MANAGING THE PARADOXES OF PERFECTION IN WOMEN'S DAILY LIVES

A Dissertation

by

KATHERINE JANE HAMPSTEN

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2012

Major Subject: Communication

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Approved by:

Chair of Committee,	Katherine I. Miller
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ABSTRACT

Managing the Paradoxes of Perfection in Women's Daily Lives.

(August 2012)

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Chair of Advisory Committee: Dr. Katherine I. Miller

This study explores the paradoxical nature of cultural norms of feminine perfection and the strategies women employ to manage those paradoxes. Following an analysis of the cultural discourses surrounding women and perfection, this study uses portraiture to highlight how five women face perfection in their lives. Portraiture as a method employs careful, detailed narratives of a participant. The portraits from five participants, from different generations, ethnicities, races, and socio-economic backgrounds are provided and analyzed. Each portrait participant in this study represented a facet of feminine perfection, such as physical, relational, or career.

From these portraits, distinct management strategies emerged. While each participant experienced perfection in unique ways, they all were able to transcend the paradoxical tensions of perfection by framing and creating boundaries around how they would personally manage perfection. These accounts suggest that women work within the constraints of cultural norms to create stable identities.

ACKNOWLEDGEMENTS

This work is a product of the generosity and dedication of many people whom I must recognize. First, I thank the five women – Brittany, Felicia, Cris, Rosario, and Margaret -- who worked with me to develop their portraits. Each woman demonstrated great trust in me, gave her time, and granted access into her private life and thoughts. I know that their stories inspired and challenged me to be better, and I know that their stories will live on in this work. Without them, this project would not be.

Second, this work was born from the vision of my incredible advisor and mentor, Dr. Katherine I. Miller. How fortunate I have been to work with a true scholar, writer, and thinker, who believed in me and encouraged me each step of the way. Not only did she have faith in my ability to use portraiture, but she also trusted me to work with her own mother as a participant. Dr. Miller gave me the gift of confidence and helped me find my voice, and for that I will always be thankful.

Third, I also thank my supportive committee, who were willing to work with an untraditional research method. I thank my committee, Dr. Tasha Dubriwny, Dr. Joan Wolf, and Dr. J. Kevin Barge.

Finally, I thank my home support team. My mother-in-law has demonstrated selfless devotion to my son and to our family over these past years. Bertha, I do not think I would have finished graduate school without your persistent help. I also appreciate my parents and sister, who endured countless phone calls to keep me awake on bleary-eyed trips home from College Station and who read my drafts and listened to my ideas tirelessly. And last, it was my husband who convinced me that I could and should quit my

job and go back to school - not just to any doctoral program but one of the very best in the field - and that we would figure out the details as we went along. Even when faced with surprises and difficulties, he never wavered on this commitment to our dream. Steve, thank you.

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INTRODUCTION AND

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Introduction

A few years ago, I undertook a research project in which I wanted to understand why professional, well-educated working women left jobs to raise children full time. As a woman in her early thirties in a committed relationship, but without kids, I was intrigued about the sacrifices and gains that working women make. I was also interested in hearing women's rationales for how they ended up happily unemployed, despite years of hard work, study, and training undertaken (presumably) for a lifetime of employment.

What I heard over and over again surprised me. Regardless of their prior income level or organizational status, these women saw themselves enacting a sort of self-actualization by staying at home. They framed their decision to leave paid work as a rational choice, one that made the most sense when weighed against all other alternatives. Repeatedly, I heard the narrative that, while working, they felt they could not "give 100 percent" to both their jobs and their children. These interviews suggest that opting-out of a paid career was an attempt at achieving a state of completeness that did not seem possible if the woman was navigating the competing, contradictory roles of professional and mother. A woman's desire to "give 100 percent" speaks of a need to be complete – perhaps perfect – in her roles of mother or professional.

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This dissertation follows the model of the *Journal of Applied Communication Research*.

These accounts echo a quandary that touches areas of women's daily lives beyond career and motherhood. Take beauty, for example. The fashion and cosmetics industries, as well as the advertising industry though which they are fueled, have been the subject of many thoughtful, persuasive critiques (see Goffman, 1959; Kilbourne, 1994; and Wolf, 1991). But when a woman applies lipstick, or skips dessert, or pays any special attention to her appearance, is she enacting self-empowerment or simply reacting to a hegemonic culture? Similarly, consider when a woman expects to live a certain way, to care for her family with particular standards, to perform at work just as well as or better than her peers – are these standards she sets part of her own attempt at living a good life, or has she been duped by a culture that would never judge a man by these same sorts of standards? Or does the best answer reside somewhere in the space between these two alternatives?

As I considered these questions, I began to consider the nature of the connecting thread they all shared. I determined that the issue of feminine perfection was underneath all of these questions. By investigating feminine perfection, I am considering the ways in which women's lives are affected by these high standards that must be met for a woman to be considered a complete, fulfilled individual.

Perfection has a forked tongue. On the one hand, it yields a feeling of control in a chaotic world. On the other hand, its promises may go unfulfilled, leaving one depleted, exhausted, and inadequate. Yet perfection does not exist in a vacuum. It is fueled by media messages, by corporate competitiveness, by stresses and strains of modern Western life. But – significantly - it is also fueled by women's individual choices and daily experiences on a personal, micro-level.

Therefore, in the following pages, I will examine perfection from both angles. I will trace how media perpetuates messages of physical perfection for girls and women. I will discuss the pressures that women feel to be ideal mothers and daughters. I will acknowledge how organizational cultures pressure women to make impossible choices in order to be professional, successful workers. These macro-level discourses are significant and shape our social consciousness about women and perfection. But I also must acknowledge women's personal experiences with these issues. How do women negotiate these demands on their bodies, time, relationships, and life work? Do they see themselves as victims of a societal Catch-22? Or is it possible that perfection gives them feelings of control and victory? To answer these questions, a select group of women will be examined through portraits to highlight how they understand perfection in the facets of their personal, familial, and work life.

In the following chapters, I will consider feminine perfection through many angles. I will consider what feminist scholarship suggests about perfection, and I will examine the ways in which a cultural backlash against perfection is occurring. Next, because women's own voices are so important in helping us to fill in the gaps of media messages, I will introduce five women who tell their own stories of how they have encountered perfection in their own unique circumstances. Their stories of how perfection has influenced their careers, family, and even physical bodies illuminate the different facets of perfection. Finally, I will pull these pieces together into a greater understanding of the perfection puzzle. What I will demonstrate is that there are no simple answers, but that women enact specific kinds of strategies to help them manage what matters most, what they want their lives to look like, who they want to be.

Narratives of (Im)Perfection

The pursuit of perfection in an individual's life cuts across time, culture, and gender. While the end may never be achieved, the quest to live the good life or to do one's best is part of being human. Attaining perfection is congruent with being a complete, whole person. Yet perfection presents a paradox. It is both a "benefit and a burden" (Hyde, 2010, p. 5), an opportunity for personal growth and a constraint on one's psyche. As Hyde explains, "Perfection is a 'god term,' an ultimate standard meant to define states of completeness that can be used to direct us toward the good, the just, and the true" (p. 7). However, the pursuit of this virtue "can also drive us crazy and lead to troublesome . . . consequences in our lives" (ibid). Pursuing perfection is a search for completion that may present a slippery slope to pathology.

This paradox presents existential questions. As humans strive for ideals such as goodness, they also are subject to failure and shortcoming. Kenneth Burke claimed that all humans are "rotten with perfection" (Burke, 1989) and that this obsession can lead to positive or negative results (Foss, Foss, & Trapp, 2002). Yet perfection is also an attempt to achieve the fullness of one's being. Aristotle's concept of "entelechy" speaks of the need for a being to attain the essence, completeness, or perfection of its kind. This striving for perfection may be seen as both a curse and an effort to attain the fullness of one's being. It is important to emphasize, too, that this paradox plays itself out not only in the abstract of philosophy, but also in the praxis of everyday experience. The pursuit of perfection is central to humans' lived experiences on a daily basis, "present in our everyday, goal-directed lives whether we realize it or not" (Hyde, 2010, p. 11).

