002) states that life is sensitive to one's context, such that the environment that a gene is exposed to is equally as significant as genetic components themselves. Each set of genes has a distinct range of environmental conditions that must exist in order for the gene to be activated. In other words, an individual may be born with a particular gene, a predisposition towards a characteristic or a behavior that may only become active under the appropriate environmental cues (Venter, 2002). Based on this notion, Tennov (1999) suggests that environmental factors that trigger the limerent gene result in the experience of limerence. In situations where individuals never experience limerence, she assumes that their environment did not contain the necessary triggering factors. Thus, this explains why some individuals experience limerence and others never encounter the process in their love relationships.

Shaver and Hazan (1988) argue that Tennov has provided a thorough description of what limerence is, but offers no true explanation for why it occurs. In their

research on the relationship between romantic love and attachment styles, Shaver and Hazan proposed that the unhealthy romantic aspect of love that Tennov coined as limerence is similar to their concept of anxious/ambivalent attachment. They have concluded that this insecure form of attachment to others develops from a history of inconsistent caregiving during childhood. As described by Ainsworth (as cited in Shaver & Hazan, 1988), anxious/ambivalent attachment develops in infants whose primary caregiver demonstrates their own levels of anxiety and incongruent with the infants needs. For example, the caregiver may be available and responsive to the infant at times, but unavailable and intrusive at other times. This inconsistent relationship between the parent and child provides an unbalanced sense of security to the child, fostering an insecure attachment style.

In another study on romantic love and attachment styles, Hazan & Shaver (1987) observed that the best predictors of adult attachment type were individuals' perceptions of the quality of the parent-child relationship as well as the parents' relationship with each other. They also concluded that interpersonal characteristics experienced by anxious/ambivalent individuals in love include obsessional thoughts, desire for reciprocation and union, emotional highs and lows and extreme sexual attraction and jealousy. The authors note that these unhealthy characteristics are a close fit to Tennov's (1999) conception of limerence and suggest that the difference between what she refers to as love and limerence is represented by the difference between secure and anxious/ambivalent attachment.

Feeney and Noller (1990) have similarly suggested that attachment styles formed in early childhood determine the romantic styles implemented in adult relationships. In an examination of secure, avoidant and anxious/ambivalent attachment styles, they determined that anxious/ambivalent attachment was associated with obsessive preoccupation, emotional dependence, self-conscious anxiety and a strong

desire for commitment in relationships. Feeney and Noller report that their responses to the measures of love indicate a neurotic form of love as opposed to a cautious or companionate form. These results support the notion that the concepts of limerence and anxious/ambivalent attachment are related constructs.

To summarize, limerence is an unhealthy form of love that is associated with a longing for reciprocation of feelings, obsessive thoughts, limerent fantasy, fear of rejection, idealization and crystallization, emotional dependence, and self-conscious anxiety to a limerent object. It appears to be related to an anxious/ambivalent form of attachment to others in intimate relationships and results in maladaptive personal and interpersonal functioning. As many of these maladaptive characteristics are also associated with socially prescribed perfectionism, it is hypothesized that a relationship exists between limerence and socially prescribed perfectionism in interpersonal relationships. Therefore, the purpose of the next chapter is to explore and compare socially prescribed perfectionism and limerence and their implications for intimate relationships.

CHAPTER IV

LINKING THE CONCEPTS

Characteristic Commonalities

I am tense and uneasy, because I am trying hard to guess what you want me to be, so that you will love me. Once I psyche out what you find lovable, I will bend myself out of shape to conform to your idea of lovability for fear you may stop loving me. I dare not show you my real self, because I feel inadequate... Bach and Deutsch (as cited in Tennov, 1999, p. 179).

Obsessive Preoccupations

One of the greatest commonalities between socially prescribed perfectionism and limerence is that they both are driven by obsessive preoccupations, which are displayed through involuntary and persistent thoughts and images. In socially prescribed perfectionism, the individual is obsessed with the perfectionistic expectations they perceive others have for them (Hewitt & Flett, 1991b). In limerence, the individual is obsessed with their limerent object and frequently engages in limerent fantasy about the limerent object, both retrospective and anticipatory fantasies (Tennov, 1999). Since the ultimate goal of both concepts is for social and intimate acceptance from others, socially prescribed perfectionists and limerent individuals are constantly concerned with how others perceive them, specifically their intimate partner. Preoccupied with how they present themselves, they monitor their behaviors, actions and interactions excessively in attempt of appearing flawless and desirable. In intimate relationships, both socially prescribed perfectionists and limerent individuals are obsessed with their partner, desiring to be in close proximity to them and reacting poorly to periods of separation (Flett et al., 2001).

With the presence of negative situations, obsessive thoughts are increased among individuals of both concepts. In socially prescribed perfectionism, perfectionistic individuals dealing with distressing situations frequently engage in brooding rumination. Consisting of repetitive and passive pondering of the possible causes and consequences of distressing situations, brooding rumination becomes an involuntary cognitive process that plagues the socially prescribed perfectionist's consciousness (Blankstein & Lumley, 2008). As a form of coping with negative events, brooding rumination typically occurs as an attempt for the individual to avoid feelings of insecurity and gain a sense of control over the disturbing circumstances of the problem (D. B. O'Connor, et al., 2007).

In her Response Styles Theory, Nolen-Hoeksema (as cited in Blankstein & Lumley, 2008) asserts that rumination has the power to exacerbate depression and other forms of distress through its maladaptive dynamics. As it's a process in which one focuses all attention and concentration on distressing thoughts and negative emotions, it enhances the recall of those events and holds them in constant awareness, reinforcing the negative thought pattern. Blankstein and Lumley (2008) refer to this process as an entrapment of thoughts where individuals have no control over rumination. As a vicious cycle of negative thoughts and emotions, it often results in hopelessness toward the ability to overcome problems that progressively spirals deeper into distress. The authors suggest that socially prescribed perfectionists are predisposed to fall into this *brooding trap* because they are frequently unable to achieve the rigid and extreme expectations they perceive others expect of them. Rarely reaching perfection, socially prescribed perfectionists deem themselves as failures, by their own conclusions or the perceived attitudes and reactions of significant others, and get caught up in the relating negative thoughts.

In limerence, the limerent individual similarly uses an obsessive thought process in attempt of dealing with negative situations, such as potential rejection from their limerent object. When the possibility of rejection occurs, the limerent individual becomes consumed by limerent fantasy in attempt to find proof of return of desire. With feelings of uncertainty about the potential evidence of rejection, the limerent becomes trapped in the fantasizing process, unable to control their intrusive thoughts, similar to the *brooding trap* of rumination. Instead of falling into this trap because they are unable to achieve unrealistic expectations as the socially prescribed perfectionist does, the limerent individual falls into this trap because they are unable to ensure certainty of reciprocation from the individual object (Tennov, 1999).

Fearful of rejection, their limerent investment heightens and they frantically strive to find possible evidence of reciprocation through limerent fantasy. Continuously replaying and analyzing previous interactions with their limerent object, they endlessly review body language and verbal cues that could imply reciprocity. If no evidence is apparent, the limerent individual will search for alternative meanings, applying significance to trivial details of the interaction. Getting caught up in mixed thoughts of hope and uncertainty, the fantasies continue to cycle persistently until the intensity of limerence significantly lessens (Tennov, 1999).

Self-esteem

Rogers's concept of self-esteem (as cited in Ewen, 2003) is described as how favorably or unfavorably one evaluates his or her self-concept. As a measure of a sense of personal self-worth, the more positively individuals regard themselves, the higher their self-esteem, and the more negative their self-view is, the lower their self-esteem becomes. Ewen (2003) states that having a low sense of self-worth is pathological and destructive to one's personality development. In order for self-esteem to develop in the first place, Rogers asserts that individuals need to receive positive regard from

significant others. Individuals who never received love and support to encourage the development of a positive sense of self-esteem resultantly develop a poor regard for themselves. Not viewing themselves from a constructive perspective, they tend to perceive that others view them negatively as well. Striving to protect their fragile self-concept, they frequently avoid others to prevent the possibility of criticism and embarrassment (as cited in Ewen, 2003).