Individuals enact micro practices of perfection in their daily work, relationships, and choices.

The desire to reach fulfillment, completeness – perfection – is an innate drive embedded within the human experience. According to Hyde, we humans are keenly aware of our own insignificance on an existential level; we experience a "*significant insignificance*" in which "[w]e are more of an oxymoron than what our complete incompleteness makes us out to be" (Hyde, 2010, p. 251). This experience can lead us to challenge ourselves to become better humans and to open ourselves to new experiences.

For women in particular, this pursuit presents unique challenges. Ideals of feminine perfection pervade Western thought. The women of ancient Greek mythology embodied individual aspects of the feminine ideal, such as beauty (Aphrodite and Helen) or wisdom (Athena). Yet modern constructs of Western feminine perfection require the embodiment of multiple ideals within the single, mortal woman. For women, perfection is multi-prismatic, encompassing their work, relationships, and physical body. Cultural expectations of women demand that they excel in a variety of roles, enacting standards of goddess-like perfection within the mundane existence of everyday life. Indeed, feminist theory argues that perfectionist cultural standards placed upon women are hegemonic and patriarchal (Tong, 2009). These arguments suggest that women's efforts to reach perfection are responses to dominant masculine standards. The feminist lens may view perfection not as a chance at self-actualization, but as a constraint in a hegemonic culture.

This perspective highlights a key paradox of feminine perfection. On one hand, the pursuit of perfection represents an important part of one's journey toward wholeness, toward becoming one's true self. Yet on the other hand, the pursuit of feminine perfection

can lead to fragmentation and feelings of inauthenticity. Perfection's paradoxical nature may lead women to perceive it more as a double bind (Tracy, 2004) than as an opportunity. Therefore, to better understand how women experience perfection, it is necessary to examine the cultural discourses of perfection.

Discourse studies tap into the social dimensions of an organization or culture (Alvesson & Karreman, 2000) and reveal structures of power and resistance (Putnam, Grant, Michelson, & Cutcher, 2005). Cultural ideologies seep into the discourse, to the point that they become taken for granted assumptions about reality. It is important to take a critical eye to media messages and organizational assumptions about what reality is. We socially construct reality to the point that what we experience is filtered through these constructs of what is good/bad, right/wrong, correct/incorrect, etc.

Scholarship, particularly feminist scholarship, takes a serious look at the ways in which a culture constructs reality. For this investigation concerning perfection, I am primarily interested in the ways communication scholars, as well as psychologists and sociologists, have investigated cultural pressures on women. These studies tend to fall into the categories of body, relationships, work, and motherhood. While the term "perfection" may not be used explicitly, a wealth of research examines the constraints of social constructions of feminine perfection. These pressures seem particularly acute on a woman's physical appearance, her professional life, and her roles as a mother and daughter. These constraints are consistently present throughout a woman's public and private life, although the form may fluctuate according to life stage.

The following offers a brief overview of the literature concerning women and perfection. While most of these works do not specifically engage the term "perfection,"

they do share a common thread. Each of them discusses ways in which women enact success in their everyday life. This thread may manifest itself in discussions of how women work to achieve an ideal body, to create a professional identity, or to fulfill family obligations. Such facets of achievements together form a woman's overall identity as a successful individual.

Physical Perfection

First, the tolls of trying to achieve physical perfection are well documented. Women diet, exercise, and use cosmetics and clothing in an effort to achieve ideals of feminine beauty similar to those seen in mass media (Bordo, 1993; Kilbourne, 1994; Wolf, 1991). These messages can lead to dangerous, extreme behaviors, such as the development of eating disorders or body dysmorphia. Such extremes are of particular concern for young women (Brumberg, 1997; Harrison, 2003), but these pressures are present throughout a woman's lifespan. For example, middle-aged women's physical appearance may affect their friendships with other women (Clarke & Griffin, 2007), and older women are the greatest consumers of cosmetic procedures (Slevec & Tiggerman, 2010). Creating the perfect body through cosmetic surgery may help a woman feel that she is more visible, even though the flaws she is trying to fix through surgery may only be visible to her (Dolezal, 2010). Women who undertake cosmetic procedures demonstrate to their daughters that cosmetic surgery is a normal part of femininity (Abate, 2010). Maintaining the physical body is a concern throughout a woman's life, constituting part of her very identity (Tretheway, 2001).

Relationships and Perfection

In addition to achievement of the perfect body, women also may face pressure to

be perfect within their interpersonal relationships. Just as women face issues regarding bodily perfection from girlhood through adulthood, relational pressures move throughout the lifespan as well. The literature suggests that a type of perfection is present within the private sphere of the family. As a young woman, attachments with parents are important. Hart and Kenny (1997) found a positive correlation between young women's secure relationships with parents and indications of striving for success in other areas of life. The ways in which parents communicate their expectations for their children, such as those to be perfect, has a direct impact on their children's mental health. Daughters tend to be controlled more by their families than do sons (Hagan, 1989; Hagan, Gillis, & Simpson, 1987, as cited by Miller & Day, 2002).

Daughters are particularly likely to be at risk for suicide when they have a mother who expects perfection and a father who expects high levels of conformity, such as cooperation, harmony, and compliance (Miller & Day, 2002). When parents communicate the necessity of conformity to their children, their children are more likely to look to others' approval in order to feel self-worth (Ritchie and Fitzpatrick, 1990, as cited by Miller & Day, 2002). According to Miller and Day (2002), "[F]or daughters, a combination of maternal communication of expectations of perfection and paternal adherence to a conformity orientation may create a family climate that functions as a risk factor in suicidal behavior. Fathers who stress compliance and conformity may provide little support for the female individual who is struggling to discriminate her own expectations from her mother's" (p. 181).

Parental relationships present an opportunity for perfection as women age, as well. Miller, Shoemaker, Willyard, and Addison (2008)[1] found that adults who care for their elderly parents often reported feeling they could care for their parents more competently than other family members or paid health care workers could. These participants indicated that they saw such competence as a component of their overall identity -- being a competent kind of person. In both these studies, success and competency indicate an identity of perfection that crosses family relationships and overall identity. Maintaining perfection in relationships is incredibly stressful because "the drive for perfectionism or the avoidance of failure often relates back to fear of what other people will think" (Basco, 1999, 186-187).

Work/Family Balance

Third, research suggests that women face constraints in attempting to build a professional identity at work. Feminist organizational research does not engage the term "perfection," but it does examine how norms of professionalism require women to conform to masculine organizational cultures. These norms require women to defeminize their emotions (Mumby & Putnam, 1992) and bodies to meet the expectations of the culture (Nadesan & Trethewey, 2000).

These norms require women to discipline and control their feminine bodies in order to conform to masculine organizational norms (Trethewey, 1999; Nadesan & Tretheway, 2000). Women "struggle to perform and embody professional identities that are nearly impossible to achieve" as they "invest a great deal of time, energy, and

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[1] Unlike the other studies cited in this section, Miller et al. did not specifically discuss women's experiences. However, based on discussion with the lead author, it seems that these findings may be particularly pertinent to the female participants. Almost all of the participants were female, which is representative of the majority of caregivers at large.

material resources" in order to control the physical body (Trethewey, 2001, pgs. 112-113).

The impact of these masculine norms is measured throughout a woman worker's lifespan, particularly in women workers' experiences of pregnancy, childbirth, and menopause (Ashcraft & Mumby, 2004; Buzzanell, 2000; Kirby & Krone, 2002; Trethewy, 2000, 2001; Zoller, 2003). Organizations require women to monitor their gender and their age to align themselves more with expected norms. Women "experience, embody, and perform their age" (Trethewey, 2001, p. 191) within the workplace. Inhabiting a young, female body can cause women to face "burdensome sexual harassment, sexual objectification, and sexual tension" (p. 200) and "to contend with having too much sexuality" (p. 201). Young women report feeling that their credibility suffers and they are not taken seriously by their colleagues and clients (Irizarry, 2004; Bell & Nkomo, 2001). Older women report feeling pressure to control their aging appearances in order to pass as younger workers (Trethewey, 2001).