Both socially prescribed perfectionists and limerent individuals tend to regard themselves as having little or no personal worth. Any sense of self-satisfaction is contingent on others, resulting in an external locus of control. The socially prescribed perfectionist, unable to meet others' perceived demands of perfection, experiences persistent feelings of disappointment in their achievements and abilities resulting in poor self-esteem. Still feeling compelled to live up to others expectations, the individual continues striving to please others and derives any positive self-worth from others' approval. Yet, still unable to meet such unrealistic demands, the socially prescribed perfectionist perceives that others are disappointed in them and view them negatively, reinforcing a poor sense of self-esteem. Thus, the socially prescribed perfectionist is unable to generate intrinsic motivation, but instead is solely driven by the potential nurturance, admiration, and acceptance from others (Hewitt and Flett, 1991a, 1991b).

Limerent individuals are similarly dependent on others for a positive sense of self esteem. When limerence beings to form with a limerent object, the limerent individual becomes emotionally invested in that person. Striving to receive evidence of reciprocation, the limerent individual puts all their energies into making themselves attractive and desirable to their limerent object. When evidence of a return of feelings is perceived as apparent, the limerent individual feels desirable and experiences a surge of positive emotions, which increases their sense of self-esteem. Yet, when the notion of

rejection is perceived, the limerent instantly experiences a burst of negative emotions, feeling extremely undesirable, which lowers their sense of self-worth (Tennov, 1999).

As the game of limerence cyclically continues between a mixture of hope and uncertainty, the limerent's self-esteem repeatedly fluctuates, becoming dependent on their limerent object's actions with regard to the probability of reciprocation and rejection. Thus, the limerent individual also lacks the ability to produce intrinsic motivation and is driven by the approval and acceptance of others (Tennov, 1999). Thus, it can be suggested that both socially prescribed perfectionists and limerent individuals strive to protect their brittle self-concept by attempting to avoid negative social interactions that could result in criticism and embarrassment (Flett et al., 1997; Tennov, 1999).

Fear of Negative Evaluation

Another similarity between socially prescribed perfectionism and limerence is that each concept is driven by a strong sense of fear. Striving toward acceptance and approval from others, both perfectionist and limerent individuals are terrified of receiving any sort of negative evaluation that may deter others from viewing them positively. In attempt to avoid criticism, shame and embarrassment, they frequently monitor their behaviors and actions, filtering out anything they perceive as undesirable. This fear is specifically heightened when the individual they are concerned about receiving evaluation from is a romantic partner. Thus, the fear of their partner viewing them disapprovingly guides how they interpersonally function within their relationship, leading them to engage in maladaptive strategies (Flett et al., 2004; Frost & DiBartolo, 2002, Tennov, 1999).

In socially prescribed perfectionism, as individuals are unable to measure up to the perceived impractical values set for them by others, this fear of evaluation progresses into a fear of failure. Ewen (2003) concluded that one's response to failure is subject to their sense of self-esteem. Individuals with low self-esteem lack confidence in

their abilities, disregard any achieved success and deem their failures as evidence of their incompetence. Individuals with high self-esteem have self-confidence, expect themselves to succeed and view their failures as circumstantial, believing that they can succeed in the future. Thus, failure is more detrimental and discouraging to individuals with low self-esteem, such as socially prescribed perfectionists. Viewing themselves with low regard, such individuals automatically believe they are never going to succeed, supporting the fear of themselves as utter failures.

In limerence, the fear of negative evaluation progresses into a fear of rejection from their limerent object. Extremely worried that their feelings will not be returned, the limerent individual consistently monitors their language and behavior to protect the image they perceive the limerent object has of them. As a result of trying to maintain the possibility of reciprocation, the limerent individual becomes shy, awkward and confused when in proximity of the limerent object. They become obsessed with any personal flaw they perceive themselves to have and engage in excessive self-improvement to prevent their limerent object from witnessing such flaws. Fearful that at any moment, their actions could result in the termination of the relationship, the limerent individual makes every effort to prevent themselves in the most favorable manner (Tennov, 1999).

It is clear that there is a significant overlap between the socially prescribed perfectionist's fear of failure and the limerent individual's fear of rejection. Both forms of fear stem from a negative evaluation from others. As feelings of failure are shown to have a relationship with low self-esteem and both concepts are related to a low sense of self-esteem, it appears that a feeling of failure can be experienced by limerent individuals as well. This could be experienced when rejection is possible or definite. Upon this receipt of rejection, the limerent may feel as if they have failed as a prospective partner and fear that they are not desirable enough for anyone, developing a fear of failure. Similarly, the socially prescribed perfectionist's fear of failure may in turn lead them to a

fear of rejection from their partner. Perceiving that they will never be able to reach the perfectionistic level they perceive their partner expects them to reach, they become afraid that their partner will lose interest in them and abandon the relationship, rising into a fear of rejection.

Emotional Dependence

Kelly (as cited in Ewen, 2003) suggests that individuals develop personal constructs that are used in interpreting, predicting and controlling their environment. In providing meaning to individuals and determining their behavior, it is not whether the external environment is interpreted correctly or incorrectly, but instead how individuals creatively interpret reality that is significant. With many construct opportunities, Kelly asserts that individuals have the ability to choose to implement them. There is a dependency construct where individuals view other people as crucial to one's survival. Since both socially prescribed perfectionists and limerent individuals have common features of obsessive thoughts about others, fear negative evaluation, a poor sense of self-control and self-esteem that is contingent on external factors, it can be suggested that such individuals perceive others are crucial to their happiness and in turn, their survival.

Research has indicated that dependency is an irrational and dysfunctional attitude in which one's self-worth is contingent upon obtaining unrealistic needs or goals from others (Flett et al., 1991; Sherry et al., 2003). As this thesis has demonstrated, one's sense of self-worth in both socially prescribed perfectionism and limerence is contingent upon others. Thus, it seems apparent that both concepts significantly relate through the aspect of emotional dependence. In terms of socially prescribed perfectionism, Sherry et al. (2003) found an association with several irrational, dependent attitudes, such as striving to please others, craving nurturance, admiration, and acceptance from others, and deriving self-worth from others' approval. Believing that

they are worthless unless they achieve others expectations of them, socially prescribed perfectionists become emotionally dependent on others, specifically their significant other. These dependent factors are also experienced by the limerent individual as they strive to reach the goal of limerence, the receipt of reciprocation. This suggests that the concept of limerence is also based on irrational and dysfunctional attitudes in contributing to dependency on others.

Tennov (1999) asserts that emotional dependency occurs in limerence as an emotional response between evidence of hope for mutuality and of rejection from the limerent object. As the intensity of limerence increases with mixed experiences of hope and uncertainty, the limerent individual's investment in their limerent object is rapidly amplified. Combined with self-doubt fostered by fear of rejection and the limerent individual begins to lose a sense of emotional self-control and self-satisfaction. Their emotional well-being becomes dependant on their limerent object's actions with regard to the probability of reciprocation. Emotional stability hastily fluctuates as their mood instantaneously transitions from periods of ecstasy to despair with evidence of the opposing aspect of either return of feelings or rejection.

As several of the components that Tennov (1999) describes as contributors to emotional dependence are also experienced in socially prescribed perfectionism, it appears that socially prescribed perfectionists may experience emotional dependency in intimate relationships through a limerent attitude. It has been proposed in this thesis that along with fear of evaluation and failure, socially prescribed perfectionists are also fearful of rejection from their significant other. Consumed with thought that they will never be able to reach their partners expectations of them, they become fearful that their significant other will lose interest in them and rejection will occur. This fear of rejection in conjunction with other limerent aspects that the socially prescribed perfectionist

experiences (obsessive thoughts, lack of self-control, and poor self-esteem), suggests that the limerent experience may occur among socially prescribed perfectionism.

Another view of dependency that demonstrates a relationship between socially prescribed perfectionism and limerence is represented in Maslow's hierarchy of needs (as cited in Ewen, 2003). The third tier in Maslow's hierarchy includes the belongingness and love needs, suggesting that humans yearn for affectionate relationships (platonic, romantic and/or parental). In order to satisfy this need, individuals strive to receive love and affection from others through a selfish form of love known as *deficiency love* or *D-love*. Often involving anxious and manipulative efforts to win over a loved one's affection, D-love is an unhealthy form of love, resulting as a state of dependency on a loved one. D-love must be satisfied before one can develop further into *being love* or *B-love*. This form of love is the unselfish and nonpossessive giving of love and affection to another person. B-love is growth oriented and more enjoyable than D-love and is characterized by honesty, a willingness to reveal one's weaknesses in addition to strengths and respect for loved one's needs and individuality.

As evidenced by the literature, individuals of both socially prescribed perfectionism and limerence tend to experience D-love, resulting in dependency on their significant other. Individuals of both concepts interpersonally operate from a selfish need to receive acceptance and approval from others. These individuals are not focused on what their significant other truly wants, but instead on what they perceive the other to want. The fact that they are behaving based on perception suggests that even in trying to please others, they are still striving to satisfy their own needs. In opposition to B-love, the love that socially prescribed perfectionists and limerent individuals experience is not characterized by honesty, a willingness to reveal one's weaknesses and respect for their partners' needs and individuality. Both socially prescribed perfectionists and limerent

individuals are terrified to express themselves honestly due to the concern that something they could say may result in disapproval or rejection from their partner.

Fearful of evaluation, such individuals are extremely unwilling to admit or own any possibility of weakness. To do so would shake the individual to the core, threatening their already brittle self-concept. Tennov (1999) asserts that limerence, as a game of love, never reveals itself. Revealing one's inner truths would expose vulnerability, a feature that the limerent just cannot withstand demonstrating. Lastly, respect for their partners' needs and individuality is often unobtainable by the socially prescribed perfectionist and limerent individual. Both concepts completely consume the individual, driving them by an innate need or hunger to be utterly united with their partner as one. The notion that their partner does not desire them in the same manner is devastating to both the socially prescribed perfectionist and limerent individual, suggesting that they are unable to understand that others are separate entities with a set of personal needs and goals.

Self-control

Tangney, Baumeister and Boone (2004) refer to self-control as "the ability to override or change one's inner responses, as well as to interrupt undesired behavioral tendencies and refrain from acting on them" (p. 274). The authors claim that overriding responses involves the self striving to regulate and focus thoughts, alter moods or emotions, restrain undesirable impulses, and achieve their optimal performance. Interrupting undesired behaviors includes breaking negative habits, resisting temptation, and implementing self-discipline. Tangney et al. conclude that individuals with a strong ability to achieve these behaviors and actions have high self-control. They reported that people with high self-control demonstrate greater psychological well-being than individuals with low self-control. Individuals with a poor ability to control their thoughts, emotions and behaviors are linked to greater psychopathological symptoms, such as

somatization, obsessive-compulsive patterns, depression, anxiety, hostile anger, phobic anxiety, paranoid ideation, and psychoticism.

Tangney et al. (2004) also found that individuals with low self-control experienced a poor sense of worth (low self-acceptance and self-esteem), had greater interpersonal problems (intimate relationships and family conflict) and greater personal distress (wallowing in negative thoughts and experiencing feelings of shame and guilt) than individuals with high self-control. Lastly, the authors concluded that low self-controlled individuals had less secure attachment styles, such as avoidant or anxious/ambivalent styles than those with a high ability to control their thoughts, emotions and behaviors. Thus, it can be concluded that a poor sense of self-control is associated with emotional patterns that are detrimental and distressing to individuals and their significant others (socially, personally and intimately).

In their study relating self-control to the dimensions of perfectionism, Tangney et al. (2004) found a significant relationship between socially prescribed perfectionism and low self-control. Applying their definition of self-control to socially prescribed perfectionism and limerence, it can be concluded that individuals of both concepts have a poor sense of control over their thoughts, emotions and behaviors. Breaking the definition down into two sections; 1) one's ability to override inner responses and 2) interrupt undesired behavioral tendencies and refrain from acting on them, both concepts will be explored in relation to each aspect of sections. Beginning with the first aspect of one's ability to override inner responses, the ability to regulate and focus thoughts, both socially prescribed perfectionists and limerent individuals are unable to achieve this aspect as they are both consistently consumed by obsessive and intrusive thoughts. In most cases, these thoughts are involuntary and persistent, making it extremely difficult for individuals to gain a sense of control over them (Bhar & Kyrios, 2005; Tennen, 1999).

Perfectionistic and limerent individuals are also unable to achieve the second aspect of overriding inner responses which is the ability to alter their moods or emotions. As these individuals are driven by external motivation rather than internal motivation, they become emotionally dependent on others' evaluation and approval. If positive feedback is not received, individuals in both concepts involuntarily experience negative emotions that appear unmanageable to both the perfectionist and limerent, resulting in their inability to control or alter them (Hewitt & Flett, 1991b; Tennen, 1999).

The third aspect of controlling inner responses is the ability to restrain undesirable impulses. It is evident that both socially prescribed perfectionists and limerent individuals have a great difficulty in achieving this aspect. When conflict is experienced (either from the perfectionist's inability to achieve others unrealistic standards or the limerent's notion of receiving rejection), individuals are unable to handle the perceived threats, resulting in undesirable impulses. Acting on these impulses has been shown to occur among socially prescribed perfectionism and limerence by individuals ending the relationship before their partner does, using dangerous coping methods, such as drugs or alcohol, and committing acts of destruction to the self or others (R. C. O'Connor, 2007; R. C. O'Connor & O'Connor, 2003; Tennen, 1999).

Lastly, both socially prescribed perfectionists and limerent individuals are frequently unable to accomplish the fourth aspect of directing inner responses, achieving one's optimal performance. Although they persistently try to perform without flaws, the perfectionist, to achieve others' standards and the limerent, to obtain reciprocation, perfection can never be reached. Regardless of how much they strive toward flawlessness, individuals ultimately have flaws. In cases where these individuals do perform on an optimal level, their actions often appear not to be based on their true personalities, but instead on pleasing others. In other words, socially prescribed perfectionists and limerent individuals behave according to what they perceive others will

view as desirable behaviors, rather than because of their true personal desires. Thus, they are not achieving their optimal performance, but an optimal performance shaped by others.

The second section of the definition of self-control as defined by Tangney et al. (2004) is “one’s ability to interrupt undesired behavioral tendencies and refrain from acting on them” (p. 274). The first aspect, breaking negative habits, is highly difficult for both the socially prescribed perfectionist and limerent individual. As both concepts are foundationally negative, maladaptive processes, they are extremely intrusive, involuntary and difficult to manage. Perfectionistic beliefs and limerent attitudes are so deeply entrenched into individuals’ personalities, serving as fundamental elements of one’s experience and sense of reality. Breaking the detrimental habits of socially prescribed perfectionism and limerence through a sense of self-control would not be easily accomplished.

Several authors suggest various forms of psychotherapy in effort of treating socially prescribed perfectionism (Blankstein et al., 2007; Flett & Hewitt, 2002; Greenspon, 2008; O’Conner & O’Conner, 2003; Rudolph et al., 2007). However, Flett and Hewitt (2002) suggest that socially prescribed perfectionists tend to improve slowly through therapy due to a variety of reasons. The most common reasons include a desire to please the therapist by being the perfect client, perceived expectations of perfectionism from the therapist, the benefits and rewards that individuals perceive they obtain in striving toward perfectionistic goals and when individuals compare their levels of progress to other clients’ progress. Greenspon (2008) notes that as irrational, oppressive and counterproductive as perfectionism may be to the perfectionist, attempting to alter their thoughts and behaviors is frequently unsuccessful due to the fact that perfectionists tend to perceive interventions as personal criticism, encouraging them to strive further to reach perfection.