Total Motherhood

Fourth, women also may see their success at mothering as reflective of an overall identity of perfection. Mothers may experience social constructions of the "perfect" mother as a serious burden (Douglas and Michaels, 2004; Peskowitz, 2005; Warner, 2006). Those who attempt to achieve perfection as workers and as mothers may experience deep contradictions between the two (Hays, 1996; Williams, 2000; Williams, Manvell, and Bornstein, 2006). In my own research, mothers told me that they left paid work to care for their children because they felt they could not be successful workers *and* successful mothers simultaneously. Often, these women described themselves as "having

Type A" or perfectionist personalities; they saw themselves as individuals who upheld optimal standards for themselves. These descriptions suggest that this group perceived full-time mothering as indicative of their overall personalities (Hampsten, 2010).

These cultural constructions point to the "total motherhood" movement. Douglas and Michaels (2004) highlight the unattainable demands women face in a culture that demands intensive mothering. Such a culture idealizes hands-on mothering in which women are fully consumed and fulfilled by their children. Williams (2000) similarly argues that organizational cultures discriminate against women by punishing individuals who do not fit the ideal, masculine worker norm. Women cannot be totally devoted to work while also practicing intensive motherhood. This double-bind forces both women and men into neo-traditional roles of male breadwinner/female housewife.

An outgrowth of the total motherhood movement is the concept of risk parenting (Furedi, 2002; Wolf, 2010). This perspective views life and the social world as inherently full of risk, and it is the parent's, particularly the mother's, responsibility to prevent and/or minimize all threats to her child. From prenatal care, to breastfeeding, to involvement in the child's academic and social life, the mother is careful to keep her child safe. This type of mothering is often referred to as over-parenting or being a "helicopter mom," which connotes that the mother is constantly hovering, able to monitor and intervene for her child at a moment's notice. Helicopter mothering may persist through adolescence, young adulthood, and beyond (Gibbs, 2009). This type of mothering holds that mothers are fully responsible for their child's well-being, from conception to adulthood.

Perfection and Identity

The pursuit of perfection affects women throughout their lifespan in layered, interrelated ways. Perfection contributes to a woman's core identity, scaffolding through her age, work, family, body, and relationships. Her gender identity is in constant flux, determined by life experiences such as career, romantic relationships, and motherhood (Vespa, 2009). Being "perfect" in one aspect of life, such as physical appearance, professional achievements, or relationships or motherhood, becomes part of a woman's overall identity. Researchers have also found a relationship between symptoms of eating disorders in young women with the young woman's belief that she should be a "super woman": successful, beautiful, and independent (Steiner-Adair, 1986; Hart & Kenny, 1997).

Conformity to these ideals is a social process. For example, women who fix "invisible" flaws through plastic surgery may be attempting to become more "visible" to others by being perfect (Dolezal, 2010). Cultural standards of beauty can negatively affect women's relationships with other women across the lifespan, particularly in old age (Gosselink, Cox, McClure, and DeJong, 2008). Abate (2010) analyzes a children's book, *My Beautiful Mommy*, which was written to explain a mother's cosmetic surgery from the point of view of her young daughter. While Abate argues that the book normalizes the "need" for cosmetic surgery to young girls, this study suggests that the pursuit of perfection is not just an isolated, intrapersonal issue. Rather, it is imbedded within a woman's relationships, communicated in both her self-identity and interactions with others. This identity is maintained across the lifespan, encompassing both the private and the public spheres of her identity.

Agency and Perfection

How might these two opposing perspectives of perfection as either self-optimizing goal or cruel straitjacket be reconciled? How does this paradox affect women's everyday experiences? I aim to explore feminine perfection from both angles. Rather than taking a default critical position, this project allows the paradoxical construction of perfection as *both* an opportunity *and* a constraint. It will give voice to women describing their attempts to enact perfection. Such a both/and approach differs from the dichotomous nature of research that tends to cast women either as victims of false consciousness or as independent agents acting freely and rationally (Clarke & Griffin, 2007).

This dualistic perspective is consistent with the research discussed above. Specifically, it acknowledges Hyde's (2009, 2010) philosophical premise that perfection is an attempt at personal wholeness, or completeness, on an existential level. This approach also complements my own research, which suggests that – despite real constraints - women persistently perceive their lives as a series of deliberate choices toward self-fulfillment (Hampsten, 2010). Through this lens, the pursuit and enactment of perfection may be seen as both a burden *and* as an effort at achieving completeness in life.

Theoretical Frameworks

Two key theoretical approaches come from the work of Giddens and Bourdieu. Both of these frameworks allow for the interplay between structure and agency. Through these lenses, it is possible to consider how women both respond to and enact cultural norms of perfection within their daily lives.

First, Giddens's concepts of structuration and agency add another layer to the perfection paradox. Under this model, women actively reify the social constructs that constrain them (Giddens 1979, 1984, 1998). They not only react to pre-established constructs of femininity, but also enact these constructions through daily practice. Through Gidens's lens, the woman and her culture are not separate entities, but are enmeshed and reflexive of each other. As Giddens (in Cassell, 1993) explains, this duality of structure acknowledges that "rules and resources are drawn upon by actors in the production of interaction, but are thereby also reconstituted through such interaction" (p. 123).

Giddens stresses the active role of individuals upon the structures that in turn also influence them. He (in Cassell, 1993) explains that these "institutions do not just 'work behind the backs' of the social actors who produce and reproduce them" (p. 124). In light of the perfection paradox, women may not only be responding to social constraints, but also acting out of their own perceived best interests. This duality of thought allows for the possibility that women exercise agency in their pursuit of perfection. They are active agents in shaping the structures that influence them.

At the same time, individuals react to their social worlds as they form their self-identity. Giddens (1991) explains that, when individuals encounter new information about themselves, they work to assimilate that information into their current identity. Giddens calls this activity the "continuity of self-identity"; it is "the persistence of feelings of personhood in a continuous self and body" (ibid, p. 55). This self-identity "must continually integrate events which occur in the external world, and sort them into the ongoing 'story' about the self" (ibid, p. 54).

Based on this framework of self-identity, it is important to consider how a woman's self-identity is reflexive of her understanding of perfection. If, for example, her self-identity is based on seeing herself as an excellent mother, she will work to maintain that idea of herself. When that notion is threatened, perhaps by the competing demands on her time and energy of her job, then she will likely reassess her commitments to family and work in a way that will allow her to maintain her story about herself.

Secondly, Bourdieu's concept of habitus recognizes how an actor develops norms of behavior within a particular field, or social structure. Habitus recognizes how one develops habits within a structure of class and gender. It is "not only the product of structures and producer of practices, but it is also the *reproducer* of structures" (Power, 1999, p. 49). Habitus is the (un)conscious influence of cultural norms in a way that seems naturalized. The interplay between structure and individual behavior is significant. As Power (1999) explains, "While gender, class, ethnicity, culture, education, and the historical time period all shape an individual's habitus, practice – what one does in everyday life – is dynamic and fluid" (p. 48).

By acknowledging the fluidity of individual practice, Bourdieu allows for the possibility of an alternative subject position in the study of feminine perfection. This theoretical stance works to "overcome social dichotomies in social theory," such as the dichotomy between structure and agency, as well as to "understand the practical logic of everyday life" (Power, 1999, p. 48). Under this framework, women's experience of perfection resides in both their own daily activities as well as the cultural structures in which they live.

The theories of Giddens and Bourdieu offer ways to look at perfection in a balanced light. They allow for theorizing about perfection from a both/and perspective, allowing for the paradox of perfection as a constraining and empowering principle. These theories provide us with an intellectual lens through which we may better allow for the agency women have in managing cultural norms of perfection. Like other feminist scholars (McNay, 2000; Zlatunich, 2009), I hope to acknowledge the role of both social power and personal agency on women's lives.

In sum, an important aspect of the perfection paradox is the voice of women themselves. On the one hand, perfection can be viewed as a burden and constraint in a hegemonic, masculine culture. This perspective may engage a critical lens, viewing perfection as a constraint. On the other hand, perfection can be viewed as an opportunity to achieve self-actualization, completeness, or an identity of success. This perspective may see women as rational agents, constructing their own life choices and identities. The intertwined threads of body, work, relationships, identity, age, and gender all weave into the social construct of perfection. This complex tapestry needs to be further examined through the voices of women themselves.

<center>Counterarguments to Feminine Perfection</center>

In considering perfection as a knot of power, structure, and agency, it is helpful to look at the ways in which both scholarship and popular culture have worked within the structure. A backlash against perfection is occurring, at both the popular culture and academic levels. These critiques recognize the impossible paradoxes of perfection and suggest ways that women may counteract them.

Perhaps most famously, Dove skincare products challenged physical perfection in advertising with their "Dove Campaign for Real Beauty." Launched in 2004, the advertising campaign showed photographs of "real" women, complete with wrinkles, freckles, gray hair, and cellulite. Of course, this campaign suggests that women need to buy Dove products to enhance that "natural" beauty. Furthermore, many criticized these advertisements for employing the very same sort of digital correction they criticize (Johnston and Taylor, 2008; Millard, 2009; *On the Wings of Dove*, 2011). Nevertheless, the novelty and high exposure of the campaign lent mass attention to the anti-perfection discourse.

Even Alexis Stewart, daughter of Martha Stewart, has created a career of parodying the standards of perfection her mother has presented via decades of television, radio, and print media, as well as multiple consumer product lines. While Martha Stewart created a brand synonymous with domestic perfection, her daughter has written about the reality of growing up in a not-so-perfect home (Stewart and Hutt, 2011). This book, based on her radio and television programs, uses satire to shatter illusions that her mother was the alpha mom that her public persona suggests.

On a broader scale, popular culture counters the alpha mom concept with tales of the beta mom. According to feminist scholar Sharon Hays (quoted in Jayson, 2007), "It's a different version of the Mommy Wars. . . . The original Mommy Wars focused on the ideological battle between stay-at-home mothers and mothers in the workforce. This newest skirmish is more about personal parenting styles" (p. D1). Beta moms recognize that being perfect is not necessary to also be a good parent. The counter-perfection narratives also include a wealth of books and websites showing how being a less-than-

perfect mother is acceptable, often employing humorous titles, such as *I Was a Really Good Mom Before I Had Kids (*Ashoworth & Nobile, 2007), and Rene Syler's *The Good-Enough Mother.Com.*

Research has also discussed the problems with intensive mothering. Despite what the ethos of intensive mothering suggests, backing off is actually better for mothers and their children (Farudi, 2002). Against common wisdom, researchers have established that mothers of young children who work full or part time are healthier than mothers who stay home (Buehler & Obrien, 2011). These studies suggest that intensive parenting is not a panacea for women or children.

Professional women have also caught on to the dangers of feminine norms of perfection. The problem of "effortless perfection" arose as the result of a comprehensive internal study Duke University conducted in 2003. The term, which so eloquently captures the paradox of women and perfection, was coined by an anonymous sophomore during a focus group. The term caught on as a catchall to explain how the Duke culture created "the expectation that one would be smart, accomplished, fit, beautiful, and popular -- and that all this would happen without visible effort" (http://web.duke.edu/womens_initiative/exec.htm). What was happening at Duke struck a chord with women around the nation. Dozens of national publications began to discuss the concept of effortless perfection and the unreasonable burden it places upon women (ibid).

The study caught the attention of the National Council for Research on Women (NCRW) (Anderson, M.E., 2011). In February 2011, the NCRW brought together a panel of high-profile women leaders from business and government to analyze the issue. These

panelists pointed out a ramification of effortless perfection that costs not only the individual woman on a micro level, but also *all* women on the macro level. When a culture of effortless perfection exists, they reasoned, women are deeply inhibited from climbing the corporate ladder. Professional success requires attributes that fundamentally contradict the idea of effortless perfection. If a woman expects that perfection, or success, is effortless, then she is unequipped to mange the failures that will inevitably happen along her way.

Bouncing back from failure requires a woman to acknowledge that success is not effortless. Rather, it requires two key components that effortless perfection precludes. It requires both a resilience to failure and an ability to move forward even when doing so seems incompliant. Both of these qualities contradict the image of a woman who is effortlessly perfect. When a woman encounters the challenges of moving forward in a career, she will become discouraged when reality does not reinforce her concept of success being effortless. When she cannot achieve effortlessly, she may opt out of her career ambitions. According to the panelists, this sort of opting out results in "stalled pipelines" – women enter the workforce, but they fail to move forward through the pipeline to reach the upper ranks. Stalled pipelines certainly affect the individual woman who stalls out. But they also impact the cause of women workers at the macro, societal level, as women historically fail to reach the upper ranks of industry.

Both the Duke study and the NCRW panel reached a similar conclusion. They both determined that, if we are to successfully counter this dominant culture that expects women to somehow achieve "effortless perfection" while at the same time being compliant, women must share their true experiences. Both groups agreed that a need

exists for an increase in personal relationships between women of senior rank with those entering the workforce. When younger women hear stories of how real women's achievements did not happen effortlessly, it can help them reframe their expectations. This study seeks to share the very real challenges and strategies that women have experienced in their every day lives.

Research Questions

In an effort to collect these types of stories and to learn from them, this project will seek to answer the following research questions:

RQ1: How do women frame and recognize the experience of perfection in their everyday practice?

RQ2: To what degree do women recognize agency in navigating perfection?

RQ3: How do women make sense of and/or manage norms of perfection?

Conclusions

Perfection is a slippery concept, full of paradox, contradictions. It is a two-sided coin; it is impossible to look at the existential, self-completion side without acknowledging that the pathological, self-defeating side exists as well. This paradox can be particularly troublesome for women. It is important to consider how feminist communication scholarship acknowledges the ways these norms are established in terms of a woman's work, body, and relationships. However, a need exists to examine these norms consider how women exercise agency within the constraints of this culture.

CHAPTER II

METHODS

Portraiture: A Paradoxical, Multi-Prismatic Method

To study the complexities of perfection, it is necessary to employ a method that allows the researcher to engage with the questions on many levels. Rather than starting from a critical position, this project allows for the construction of perfection as both a burden and an opportunity, both a vice and a virtue. Such a position is consistent with Sarah Lawrence-Lightfoot's concept of portraiture, a paradoxical method in itself. This method has been used in education research (Bloom & Erlandson, 2003; Hackman, 2002; Witz, 2007), but has not yet been used in communication studies.

Portraiture seeks to uncover the "goodness" within a research subject. This emphasis upon "goodness" within portraiture runs counter to the tendencies of critical theory. "Goodness" requires the researcher to locate the participant's "strengths, competencies, and insights" (Lawrence-Lightfoot & Davis, 1997, p. 141). While this approach is not the creation of an "idealized portrayal of human experience" or a "focus only on good things" (ibid), it does highlight success over failure. This emphasis on the presence, rather than absence, of virtues runs counter to "the more typical social science preoccupation with documenting pathology and suggesting remedies" (Lawrence-Lightfoot & Davis, 1997, p. 141). Unlike other methodological approaches that deconstruct a subject to reveal faults, pathologies, or inequities, portraiture focuses upon what is right within the participant. It highlights the enactment of a virtue (Lawrence-Lightfoot, 1983) or quality (Lawrence-Lightfoot, 1999).

For the researcher to tap into the goodness of the participant, a relationship of trust must be created between the two. As Davis (2003) explains, the participant should be able to say to the researcher, "You may look and see because I know that you will not betray me in your expression of your vision'" (p. 209). As a result of this trust, the researcher is careful to treat the participant with respect and consideration. In fact, the data that are ultimately presented will be filtered through this relationship. According to Davis, this relationship greatly influences the final portrait (ibid).