Tennov (1999) asserts that limerence typically only ceases under the following three possible conditions: 1) consummation through reciprocation or an awareness of the limerent object's undesirable thoughts, 2) starvation through complete rejection or 3) transference to another limerent object. However, Tennov does suggest the prospect of seeking professional help from a therapist or psychologist to explore one's patterns and lifestyles. In terms of the effectiveness of therapy in aiding the control of limerence, she reports that she did not receive any evidence of benefits or disadvantages in her data collection process. She concludes that it appears the best way that one can control limerence is to remove all possible contact between oneself and the limerent object.

As socially prescribed perfectionists and limerent individuals tend to have a fragile self-concept, they tend to seek out situations that provide them with a sense of self-satisfaction. Consistently feeling negatively about themselves, it could be argued that such individuals appear to have a difficulty with the second aspect of interrupting undesired behaviors, resisting temptation. Striving for any positive reinforcement from others, socially prescribed perfectionists and limerent individuals may struggle refraining from situations that appear gratifying, even if the situations are harmful to the individual.

Tangney et al. (2004) measured participants' ability to resist temptations by having them rate a list of statements by how much the statements represented themselves. Examples of resisting statements included: "Pleasure and fun sometimes keep me from getting work done; I am good at resisting temptation; I do certain things that are bad for me, if they are fun; and I refuse things that are bad for me" (pp. 323-324). Results concluded that socially prescribed perfectionists demonstrated a negative correlation with self-control on these statements, suggesting that perfectionists are unable to resist temptation.

Although there is no empirical evidence that relates resisting temptation and limerence, it appears that similar to socially prescribed perfectionists, limerent individuals

would have a negative correlation to the ability to resist tempting situations. As limerence is based on intense desire and intrusive preoccupations with a limerent object, it is evident that limerent individual's actions and behaviors are shaped by others, specifically the limerent object. Thus, it can be suggested that the limerent individual would not be able to resist any situation that they felt would increase the chance of reciprocation, regardless of the danger or self-sacrifice involved. From their perspective, the limerent object is worth the sacrifice to oneself and they are willing to go to great lengths to please their beloved.

Lastly, the final aspect of interrupting undesired behaviors is implementing self-discipline. Similar to having the ability to resist temptation, socially prescribed perfectionists' and limerent individuals' actions and behaviors are driven by receiving a sense of satisfaction from others. Being unable to resist tempting situations appears to be a good indication that individuals are not highly self-disciplined. Tangney et al. (2004) concluded that perfectionists demonstrated a negative relationship with having self-discipline by assessing their response to related statements. Examples of such statements include: "People would say that I have iron self-discipline; I wish I had more self-discipline; I often act without thinking through all the alternatives; and sometimes I can't stop myself from doing something, even if I know it is wrong" (pp. 323-324).

Overall, socially prescribed perfectionists and limerent individuals seem to have an inability to override their inner responses (regulating and focusing thoughts, altering moods or emotions, restraining undesirable impulses, and achieving their optimal performance) and to interrupt undesired behavioral tendencies and resist acting upon them (breaking negative habits, resisting temptation, and implementing self-discipline). Thus, it appears that both socially prescribed perfectionists and limerent individuals have a poor sense of self control.

Self-conscious Anxiety

Socially prescribed perfectionism and limerence appear to have a relationship with self-conscious anxiety. Fearful of negative evaluation from others, socially prescribed perfectionists and limerent individuals consistently remain aware of how they present themselves. Unable to control how others perceive them, they develop a strong sense of self-doubt about their actions and behaviors. This self-doubt, combined with the fear of negative evaluation and the possibility of rejection, causes the individual to experience self-conscious anxiety (Flett, et al., 2004; Frost & DiBartolo, 2002). As they become obsessed with preventing others from perceiving their flaws, they experience high volumes of intrusive and persistent thoughts. Such obsessive thoughts hold the individual's focus on the negative aspects of the situation, causing them to continuously stress about being perceived negatively, contributing to their level of anxiety. Thus, the more brooding ruminative and obsessive thoughts that socially prescribed perfectionists and limerent individuals experience, the higher their level of anxiety becomes (Blankstein & Lumley, 2008; Flett, Madorsky, et al., 2002).

In intimate relationships, Flett et al. (2001) suggest that socially prescribed perfectionists have an anxious, obsessive, and dependent form of attachment to their partners and that such insecurely attached individuals tend to experience much anxiety and react poorly to a period of separation from their partner. Suggesting that such perfectionistic individuals are associated with various neurotic aspects of love including self-conscious anxiety, the authors conclude that a significant relationship exists between socially prescribed perfectionism and limerence. Tennov (1999) describes that individuals who experience self-conscious anxiety tend to be characterized by shyness, awkwardness and confusion when in close proximity to their limerent object. Feeling a need to protect the image that they present to their limerent object, limerent individuals become anxious over how to behave, what to say, how much to reveal and how quickly

to move in the relationship. As an affiliation appears to exist between socially prescribed perfectionists and limerent individuals, it can be assumed that socially prescribed perfectionists in intimate relationships may also display these characteristics. With brittle self-concepts and low self-esteem, socially prescribed perfectionists also fear the possibility of rejection, making them cautious and weary of their behaviors and actions. Overall, both socially prescribed perfectionism and limerence have fundamental characteristics that lead to the development of self-conscious anxiety, such as obsessive thoughts, poor self esteem, fear of negative evaluation, poor self-control and emotional dependence.

Hopelessness

Socially prescribed perfectionism and limerence also both appear characterized by feelings of hopelessness. As individuals of both concepts are emotionally dependent on others for a sense of self-esteem, hopelessness appears to occur as a result of interpersonal ramifications. In socially prescribed perfectionism, research has shown that hopelessness often results when an individual perceives that they cannot live up to others expectations and experience a fear of failure. As a result, they develop the expectation that all future events will be negative and perceive that nothing can be done to change the situation (Hewitt & Flett, 2002; Hunter & O'Connor, 2003). When dealing with negative situations, feelings of hopelessness in the socially prescribed perfectionist have been attributed to the implementation of the maladaptive, avoidant coping style. Avoidance is when an individual denies and/or behaviorally and mentally disengages from the situation. The more that avoidance is implemented by the socially prescribed perfectionist, the more severe they tend to experience feelings of hopelessness (O'Conner & O'Conner, 2003). In intimate relationships, driven by fear of negative of evaluation and poor coping skills, socially prescribed perfectionists tend to be pessimistic about the future of their relationships. This pessimism often results in the

individual neglecting and acting insensitively toward their partner (Flett et al., 2001). The individual's perception that others have unrealistic demands for them appears to contribute to destructive responses in the relationship, resulting in a vulnerability to interpersonal hopelessness (Blankstein et al., 2007).

In limerence, due to the hopeful nature toward reciprocity, the limerent individual consistently searches for evidence of a return of feelings and can remain hopeful in situations that don't provide evidence of reciprocation. Since their self-concept relies so much on the limerent object, believing that no hope exists is too threatening for them to handle. Determined to remain hopeful in situations where tangible evidence cannot be found, they create reasons for why their limerent object is not externally expressing their love and convince themselves that these excuses are true. It is upon evidence of rejection from limerent object that a sense of hopelessness occurs. As rejection confirms that there is no hope of the limerent object returning feelings, the limerent individual experiences feelings of despair and misery. Having been so emotionally dependent on the limerent object for a sense of self-esteem, the limerent individual's self-concept is completely shaken to the core. Unable to provide themselves with a sense of self-satisfaction, they become locked in feelings of uncertainty, perceiving that they will never find happiness again. Believing that their lives are over, they develop a severe sense of hopelessness toward themselves and their future (Tennov, 1999).

From this research, it can be concluded that socially prescribed perfectionism and limerence have contributing factors to the development of hopelessness. Focused on others' perceptions of the self, individuals in both concepts seek out approval and acceptance from others for a sense of self-esteem, specifically in intimate relationships. Fearful that this approval will not be received, a fear of evaluation leads to fears of rejection and failure. The existence of these fears (or the receipt of rejection), contributes to a negative outlook toward the future in which individuals expect that they will

continuously fail and receive rejection from others. Developing a certainty that future events will hold little satisfaction for them, it is inevitable that they will develop a sense of hopelessness toward themselves, their future and intimate relationships.

Depression & Suicide

Socially prescribed perfectionists and limerent individuals who experience feelings of hopelessness over a lengthy period of time also tend to experience depressive and suicidal thoughts (Blankstein et al., 2007; Scott, 2007; Tennov, 1999). As it has been shown that a poor sense of self-worth and fears of failure and rejection lead to feelings of hopelessness, it can be concluded that these factors are predictors of depression and suicidality. Feeling hopeless about their inability to please others, individuals emotionally and physically withdraw from others to avoid feelings of failure and rejection (Blankstein et al., 2007; Tennov, 1999). This leaves them only to rely on themselves for a sense of self-esteem. Yet, as socially prescribed perfectionists and limerent individuals are unable to provide themselves with self-acceptance and internal satisfaction, they engage in self-criticism for not being good enough to receive approval from others. Thus, they ironically experience feelings of failure and rejection regardless of their protective self-withdrawal strategies. With high levels of self-criticism and the perception that there is no hope for the future, socially prescribed perfectionists and limerent individuals resultantly become consumed with depressive thoughts and perceive that committing suicide is the only way to relieve themselves of the associated emotional and physical pain experienced (Blankstein et al., 2007; R. C. O'Connor, 2007; Tennov, 1999). Thus, it appears that low self-esteem, the fear of failure and rejection, hopelessness and self-criticism are significantly related to depression and suicidality in socially prescribed perfectionism and limerence.

Foundational Commonalities

Neuroticism

Freud defined neurosis as “a form of psychopathology that is characterized by anxiety and efforts to defend against it” (as cited in Ewen, 2003, p. 34). Asserting that neurosis begins in infancy and childhood due to disturbed interpersonal relationships, Freud suggested that neurosis is gradually fostered over time, often unidentifiable until the early adult years. Arguing that no childhood is ever dilemma-free, he insists that all children experience some sort of painful difficulty that remains unresolved into adulthood. Suggesting that everyone has a little neurosis within themselves, Freud stated that the distinction between neurosis and normal behavior is by degree rather than by kind.

Horney (as cited in Ewen, 2003) supported Freud’s concept of neurosis, affirming that all individuals experience conflict at one time or another. However, Horney maintains that visible distinctions exist between healthy and neurotic conflicts such that healthy conflicts are commonly conscious and resolvable while neurotic conflicts frequently persist unconsciously, appear insoluble and are considerably more severe. Defining neurotic conflict as “an unconscious intrapsychic clash between healthy and neurotic drives, or between opposing neurotic drives” (p. 121), Horney infers that individuals encounter persistent inner conflicts throughout their lifetime (as cited in Ewen, 2003).

Throughout the past few decades, several researchers (Digman, 1990; McCrae & Costa, 1992; Goldberg, 1993; and John, 1990; as cited in Hill, McIntire, et al., 1997) have independently studied human personality traits in search of developing a higher order factor structure to determine the basic, underlying factors of personality and enhance understanding of personality constructs. A three-factor theory of personality

emerged from the personality theorist Eysenck (as cited in Ewen, 2003). Eysenck's Three-Factor theory concludes that personality can be measured through three consistently emerging traits in factor-analytic studies: Introversion-extroversion, neuroticism-stability, and psychoticism. In his reference to Eysenck's view of neuroticism, Ewen (2003) defines it as "the extent to which one is nervous and insecure (emotionally unstable) as opposed to calm and secure (emotionally stable)" (p. 300). Eysenck claimed that neurotic individuals who tend to be extraverted in personality are commonly touchy, restless, aggressive and excitable, while introverted neurotic individuals tend to be moody, anxious, rigid, and pessimistic. He also claims that stable extraverts are usually more carefree, easygoing and lively, while stable introverts are likely to be calm, even-tempered, and reliable (as cited in Ewen, 2003).

As the research of personality constructs and factor analysis continued, various methods of data collection were implemented to increase validity and reliability (self-report, questionnaires, peer ratings, and objective measures from experimental settings). After much exploration into the realm of personality, the previously mentioned researchers (Digman, 1990; McCrae & Costa, 1992; Goldberg, 1993; and John, 1990; as cited in Hill, McIntire, et al., 1997) were independently able to identify the same set of traits that appear to define human personality, developing the Big-Five model of personality. Designed to measure the five most common aspects of personality, neuroticism, extraversion, openness to experience, agreeableness and conscientiousness, the five-factor model is deemed one of the most inclusive, validated, empirical, and data-driven models in the realm of personality psychology (Hill, McIntire, et al., 1997).

In order to further define the nature of perfectionism in relation to personality traits, Hill, McIntire, et al. (1997) studied the relationship between Hewitt and Flett's Multidimensional Perfectionism Scale (MPS) and the five-factor model using the NEO-

Personality Inventory-Revised developed by Costa and McCrae (as cited in Hill, McIntire, et al., 1997). Comparing each dimension of perfectionism to the five factors of personality, results demonstrated that self-oriented perfectionism appeared predominately adaptive, while other-oriented and socially-prescribed perfectionism appeared predominately maladaptive. Self-oriented perfectionism was strongly associated with conscientiousness, but only mildly associated with facets of neuroticism and agreeableness, while other-oriented perfectionism was negatively associated with agreeableness and slightly associated with conscientiousness. Lastly, socially-prescribed perfectionism demonstrated the strongest association with the neuroticism factor (particularly on the depression subscale reflecting a tendency toward experiencing guilt, sadness, hopelessness, discouragement, and loneliness in interpersonal relationships) and lacked associations with any of the adaptive personality traits of the Big-Five model.

From these results, Hill, McIntire, et al. (1997) conclude that socially prescribed perfectionism appears to be maladaptive in nature, involving the incessant need of approval from others and the inability to derive satisfaction from one's accomplishments, resulting in a general vulnerability to depression. These conclusions are similar to Hamachek's definition of neurotic perfectionism, in which one strives for excessively high standards driven by fears of failure and distress over disappointing others, rendering them incapable of deriving pleasure from their achievements (as cited in Flett & Hewitt, 2002; Klibert et al., 2005).

Hewitt and Flett (1991b) also examined the dimensions of perfectionism with respect to the aspects of personality. But, instead of comparing them to the general constructs of personality demonstrated in the Big-Five model, Hewitt and Flett researched their relationship to personality disorders and their respective symptoms. Aiming to determine how the dimensions of perfectionism relate to various forms of

severe psychopathology, Hewitt and Flett implemented the MPS to a population of psychiatric patients diagnosed with severe and persistent mental illnesses, ranging from basic personality patterns to pathological personality disorders. Results demonstrated that socially prescribed perfectionism was positively correlated to schizoid, avoidant and passive aggressive personality patterns, as well as schizotypal and borderline pathological personality disorders, concluding that socially prescribed perfectionism is significantly associated with neurotic personality patterns and disorders.

Applying Eysenck's (as cited in Ewen, 2003) theory of neuroticism to limerence, it can be concluded that limerence is a neurotic form of love by nature. From Tennov's (1999) research, it can be assumed that at various times, the limerent individual presents both emotionally stable and unstable factors. At the beginning of limerence, many individuals may convey emotional stability, demonstrating a calmness or sense of security. Once a limerent attraction has formed to a limerent object, most limerent individuals' emotional states gradually and secretly transfer from stable to unstable. The limerent individual begins to increasingly suffer from feelings of nervousness and insecurity, particularly around the limerent object. An exception to this general rule includes individuals who consistently experience a readiness or longing for limerence, thus operating from an unstable emotional standpoint without a limerent object that significantly increases as a limerent attachment forms and intensifies.

Frequently forcing themselves to appear emotionally stable (calm and secure) on the outside to appeal to their limerent object, internally, the limerent feels as if they are about to explode with obsessional and intrusive thoughts and feelings. In attempting to avoid vulnerability and achieve reciprocity, limerent individuals believe they have no choice but to hide their true feelings of emotional instability. As limerence heightens, the limerent's investment in the limerent object increases and a strong emotional attachment

cements itself firmly in place. It appears at this point that the trigger to a limerent's neurotic-stable switch is contingent on the actions or behaviors of the limerent object.