Creating a portrait that is grounded in relationship and the search for goodness is a complex process. This alternative orientation, to look for goodness rather than pathology or flaw, may be difficult for some participants to grasp. Davis (2003) explains the complexity:

> It takes time to assure these constituents that evaluation is not our mandate. In recognizing goodness, challenges are assumed as part of the process not identified as signs of a problem, and a positive perspective is promised and maintained. This approach, coupled with the displayed appreciation of a supplicant learner gratefully welcomed to a site, set the stage for a relationship marked by trust. (p. 211)

Lawrence-Lightfoot refers to portraiture as her invention and has explained its influences and aspects thoroughly (Lawrence-Lightfoot, 1983, 1994, 1999, 2005, 2009; Lawrence-Lightfoot & Davis, 1997). She characterizes her work as representative of a "purposeful and serious attempt to push the boundaries of interpretive inquiry, navigating borders that typically separate disciplines, purposes, and audiences in the social sciences" (Lawerence-Lightfoot, 2005, p. 6). Indeed, portraiture reflects several key aspects of interpretive methods. It stems from the phenomenological paradigm (Lawrence-Lightfoot & Davis, 1997). This paradigm looks for knowledge in the individual's subjective understanding, while recognizing that such understanding is enabled and constrained by

an individual's life experience and language. Portraiture seeks to depict both the researcher and the subject's perceptions of the world. Both actors co-construct the portrait together.

Like other types of qualitative methods, portraiture relies upon the interpretation of narratives "as part and parcel of meaning making" (Hesse-Biber & Leavy, 2006, p. xxv). These narratives are critical components of an interpretive perspective, which emphasizes the importance of local, specific knowledge (Putnam, 1983). This research prizes the inductive meaning that may be derived from such specific cases. Perhaps paradoxically, portraiture claims that the "more specific, the more subtle the description, the more likely it is to evoke identification" (Lawrence-Lightfoot, 2005, p. 13). This identification can transfer to an "eclectic and broad audience, living and working in other contexts," if the portrait is "very specific and deeply contextual" (ibid). Portraiture emphasizes the use of detail and context to build understanding of participants' narratives. Such an emphasis on thick description (see Geertz, 1973) and participant involvement echoes other qualitative methods, such as naturalistic inquiry (Lincoln & Guba, 1985) and grounded theory (Charmaz, 2006). This process uses inductive, rather than deductive, thought processes to create knowledge that is transferable from case to case.

Lawrence-Lightfoot explicitly explains her methodology in her books of portraiture, typically within the first chapter. For example, in *The Third Chapter* (2009), she explains the two-year process of interviewing forty men and women, between the ages of fifty and seventy-five, across the country. Her descriptions of the participants carefully trace their individual biographies. The portraits also provide a great deal of

detail regarding the contexts in which the participants live and work. Lawrence-Lightfoot stresses the necessity of immersing herself into the physical contexts of her participants, arguing that the context gives the artist further insight into the participant. Following the interviews, participants often would follow up to clarify a point or offer further reflection.

This data-gathering process is consistent with other forms of qualitative research, including those more traditionally used in interpretive communication studies. Although researchers have typically employed portraiture within education and critical race studies, portraiture fits within the communication discipline as well. As Lindlof and Taylor (2002) state, "as a relatively young and interdisciplinary field, Communication has tended toward pluralism and diversity" (p. 8). The field, "whose topical ambition (all symbolic performances, anywhere, anytime) is nothing short of astounding, now accommodates many different theoretical traditions and styles of inquiry" (ibid, p. 10). Indeed, it is important to note that communication scholars have explored a variety of methodological and axiological positions that best fit their research purposes (see Craig, 1999). For example, they have looked to "sociology for its symbolic interactionism and phenomenological traditions; to literary theory for new ideas about the relationship of readers and texts; to feminist and political theory for alternative explanations of power, agency, and social structure; to cultural studies for ways to integrate theory and method in the study of cultural communication" (Lindlof & Taylor, 2002, p. 12).

Davis (2003) points out the similarities and differences between portraiture and related methods. She notes, "Like exemplary case studies, successful portraits provide detailed and responsible accounts of individuals or groups. Unlike case studies that focus,

for example, on analyses of strengths and weaknesses, portraiture embraces the notion of a 'good' whole – one that necessarily incorporates challenge and error even as it functions effectively" (p. 200). Similarly, like grounded theory, portraiture takes an inductive approach at theory building. These theories are intended for an audience beyond just academic circles; because portraiture uses the participants' own stories and voices, the findings can be translated to wider audiences. Through the use of particular stories, portraiture makes larger claims about the human experience.

Portraiture as Art and Science

Portraiture is an aesthetic modality. It requires the researcher, like an artist, to paint a creative expression of the participant. Just as one would recognize a portrait painted by a particular artist, "in a research portrait, the voice of the researcher is imprinted on the rapport with the research participant, the language used in portrayal, and even on the particular details that are chosen to be included in a work" (Davis, 2003, p. 205). Clair (2003) eloquently discusses a close cousin of portraiture: aesthetic ethnography. Her descriptions of aesthetic ethnography echo the descriptions of portraiture as art and science:

> "[A]esthetics refers to perceiving, to listening, and to being sensitive. Logic, according to its Greek rudiments, refers to *logikos* – speaking, *logike* – techne, skill or art; *logos* – word; and *legein* – to speak, to calculate, to collect and to gather. Logic is directly related to ethnography – collecting and gathering in technical and systematic fashion the cultural phenomenon so as to speak or write of culture. But aesthetics are equally linked to ethnography for we cannot write or speak of culture if we have not perceived it in a sensitive fashion." (pgs. 87-88)

Such a conception crosses borders between art and science. While portraiture relies on the artistry of the researcher's grasp of subtleties and nuance, it also holds potential for the knowledge-building capacities of science. As Lawrence-Lightfoot (2005) explains,

portraiture "embraces both analytic rigor (a perspective that is distant, discerning, and skeptical) and community building (acts of intimacy and connection)" (p. 12). Whereas traditional research uses standards of reliability and validity, portraiture relies on the standard of *authenticity* (ibid, p. 14).

The bridge between art and science is dependent upon the researcher's ability to balance the two. That is, the "shaping hand of the investigator is counterbalanced by the skepticism and scrutiny that is the signature of good research" (Lawerence-Lightfoot, 2005, p. 11). Artistic presence alone is not sufficient. The researcher must also implement careful analysis as part of the method, to avoid personal bias that might skew the authenticity of the piece.

Like science, portraiture also relies upon strong research questions. Davis (2003) recognizes that a common misconception about portraiture is that is not methodical, not guided by a research question. She acknowledges that portraiture is often mistaken as merely an amalgamation of one person's interpretation of a person or organization. However, portraiture relies on strong research questions as a guiding force that determines the types of data, such as texts and interview questions, which will be used.

Additionally, the portraitist must be well informed. The research questions and plan of study must be grounded in current scholarship. In my own study of perfection, as I listened to each participant and analyzed the data, I constantly compared my interpretations against my academic knowledge and the other participants' data. No portrait was created in a vacuum; rather, I framed each portrait in the context of my own knowledge of the topic at large.

Portraiture differs from ethnography in key ways. For example, the high visibility of the researcher results in portraiture being more personal than most forms of ethnography. The portraitist is constantly framing, designing, and creating the story. Ethnography, however, is "holistic in that it tries to describe all (or at least most) relevant aspects of a culture's material existence and meaning systems" (Lindlof & Taylor, 2002, p. 16), such as through the use of thick descriptions, field notes, and participant observation. This emphasis on description in ethnography highlights its key difference with portraiture. The portraitist does more than act as an outsider recorder; he or she is ever-present within the portrait. A portrait showcases the essence of a person and creates a unity of that person's many facets, similar to a "holograph that shows new things when looked at from different angles" (Witz, 2007, p. 259).

Such a balance presents several paradoxes. These paradoxes circle around the nature of the portraitist as both scientist and artist. Portraiture brings together aspects of research that are traditionally separated. The goal of portraiture is to combine "analytic rigor and human connection" (Lawrence-Lightfoot, 2005, p. 10). Lawerence-Lightfoot explains that portraits must create "a string of paradoxes" as they work to maintain "a crucial dynamic between documenting and creating the narrative, between receiving and shaping, reflecting and imposing, mirroring and improvising" (ibid). The portraitist strikes a balance between working as an artists and scientist. This activity becomes a paradoxical activity in itself.