In cases of perceived reciprocity, limerents become excessively elated and liberated, presenting similar characteristics to what Eysenck (as cited in Ewen, 2003) attributes to emotionally stable individuals (carefree, easygoing, liveliness, calmness, even-tempered, and reliability). However, when rejection is evident, limerent individuals' personas are drastically and instantaneously altered, displaying characteristics analogous to what Eysenck claimed neurotic individuals experience (touchiness, restlessness, aggressiveness and excitable, moodiness, anxiety, rigidity, and pessimism).

In looking at both socially prescribed perfectionism and limerence in relation to neuroticism, it is evident that both concepts operate as neurotic constructs. Using Eysenck's (as cited in Ewen, 2003) definition of neuroticism, one's extent of emotional stability versus emotional instability, socially prescribed perfectionism and limerence display several unstable characteristics. These negative emotional factors include obsessive preoccupations, emotional dependence, self-conscious anxiety, fear of negative evaluation, fear of rejection, hopelessness, helplessness, interpersonal difficulties, depression, suicide, lack of self-control, and poor self-esteem.

By definition, the severity of neuroticism is determined by the extent to which one is emotionally stable versus unstable. This seems to suggest the notion that neuroticism exists on a continuum where one end is neurotic or unstable and the other end is non-neurotic or stable. Kelly (as cited in Ewen, 2003) states that individuals have personal constructs that are dichotomous, defined by two poles in which one pole cannot be understood without its opposite. Kelly asserts that individuals vary in the measure of degree of each construct by their proximity to each pole. Thus, it can be assumed that

neurotic individuals can exist at any point between the two poles of neurosis and stability, varying in the degree of their neurotic tendencies.

Applying this severity notion to socially prescribed perfectionism and limerence, it seems evident that the more each concept is experienced, the greater the individual's degree of neuroticism would be. For example, it can be suggested that a socially prescribed perfectionist who only perceives unrealistic standards from a few people in their lives, would be less neurotic than a socially prescribed perfectionist who perceives perfectionistic demands from all individuals they encounter. Through the perception that not all individuals expect the individual to be perfect, less pressure to comply would be expected to occur, resulting in less of a negative response due to (less frequent) excessive pressures.

Another example is when a limerent individual is obsessively consumed by the desire to be in love. Functioning with such a persistent desire would assumingly be more likely to result in higher levels of limerence, thus higher levels of neuroticism than a limerent individual who only occasionally experiences limerent characteristics. Having a passionate degree of investment with the concept of limerence in general would seemingly result in a more intense reaction once a limerent attraction forms, due to limerence's heightened nature. In other words, it can be assumed that the more enthralled an individual is with love, the more consumed they become by it and the higher their level of neuroticism may be.

Locus of Control

Locus of control is a trait based on the cognitions that individuals hold in their belief system about what controls or causes the positive and negative events in their lives. Individuals can either attribute their successes or failures internally or externally. An internal locus of control is the belief that obtaining rewards and avoiding punishment is dependent on one's behaviors and actions. An external locus of control is the belief

that such positive and negative events are due to chance, fate and the actions of others. Internal individuals operate on the notion that they have the power or ability to control their lives, while external individuals claim no personal control, instead considering their lives to be controlled by a greater power, the environment and other outside sources. In terms of behavioral consequences, a relationship appears to exist between one's locus of control and mental health status. Individuals with an internal locus of control tend to be psychologically healthier, have stronger coping skills, higher satisfaction levels and greater self-esteem than individuals with an external locus of control, who tend to experience higher levels of depression and anxiety. Thus, it has been concluded that the cognitions that one employs determines their behaviors and the resulting effects of those behaviors (Ewen, 2003).

As socially prescribed perfectionism is based on one's perception that others have perfectionistic expectations for the self, Hewitt and Flett (1991b) conclude that the socially prescribed perfectionist's locus of control is external rather than internal. Perceiving that they have no control over their own behaviors, these individuals lean on others for a sense of direction and strive to please others and avoid punishment to maintain a sense of belonging. Feeling compelled to live up to others' standards, they fear negative evaluation and focus their energy on receiving solely positive attention that avoids disapproval. The socially prescribed perfectionist derives pleasure and a sense of self-satisfaction from the approval from others, which without, the individual feels like a failure (Hewitt & Flett, 1991b).

Similarly, limerence is a concept that is entirely based on others' behaviors and actions. Limerence, as a process of intensity, is heightened primarily by external factors rather than an internal sense of control over those factors. Examples of external obstacles that influence the intensity of limerence include: Emotional obstacles through a mixture of hope and uncertainty and physical obstacles, such as parental forces,

spouses, geographical distance between residency and social customs. Determined by whether reciprocation or rejection is experienced, the limerent individual becomes dependent on the limerent object in determining whether life events are positive or negative. If reciprocation is evident, an escalation of euphoria is experienced, yet if rejection is perceived, the limerent individual is consumed by misery and despair. Within the components of limerence, limerent individuals are bound to intrusive thoughts of the limerent object whether or not their love interest is present. Lacking even the slightest ability of control over these thoughts, the limerent individual is continuously controlled through external means, deriving pleasure and a sense of self-satisfaction from any evidence of return of feelings (Tennov, 1999).

From this research, it can be concluded that both concepts, socially prescribed perfectionism and limerence, are related to an external locus of control in intimate relationships. Within each concept, individuals believe their life events are dependent on their partners' (or potential partners) behaviors and actions. Believing that their lives rely entirely as a consequence of their intimate others, socially prescribed perfectionists and limerent individuals operate under a lack of personal control and cannot maintain happiness on their own. Only upon receipt of approval from others can these individuals experience positive emotions or thoughts.

A Matter of Perception

In psychology, perception is defined as the mental organization and interpretation of sensory information into a meaningful experience. Gestalt psychologists have extensively examined how people organize and select from a plethora of available stimuli, concentrating particularly on visual stimuli. Asserting that humans tend to organize data into wholes, gestalt theory states that individuals tend to identify patterns in the world. Perception, as an active process involving selection, inference and interpretation, is influenced by a variety of factors. Such factors include: The senses,

(sight, hearing, touch, smell and taste), the intensity and physical dimensions of the stimulus, the individual's past experiences, one's readiness to respond to a stimulus, and the motivation and emotional state of the individual. Perceptions may also be subject to an individual's expectations, needs, unconscious ideas, values, and conflicts (Perception, 2010).

Ewen (2003) notes the existence of a perceptual set among human beings. Defined as a predisposition to perceive events in one way or another, a perceptual set is the expectation an individual has in perceiving something based on prior experience. Serving as a bias or readiness toward a particular thought, individuals perceive certain aspects of a situation and overlook other aspects. Thus, it is suggested that what we think influences what we perceive (Ewen, 2003).

In socially prescribed perfectionism, individuals have a perception that their significant others have unrealistic standards for them, severely evaluate them and demand that they consistently maintain perfection. In intimate relationships, the socially prescribed perfectionist perceives that their partner expects them to be perfect or else the relationship will fail. Striving towards perfection to prevent termination of the relationship, these individuals alter themselves to reflect what they feel their partner desires them to be. Consistently falling short of perfection, they incessantly perceive themselves as failing to meet their partners' expectations. Over a lengthy period of time, after continuously experiencing feelings of failure in reaching perfection, negative emotions, such as frustration, anxiety and depression build up within the perfectionistic individual. The individual becomes negatively affected by their distress, frequently projecting it into the relationship, believing that their partner is to blame for asserting such unrealistic expectations to begin with. When marital problems occur, the perfectionistic individual begins to relate to their partner through maladaptive coping

styles, which eventually contribute to poor marital adjustment for both the self and the partner (Haring et al., 2003).

Applying the process of socially prescribed perfectionism to the notion of perceptual sets, it is possible that the socially prescribed perfectionist perceives expectations from their partner that they actually place on themselves. In other words, in addition to operating as a socially prescribed perfectionist, they also function as a result of self-oriented perfectionism with a strong set of self-perfectionistic expectations that they project onto others as having for themselves. A self-oriented perfectionistic individual would have a bias toward themselves of needing to be perfect and selectively perceive that others must have this same unrealistic standard for them as well, overlooking the truth that others most likely do not operate in this manner. Since the idea of the perceptual set is that what we think is what we perceive and is based on previous experience, this possibility seems plausible.

Within the concept of limerence, limerent individuals operate entirely from their perception of their limerent objects' feelings, thoughts, actions and behaviors. Since a balance of hope and uncertainty must exist in order for limerence to thrive, the limerent individual perceives a potential for reciprocity mixed with possible evidence of rejection. For hopefulness to remain a significant trait, the individual searches for as much evidence of reciprocation as possible. But instead of viewing their limerent object through an objective reality, the limerent employs a reality based on their perception of the situation, developing a distorted view of the truth (Tennov, 1999).

As an obsession primarily based in intrusive thoughts, the limerent individual fantasizes about their limerent object's preferences, interactions that may take place between the two of them and how they perceive the limerent object will respond. Based on the perception that the limerent individual has for a (potential) relationship with their limerent object, limerent fantasy often encourages the limerent to improve the image

they perceive the limerent object has of them. With these perceptions prominent in one's consciousness, the limerent changes themselves, striving to make personal self-adjustments that they perceive will make them more desirable to their limerent object. Since the individual is incorrectly creating a relationship through fantasy that is not based in reality, such distorted perceptions typically prevent any sort of relationship from occurring between a limerent individual and their limerent object. In cases where relationships result, its duration tends to be brief unless the limerent individual strives to transform their relationship from perceptually based to realistically supported (Tennov, 1999).

Exploring the relations that may exist between limerence and perceptual sets, a few possibilities are assumed to exist. First, limerent individuals are prone to perceive events through what they prefer the situations to be. They seek out any possible evidence of reciprocation through limerent fantasy and when one does not clearly exist, they distort the truth to create its possibility. In situations where evidence of reciprocation took place through interactions between a limerent individual and their limerent object, the limerent individual will use that evidence (regardless of how trivial it may be) as a foundation in which further evidence of reciprocity can be constructed upon. Believing that they have evidence based on prior experience, the limerent individual will purposefully interpret future behaviors or actions from their limerent object as proof of return feelings, choosing to ignore any evidence of rejection.

Second, in the process of crystallization, a limerent individual utilizes a perceptual set when magnifying the limerent object's positive or attractive features and overlooking their negative or undesirable characteristics. Focusing all attention on the person's beautiful aspects, limerents increasingly lose sight of any negative factors and perceive their limerent object as flawless.

Lastly, in relationships between a limerent and a non-limerent, the limerent perceives that their partner is not as invested in the relationship as they are. With the fear of rejection perpetually in awareness, the limerent individual is predisposed to interpret any behavior from their partner that is not excessively involved with the limerent as a form of rejection. As a protective strategy to reject their partner before their partner rejects them, they search for ways that the individual is not fulfilling their needs, overlooking the fact that their partner was simply existing as an independent entity. The thought that the non-limerent does not desire the limerent as much as the limerent desires the non-limerent sets up the limerent to perceive all behaviors and actions as evidence of rejection.

In relating socially prescribed perfectionism and limerence to the matter of perception, it can be concluded that in both concepts, individuals function based on their perception of what is occurring instead of basing their thoughts, feelings, behaviors and actions in reality. The socially prescribed perfectionist constructs a faulty set of expectations from their partner just as the limerent constructs a faulty relationship and set of desires from the limerent object. As a result, both perfectionistic and limerent individuals change themselves to be what they perceive their partner wants from them. Yet, in many cases, their perceptions inaccurately lead them in a direction that actually pushes away their significant other rather than securing the relationship further.

In socially prescribed perfectionism, the perfectionist partner may continuously engage in conflict with their partner over their partners alleged unrealistic expectations. It can be suggested that a repetitive occurrence of such conflict would create a general sense of discontent with the relationship and feelings of accusation and unjust treatment for both partners. In limerence, the limerent's perceptions may continuously feed into obsessive behaviors that present them in possessive or controlling aspects instead of desirable or attractive aspects. In both cases, perfectionistic and limerent individuals

perceptions commonly lead them to negative experiences of conflict and feelings of depression and grief. It is reasonable to note that these experiences may easily be avoided in intimate relationships with the cessation of perceptual thought patterns found in both socially prescribed perfectionism and limerence.

Anxious/ambivalent attachment

Lastly, both socially prescribed perfectionism and limerence have been correlated to function as a result of attachment styles that form between parents and their children (as cited in Karen, 1998). Mary Ainsworth researched the parental-child attachment bond through an experiment called the *strange situation*. In this experiment, children's behaviors and reactions were noted as caregivers and strangers left them in a room and returned a few minutes later. Three distinct behavioral patterns resulted among the children: Secure attachment, avoidant attachment, and anxious/ambivalent attachment (Karen, 1998).

Children defined as securely attached easily became distressed when their caregiver left the room, but sought out close contact when their caregiver returned and were easily soothed by her comfort and embrace. This suggests that secure children received caregiver treatment in earlier childhood that met their needs responsively and affectionately (Karen, 1998). Avoidant attached children showed little interest in their caregivers' location. Limited emotion was displayed when the caretaker left the room as well as upon the caregivers return. These children appeared more self-reliant, ignoring their caregiver altogether. This suggests that caregivers did not provide the children with responsive and affectionate interactions during earlier childhood (Karen, 1998). Most likely, the child became avoidant as a result of child neglect from the caregiver, leaving them no choice but to learn to become self-dependent.

Children who were anxious/ambivalently attached appeared the most overtly anxious compared to the other children. Similar to the securely attached children, they

were easily disturbed by caregiver departure, yet instead of displaying relief upon their caregivers return, they appeared angry and distant with them for reasons of abandonment. If their caregiver tried to soothe or embrace the anxious/ambivalent child, they arched away or became limp, becoming unreceptive and anxious (Karen, 1998). This suggests that the caregiver has attempted to provide child with responsive and affectionate interaction in earlier childhood, but it occurred inconsistently. The anxious/ambivalent child desires to trust and securely attach to their caregiver, but is weary of the possibility of abandonment.

Anxious/ambivalent children desire relationships, but are often incompetent in them. Longing for closeness, they continuously struggle to bond with others, often appearing clingy and over-dependent. They are often too preoccupied with their personal unfulfilled needs to notice the needs of others, resulting in unformed relationships and self-dissatisfaction. Teachers commonly view anxious/ambivalent children as disruptive, emotionally insecure and incapable of following the rules (Karen, 1998). Anxious/ambivalent people are often stubborn, persistent and strive to interpret life meaning. They are often indecisive, lack taking action and have difficulties with leadership roles because they perform on the uncertain assumption that things *might* happen. Nothing appears definite in their lives; they just continuously wait for something better to come along, often letting life pass them by. They actively sacrifice opportunities that could provide true meaning and change their lives.

As adults, those with an anxious/ambivalent attachment style often feel reluctant about becoming close to others and worry that their partner does not reciprocate their feelings. This leads to frequent breakups, often because the relationship feels cold and distant. These individuals feel especially distraught after the end of a relationship, due to difficulties with closure and letting things go (Karen, 1998). Interpersonal characteristics commonly experienced by anxious/ambivalent individuals in love include: Obsessive

preoccupation, emotional dependence, self-conscious anxiety, desire for reciprocation, union, and exclusivity, emotional highs and lows and extreme sexual attraction and jealousy (Feeney & Noller, 1990; Hazan & Shaver, 1987). Feeney and Noller (1990) also determined that anxious/ambivalent attachment is associated with a neurotic form of love as opposed to a cautious or companionate form.

Applying attachment theory to socially prescribed perfectionism and limerence, it appears that a significant connection exists between both concepts and the anxious/ambivalent attachment style in intimate relationships. The majority of the characteristics of an anxious/ambivalent attachment (obsessive preoccupation, emotional dependence, self-conscious anxiety, desire and concern for reciprocation, union, and exclusivity, emotional highs and lows, extreme sexual attraction and jealousy and distress upon rejection), are common characteristics displayed by socially prescribed perfectionists and limerent individuals. This suggests that such individuals tend to have insecure attachments to their significant others, resulting in a variety of personal and interpersonal adjustment problems (Feeney & Noller, 1990; Greenspon, 2008; Hazan & Shaver, 1987).