Exploring Perfection through Portraiture

Portraiture offers potential strengths as a method of choice for the study of how perfection is enacted within women's lives. Through the deeply personal, reflexive nature

of the method, I was able to craft a portrait with each participant in ways that other methods could not. Such a level of participant involvement holds the potential to give more voice and agency to participants. Portraiture, in its acknowledgement of paradox, may best be able to reflect the complicated facets of perfection in the human experience. Portraiture is open to the paradoxes in individuals, and this project seeks to explore the paradoxical nature of perfection.

Following past scholarship using portraiture, I selected research participants based upon their enactment of a particular facet of perfection. For example, in an examination of the value of respect, Lawrence-Lightfoot (1999) chooses participants who demonstrate "[s]ix windows on respect – empowerment, healing, dialogue, curiosity, self-respect, and attention – each one reveals a different angle of vision; each illuminates different experiences" (p. 13). In the current study, those windows can be conceptualized as aspects of perfection such as physical, relational, professional, or another emergent category. Further, I considered such windows in light of identity and age. To build the layers of deep context that portraiture requires, the researcher may note how perfection is evident in the participants' physical surroundings and physical appearance. I noted details such as the how the participant dressed, how she wore her hair, how she decorated and arranged her home or workplace. The participants could reflect a variety of life stages and standards of perfection.

As noted earlier, portraiture seeks to reveal the "goodness" of its participants. Rather than looking for problems with positions of power, portraiture looks for what attributes bring about success. Portraitists often study not those who are marginalized, but those who enjoy positions of leadership. For example, Lawrence-Lightfoot has studied

celebrated high school principals (1983) and well-educated, affluent older adults (2009). All communication scholars may not embrace this alternative position. (In an interview with Bill Moyers [2009], Lawrence-Lightfoot countered this critique by explaining that her emphasis is on participants' *perceived* abundance, or being able to recognize one's choices in life, regardless of their personal wealth or status.)

However, whether or not perfection is an element of "goodness" deserves further inspection. Lawrence-Lightfoot stresses that weakness, flaws, and problems that the participants embody should also be included in the portrait. Therefore, these portraits examine perfection's lightness and darkness. It considers how social constructions of feminine perfection hold potential to both enable and constrain women. However, unlike critical studies that start with perfection as a problem, a portrait brings the "goodness" of perfection to the foreground.

Method

In using portraiture as a method, I closely followed Lawrence-Lightfoot's method as outlined in her own works of portraiture (1983, 1994, 1999, 2009), as well as her co-authored book (Lawrence-Lightfoot & Davis, 1997) explaining the method. This process includes carefully selecting participants, preparing for meeting with them, interacting with the participants reflexively and respectfully, engaging with them to co-construct the portrait itself, and then asking them for a fact-check of the final portrait.

Sample

Like Lawrence-Lightfoot, I chose participants who met my basic criteria and were interested in contributing to the project. In this case, they are women of varying ages who expressed interest in allowing me to talk about the role perfection plays in their daily

lives. The age ranges are meant as flexible lifespan eras. I hope to create a cross section of race and class within these categories. These individuals reflect windows of perfection, such as in their family or personal life, and these facets overlap to some degree.

These participants are not meant to be exemplars of perfection. That is, I am not looking to examine how women achieve above-average ideals of career, appearance, or mothering. I am not looking for "superwomen" to study. Rather, my aim is to focus on how women engage with notions of perfection in their daily (even ordinary) lives.

Each participant represented particular facets, or windows, of perfection. As the next section will demonstrate, the participants represented a variety of ages, races, and careers. While each participant expresses perfection as a complex, intersectional phenomenon, their stories emphasize specific facets of perfection. For example, Brittany is a White college student in her early 20s. Brittany highlights the windows of youth and concern over perfecting the body. Cris is Brazilian-born doctor, wife, and mother in her mid-30s. Cris represents the window of perfection in career, as she works to fulfill her own vision of patient care despite resistance from patients and peers. Felicia is a Black single mother of a young adult son, works as a nurse assistant, and is in her late 40s. She demonstrates the window of perfection within family and co-worker relationships. Rosario, a Mexican-American wife, grandmother, and college administrator in her 60s, reveals the intersection of pursuing a high status career within the context of dual-career marriage. Finally, Margaret, a White, widowed grandmother in her 80s who had a career in journalism, explains how she made peace with perfection in the areas of self respect, work, and family.

Discussion Guide

I used detailed observation and guided conversation as a way to conduct the interviews. Although I carefully considered what types of topics to discuss with the participant, I was careful not to impose a strictly planned interview agenda. Before meeting with the participant, I explained to her my general purpose, goal, and approach to the project. I explained that I am using portraits of individual women to explore how women work to achieve perfection in their lives and that I am particularly thinking about how these pursuits enhance and/or detract from women's lives in general. I explained that by looking at an individual's experience, we can begin to craft ideas about how women in this culture generally experience these pushes and pulls each day.

Depending upon her particular situation, I conducted the portrait in a setting that reflects her own life situation and made sense for that individual. The context in which the portrait was conducted holds great significance. I visited each participant in a place that allowed me to learn as much about them as possible, such as their home (Margaret), school (Brittany), workplace (Cris and Rosario), or a restaurant where she felt at ease (Felicia). These site visits helped "people to 'show' me rather than 'tell' me" (Lawrence-Lightfoot, 2009, p. 15). It was important to me that the participants chose a location that was on their home turf. For example, Cris and Rosario were accustomed to students observing and shadowing them in the workplace; furthermore, they enjoyed a high-level status in which they did not need permission from supervisors for me to observe them at work.[2] I never wanted to impose on participants in their homes or workplaces in a way that would cause any discomfort or needless inconvenience.

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[2] Cris was so accustomed to medical students shadowing her that, while performing a minor surgery on a patient, she instructed me to bring her a certain type of needle from the supply closet. My bewildered

Our discussions emerged organically in the moment, but I did attempt to address several of the following issues:

What does perfection mean to you?

What role does perfection play in your everyday life?

What in your life needs to be perfect? What doesn't?

What does your attitude about perfection say about who you are – your essence, nature, core self, identity?

How does your pursuit of perfection benefit you? Harm you? What are the rewards and/or costs?

How do you organize your daily life around your ideas of perfection?

Has your view of perfection changed as you have grown older?

Data Collection

The data collection for each participant was unique. As I worked with each participant, I considered how to best approach her story. I looked for ways to talk to participants in settings in which they felt comfortable and could be themselves. As noted above, I wanted each participant to feel as though I was on *her* turf, allowing her to demonstrate who she is and how she engages with others. For example, because Cris and Rosario's careers are so central to their identities, it made sense to observe and interview them at their workplace. I met with Brittany on campus, Felicia at a restaurant she selected, and Margaret in her room at the assisted living center. Within each location, I was sensitive to our surroundings and how the participants interacted within the given context.

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expression at this request quickly reminded her that I was a different type of student than those she was used to hosting.

Additionally, I was interested in finding other sources of record to illuminate my observations and interviews. For example, I asked Brittany to bring an artifact to one of our meetings that she felt demonstrated "perfection." She chose to share a series of photographs of herself at her thinnest state. She explained that the photographs demonstrated what she *used* to consider perfection. As we looked at the photographs together, I made notes about how she responded to these photographs - her posture, facial expressions, and emotional state. I read an essay Brittany wrote for a health communication class as well to supplement the observations I had of her as a student in my own class.

Similarly, I read published works written by Margaret and written about Rosario. I studied Felicia's Facebook profile and read news stories published when her workplace closed. I spent a day observing Cris at work, sitting in on her patient examinations and interactions with staff and drug representatives. Following each meeting, I wrote copious notes about my observations, connections, and future questions. These supplemental forms of data provided a larger context in which I could situate the portraits.