Since attachment styles are formed in early childhood, they determine the romantic styles implemented in adult relationships (Feeney & Noller, 1990). As anxious/ambivalent attachment styles develop from inconsistent responsive and affectionate interactions with caregivers, anxious/ambivalent individuals desire to trust and securely attach to significant others, but are fearful of being abandoned by their partner. Continuously struggling to bond with others, such individuals become emotionally insecure, resulting in dependency on others and display a majority of the maladaptive characteristics of socially prescribed perfectionism and limerence. Therefore, it is implied that the development of anxious/ambivalent attachments to caregivers in early childhood results in the development of maladaptive personality and

relational aspects, such as socially prescribed perfectionism and limerence in intimate relationships (Rice & Mirzadeh, 1998; Shaver & Hazan, 1988).

In summary, both socially prescribed perfectionism and limerence appear to be neurotic concepts based on perception rather than fact. Interpersonally, socially prescribed perfectionists and limerent individuals appear to have anxious/ambivalent attachments to significant others and are motivated solely by receiving others' approval and acceptance. Socially prescribed perfectionism and limerence also have several characteristics in common, such as obsessive and intrusive preoccupations, low self-esteem, fear of negative evaluation, failure and rejection, an emotional dependence on others, poor self-control and self-conscious anxiety. These factors contribute to the development of hopelessness which can lead to symptoms of depression and suicidal thoughts.

CHAPTER V

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Conclusions

In conclusion, a significant relationship appears to exist between socially prescribed perfectionism and limerence in intimate relationships. Both concepts were determined to be a result of the development of anxious/ambivalent attachments to caregivers in early childhood. This suggests that individuals with anxious/ambivalent attachments are likely to develop maladaptive relational styles to significant others which contribute to interpersonal difficulties. Several common maladaptive aspects were found between the concepts that seem to occur sequentially in a general process of socially prescribed perfectionism and limerence.

Initiated by the neurotic tendencies of anxious/ambivalent attachments, socially prescribed perfectionists and limerent individuals lack emotional stability and experience inner conflict. Perceiving themselves as inadequate, they have a low sense of self-esteem. In order to feel some sort of sense of self-worth, they strive to receive approval and acceptance from others, becoming externally motivated. As socially prescribed perfectionists perceive that others demand perfectionism from them, they conclude that approval and acceptance can only be reached by achieving others unrealistic expectations. In limerence, limerent individuals perceive that approval and acceptance are obtained by receiving reciprocation from their limerent object.

Devoted to receiving approval from significant others, socially prescribed perfectionists and limerent individuals become consumed with impressing the object of their desire, resulting in obsessive and intrusive thoughts. These mental preoccupations

include previous and future interactions, evidence of approval or disapproval and the plotting of ways to achieve approval and acceptance from their significant other (or limerent object). Striving toward approval and consumed with obsessive thoughts, socially prescribed perfectionists and limerent individuals become fearful of any evidence of negative evaluation that may threaten their fragile self-concept. Severe fears of failure and rejection result and when combined with a contingent self-worth, socially prescribed perfectionists and limerent individuals become emotionally dependent on significant others.

Losing a sense of self-control, their emotional well-being becomes determined by evidence of approval or disapproval, rendering them unable to provide themselves with self-satisfaction. Incapable of controlling how others perceive them, they become extremely conscious of how they present themselves and develop a strong sense of self-doubt about their actions and behaviors. This self-doubt, combined with the fear of negative evaluation and the possibility of rejection, causes the individual to experience self-conscious anxiety. When rejection is evident from a significant other, these maladaptive factors contribute to the development of hopelessness, which may lead to feelings of depression and suicidal thoughts.

These rigid and maladaptive cognitive patterns appear to interfere with one's ability to maintain healthy functioning in intimate relationships. As socially prescribed perfectionists are unable to reach perceived perfection and limerent individuals are unable to merge completely with their significant others, they typically view the relationship negatively. Due to the relationship functioning as a neurotic form of love, perfectionistic and limerent individuals are likely to demonstrate maladaptive coping styles to negative interactions, view the relationship negatively when approval does not appear evident and be insensitive or unfair toward their partners' personal needs. These maladaptive behaviors and actions contribute negatively to individuals' perception of the

relationship, leading them to perceive it as doomed to fail. With such a poor outlook on the existence of the relationship, it is assumed to be inevitable that it will in fact fail.

The characteristics of socially prescribed perfectionism and limerence also appear to negatively affect the significant other of the socially prescribed perfectionist and limerent individual. Constantly experiencing their partner as unconfident, obsessive, fearful, emotionally dependent, and hopeless, significant others are likely to become frustrated, perceive their partner negatively and terminate the relationship. It is important to note here that the existence of such maladaptive traits in order to prevent rejection may be the exact cause of the rejection itself. In other words, a socially prescribed perfectionist or limerent individual who displays obsessive preoccupations, low self-esteem, emotional dependence, etc. in order to receive approval from others may result in pushing their significant other away because of the presence of such factors. This suggests that socially prescribed perfectionism and limerence are self-fulfilling concepts in which the presence of the concept continuously reinforces the fearful and distressing consequences that the individual experiences. For example, having the fear that one is worthless without another feeds into obsessive thoughts, dependency, lack of self-control, fear of evaluation, etc. which in turn reinforces one's poor sense of self-esteem. Thus, it can be concluded that socially prescribed perfectionism and limerence are neurotic, maladaptive concepts with characteristics that contribute to personal and interpersonal difficulties.

Limitations and Recommendations for Further Study

As this thesis was designed as a theoretical exploration of existing literature of socially prescribed perfectionism and limerence, its purpose is to identify, explore, confirm and advance the relationship between the concepts in intimate relationships. However, as it was not a report of original research, no empirical evidence was obtained. The hypothesis was explored through theory rather than tested through an

experimentation or observation in a real world environment. Without a testable measure, this thesis has limited validity, reliability and generalizability of the relationship between socially prescribed perfectionism and limerence. To account for this in future research, researchers should design an experimental study that specifically focuses on and measures the interpersonal relationship between socially prescribed perfectionism and limerence.

Another limitation to this thesis is the extent to which limerence has been researched. Although the concept was coined in the late 1970's by Tennov (1999), few studies have explored the components of limerence and how it affects individuals and their relationships. Even fewer studies exist that have examined relationships between limerence and other personality and relational constructs, such as socially prescribed perfectionism. As researchers have barely begun exploration on the relationship between socially prescribed perfectionism and limerence, it would be beneficial to explore this area further to expand the research and contribute to the existing knowledge base of perfectionism. Specifically, it would be interesting to explore whether the existence of one concept is a predictor of the other, such that the presence of socially prescribed perfectionism would increase the likelihood of the development of limerence and vice versa.

It would also be significant for future research to explore the relationship between the limerent aspect of idealization/crystallization and the dimensions of perfectionism. Similar to the conclusions of Flett et al. (2001), no evidence was found that supports a correlation between socially prescribed perfectionism and idealization or crystallization. This lack of idealization among socially prescribed perfectionists may be due to the fact that such individuals perceive that others have unrealistic expectations on them. Unable to achieve these standards, the socially prescribed perfectionist feels they are being treated unfairly which may result in viewing their partner negatively rather than flawless

and admirable. In contrast, limerent individuals do not perceive that others have demands for them, but have certain demands for themselves. Failing to achieve their own standards, they engage in internal criticism rather than external criticism, resulting in the idealization of their partners. However, for any conclusions to be drawn, future studies should be conducted to research this hypothesis.

Research on the relationship between perfectionism, limerence and intimate relationships is beneficial in understanding the cognitive processes of perfectionism and obsessive forms of love and how they influence one's daily life. Once the reasoning behind maladaptive actions and thoughts are understood, energy can be directed to altering them in a healthy manner.

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