In sum, my data collection included the following. With Brittany, I collected 4 hours of interview, observations of her as a student in my class, and external documents, including a class essay, her resume, and photographs. We met in the library at Texas A&M University. I interviewed Cris for 2 hours, ate lunch with her twice, and completed a day of shadowing her at her clinic in Amarillo. I ate dinner with Felicia in Navasota, interviewed her for one hour, communicated with her over email, and examined her Facebook page. I shadowed Rosario at her campus in Houston, ate lunch with her, and completed 3 hours of interviews over the course of 2 visits to her workplace. I also

examined 2 published articles about her. Finally, I visited Margaret at her assisted living center in College Station over the course of several weeks. I collected 4 hours of interviews and analyzed several texts she wrote, including a compilation of her published columns and a personal memoir written for her family[3]. This body of research is catalogued in Table 1, below:

Table 1: Data Sources

	# of Total Minutes of Formal Interviews (not including informal conversations, shadowing, etc.)	# of Pages of Transcripts (Single-spaced, 12 point font)	Other Form(s) of Data	Location (all in Texas)
Brittany	140	53	Term paper Photographs Resume	Sterling Evans Library, Texas A&M Univ., College Station

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[3] Additionally, I compiled dozens of pages of field notes for the participants. However, the exact number is difficult to compute because I did not use a traditional written format. I often created mind maps, pictures, and diagrams to remember and understand my impressions. These notes are available for examination on request.

Table 1: Continued

	# of Total Minutes of Formal Interviews	# of Pages of Transcripts	Other Form(s) of Data	Location (all in Texas)
Cris	60	13	Shadowing	Private home of mutual acquaintance & BSA Family Medical Clinic, Amarillo
Felicia	60	21	Newspaper article Facebook page	Wrangler Steak House, Navasota
Rosario	90	17	2 online articles Shadowing	Lone Star College, Houston
Margaret	135	35	Compilation of columns Memoir	Bluebonnet House, College Station
Total	485	139		

Creating the Portrait

From the transcriptions of these interviews, artifacts, and field notes, I identified

key themes that emerged as part of a central narrative. I noted quotations and

observations that supported each theme. I also considered how the themes worked

together to say something about the whole person. The unity of themes then guided me to create a narrative, which (I hope) represents the story of each individual woman experiences and manages perfection.

As I wrote each portrait, I paid particular attention to capturing the spirit of each participant. I listened carefully to her voice on my digital recording, paying attention to her word choice, emotion, and vocal inflections. I studied my field notes to recall my own feelings and reactions during our visits. I reflected upon the essence of each personality, allowing that spirit to guide my hand. For example, while Felicia was somewhat reticent and soft spoken with me, I fully explored that which she did share. I analyzed her profile on Facebook, studying her facial expressions, hairstyles, clothing and body language in the photographs she posted online. As I wrote her portrait, I listened to some of her favorite music to help me better get in touch with her soul. This process in itself is paradoxical, as it merges emotional, artistic expression with scientific rigor.

Analysis

After creating each portrait, I then considered how each portrait spoke with the others. Metaphorically, I hung each portrait on the wall of a gallery and examined it in relation to its neighbors. Each portrait has its own unique narrative, its own distinct story that can be told on its own. Yet, when studied as a part of a greater whole, a richer story emerged. I looked for moments of convergence and divergence between them. I looked for what is unique to each as well as what they held in common.

Through this process, I recognized what could be theorized from the portraits together. Just as I had looked for common themes in the individual participant data, I then looked for a meta-narrative to emerge from the portraits as a group. I found that, while

each woman experienced perfection differently, all the women experienced perfection as a series of competing, dialectical tensions. Furthermore, all the women enacted a series of sense-making strategies as a way to manage the tensions. In sum, each portrait offers valuable insight into its subject, but an even greater appreciation can be gained through examining them in light of the entire gallery.

Conclusions

Portraiture is a research method that seems ideal for studying how women make sense of and manage cultural ideals of perfection in their daily lives. This method recognizes the paradoxical nature of perfection, as portraiture itself is full of paradoxes. The method merges art and science - it acknowledges emotion as well as rigor, it results in a theoretically grounded yet aesthetic product. The portrait artist enters into a relationship of openness and trust with the participant, in which the researcher is looking for the goodness within the participant.

In this study, I examined how five different women experienced perfection in their daily lives. Through interviews, observations, and examination of texts and photographs, I tried to capture the essence of each woman and the unique facet of perfection she represents. From the data I gathered, I found common themes around which I constructed the narrative. I then metaphorically compared the portraits in the gallery. From this comparison, I determined that they all shared dialectical tensions and a sense-making strategy to manage them. This analysis will be further discussed in the final chapter.

CHAPTER III

THE PORTRAITS

Brittany's Portrait: Perfection as Control

"I was controlling everything to be perfect."

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"In college, at some point, I went through and just kind of erased a lot of pictures that I didn't like."

Brittany Goetzinger concentrates on the laptop computer on the desk in front of her. She clicks quickly through digital photographs on her Facebook album. The blur of images displays the high points of her senior year in high school: prom pictures with young men in stiff tuxedoes and young women in shiny sequined gowns; a sunny afternoon at the lake with classmates. Today, as she is just weeks away from finishing her bachelor's degree, the memories seem like a lifetime ago.

But these memories do not make her smile. Instead, she studies them quietly and seriously, like a historian examining artifacts from a distant time and place. Significantly, few of the photographs in the album show the young woman at all. When the rare image of her self does appear, she stops clicking and lingers on it to make a point. *"I didn't like the way I looked,"* she states matter-of-factly, gesturing to an image of herself on a boat.

In the photograph, Brittany is smiling widely to the camera with a girlfriend. Both young women are wearing sunglasses and two-piece swimsuits. Yet the difference between these two young women demonstrates Brittany's desire to erase these photographs. While the friend beside her is thin, Brittany looks emaciated. Her ribs

protrude and her navel stretches taught across her concave abdomen. Brittany shakes her head at the sight, explaining why so few of these images still exist: "I just really didn't like the bones and skin."

The Brittany of today could be mistaken for a completely different person from the one in those few remaining Facebook photographs. This Brittany, the one I have known for over a year, first as a student in my class and now as a participant in this project, is vibrant and healthy. She totes nutritious snacks, like raw vegetables with lean meat wrapped in a whole wheat tortilla, and munches discreetly as we talk. She wears the casual clothing of an undergraduate: school function T-shirts with running shorts, sweaters with jeans. She calls herself "an open book," a descriptor made evident through her wide, easy smile and her clear blue-grey eyes.

But the other Brittany, the one she has tried to erase from the virtual world of Facebook, haunts us both. These images, which she once considered to demonstrate perfection, reveal a young woman suffering from an eating disorder. She may succeed in eliminating traces of that self online, but the lingering pain of those years continues to define her and her mission in life.

I caught Brittany's story at a pivotal time in her life. She was experiencing a "full circle" shift from being what she calls "the eating disorder girl" to the healthy young woman about to graduate from college. The parallels and contrasts between this moment and four years prior have created an ideal space for introspection. Brittany was feeling the need to process her past before she could move forward with her life after college. It was an opportune time for us to talk about her tenuous relationship with perfection.

The girl in the photographs represents for Brittany what her old idea of perfection was. That girl could easily be dismissed as nothing more than a stereotype – blonde, pretty, honor student, socially active in her affluent suburban high school. But further insight reveals how the pressures of perfection could have cost her life.

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At age 16, Brittany made a decision to quit the competitive dance team she had been a member of for several years. She felt burned out from the hours of daily practice and wanted to explore other activities. But her years on the dance team left a deep imprint on her. As she explains, "being in dance, it's very about what you look like. . . . I never even thought about what I should or shouldn't look like until I joined a dance team with a lot of girls." The dance team culture has "imposed what the media tells you about skinny, skinny, skinny - that is [considered] good." Yet, "ironically," during her years on the team, her weight was at its highest point. "I'd go to a couple of dance classes, eat like four pieces of pizza, keep dancing. I didn't care and I was the heaviest I'd ever been at that point."

Yet once Brittany left the team, she began to obsess that her weight would balloon without the frequent workouts. Looking back, she can identify several key incidents that led to an obsession with weight that may seem irrational today. Around this time, her mother began dieting. Although her mother "always dieted in a healthy way," Brittany "knew that she was dieting. So that's kind of where it started sparking like . . . just that idea. I did a couple of diets with my mom, but I'd do it maybe for a week and then nothing."

Although her mother's dieting only "just kind of put that seed in my head," "what really happened" to trigger Brittany's harmful obsession was her perception of what other girls' mothers thought about her weight. "It was other moms of the organizations like the dance team that I was in, there's the typical cheer mom or dance mom stereotype that we put on the people that talk in the lobby of the dance studio." These "dance moms" would frequently gossip about the girls at the studio. Listening to their critiques of girls who had put on weight, Brittany would think, "*I need to do something so I don't just blow up after quitting.*"

Unfortunately, this wasn't the first time Brittany had heard significant adults in her life make such comments. During her freshman year of high school, a teacher caught her looking at photographs in class with a classmate. "I had a picture from a dance competition," she explains. "We were wearing kind of like yoga pants and I was laying to the side with my arm around someone and so my butt was showing." The teacher "looks at the picture that I was showing my friend. He looks at the picture and goes, 'Good God!' And he goes, 'Did you stuff a pillow in there or something? Where did that come from?' He's pointing at my butt, and I was so embarrassed.

"I went to the bathroom. I didn't even ask permission. I just went to the bathroom, called my dad, and I'm bawling. People have told me I have to wear bigger size pants just because that's where everything went for me. It's where I filled out, but that really, really affected me. I was so upset when that happened."

The idea that the mothers at the dance studio even *might* make similar comments about her body was enough to fuel Brittany's post-dance team diet and exercise regime. "I . . . started running because I didn't want those other moms to talk about me in the

lobby like, 'Oh yeah, did you see Brittany? She quits dance, totally gains a lot of weight.' So it was like, *can't gain weight,* that thought process in my mind. I started running and really, really eating healthy -- which was unhealthy. Hardly any foods with the right kind of fat, and not enough. I got down to 97 pounds within a year and that was weight that I didn't even need to lose at all. Being almost 5'3'', it just wasn't good at all."

The weight loss came in part from rigorous running. Brittany explains, "I used training for a half-marathon as an excuse and I would take the healthy training schedule and bump it up. So one week was, you run three miles on Monday, four on Wednesday, three on Friday, and then a long run on the weekend, maybe like eight or nine miles. I would do the three mile twice and the four mile twice. I would just do everything because I was counting calories and made sure that I burned more calories than I ate, but I worked out more calories than I ate."

Looking back, Brittany recognizes that the extreme dieting and exercising were symptomatic of the great emphasis she places on others' opinions of her. Whether it was her teacher, her parents, or her friends' parents, she wanted them to approve of her. Even now, she struggles with what others may think of her. "I think that is just a feminine trait --" she explains "-- to be aware of what other people are really thinking about you. I do care about that. I wish I didn't as much, to a fault obviously at times. I think that really does play a big toll on me."

This sensitivity to others' impressions has been both a blessing and a curse for Brittany. When interacting with Brittany, it is easy to recognize that she knows how to relate to people. As her professor, I personally could see that she has gifts for asking insightful questions, for listening, for connecting. I felt flattered when she stayed after

class to learn more about my research or ask my opinions about her own works in progress – creating a relationship that, in my experience, few undergraduates make. But the dark side of this other-awareness has plagued Brittany for years. Because she is so in-tune with others, she is prone to attempts at mind-reading. Not only does she care about what people around her are thinking, but she also cares deeply about what she thinks they may be thinking about *her*. In her words, "At the end of the day, I'm someone who -- I wish this wasn't the case -- but I really care a lot about what other people think about me, especially the people that I know really well."

This concern for others' perception of her defines Brittany's relationship with perfection. For her, perfection is manifest in control. By controlling her body, she hoped to control what others thought about her. Their affirmations of her weight loss fueled her desire to lose more. She remembers that "so many people would be like 'Oh, you look great!' or 'You're so skinny!' or 'Oh good – keep it up!'" She believes that, eventually, losing weight became a "competitive thing. I was skinnier than the person next to me and like – and I didn't like the way I looked, but I knew that . . . it was that one thing I could control."

These kinds of comparisons filtered into other areas of Brittany's life as well. Her self concept has been defined by others' approval of her as a student, a friend, and a daughter, even if doing so means she would "always try to please people and sometimes not please myself." In class, Brittany was "always comparing myself" to her peers. When teachers would return her assignments with high marks, she would nevertheless turn to a classmate and ask, "'What did *you* get?'" With her friends, she has worked to be "this perfect person in a relationship."

Such an emphasis on controlling others' perception of her stems from Brittany's concept of love. Brittany explains the logic: "I was raised to respect parents and respect older people. And with respect comes pleasing, and so with pleasing come striving for perfection, and so I think and that's out of love. Like, I love my parents. My roommates love their parents and they just want their parents to be happy, just as their parents are trying to make them happy. But it's conflicting, you know, ideas of what happy is. So it's hard. Like generationally, it's love."

This statement may seem difficult to understand, but it demonstrates the distorted logic of the eating disorder. The positive attention from others recognizing how thin she is feels good, signaling to her that others are pleased with her. By losing weight, she can control their opinion in her favor. Wanting to show love means pleasing others, which means controlling what they think by controlling the body. Thinness and love become entangled in a knot of circular reasoning.

While looking at the photographs, Brittany explains how this concern about others' perceptions dominated so much of her life. As an example, she points out a photograph of herself from the night of her senior prom. Her hair is pulled up in a chignon, and her black dress elegantly dips down low in the back. Yet her bare back exposes ribs, poking out beneath the thin skin. Flustered at the image, Brittany finds it difficult to articulate her feeling about the photograph. "It's just so sad to see like – depriving myself of like – I don't know." She takes a breath, searching for the right words. A cloud passes over her face, and she explains what is so difficult to relive.

 That night, she was crowned Prom Queen. "I remember thinking the entire time," she begins, "like, everyone is thinking how skinny I am. . . . 'Wow, she's skinny!' And it

hit a point, and I don't know where the point was where people would be like, 'Oh you look good – you're so skinny!' to like, 'You're *so skinny*.' And the message was -- the wording was -- still the same. You know what I mean? Like people aren't bold enough and our society doesn't, I guess, allow people to feel comfortable to say like, 'You look really bad. You're too skinny.' Like to say someone is too skinny doesn't really exist in our culture."

Silencing those imagined voices, the voices that affirmed her thinness and drove her to over-exercise and to stay hungry, was a lengthy process that required years of soul-searching work. It began the summer after her senior year in high school, when her parents intervened. They talked with her and encouraged her to visit both a dietician and a Christian counselor.

Brittany rebelled against their efforts. Her mother tried to encourage Brittany in multiple ways. "She was just trying so hard to talk to me and I was just being so resistant with her," she says. Her mother would serve herself extra portions at meal times, hoping to set a positive example that would encourage Brittany to eat more. But Brittany refused. Her "mom gained like 15 pounds that year because she was trying to show me how much to eat." As her mother gained weight by eating more and more, Brittany continued to lose. Her father would broach the subject with her, but his attempts were met with confusion. Brittany found these conversations awkward, unnatural. Months later, she learned that he had been reading books about eating disorders without her knowledge. He told her, "'I was talking to you like this because this book said so, but then it was really weird, so….'"

Looking back, Brittany stresses that she thinks her parents handled the situation as best as any parent could, describing them as being "really cool about all that stuff." Yet her relationship with them, like most parents and adolescents, is complicated. She initially rebelled against their efforts to help her regain her health, assuming that she was in control and could best manage her own body. But at the same time, her drive for achievement was connected to wanting to please them. "I think I seek their approval," she explains, "and want to make them happy just because they make me so happy." However, the angst her disordered eating caused them was not approval-gaining. This twisted logic demonstrates the difficulty of unraveling Brittany's problem.

Throughout that summer, the dietician and counselor worked with Brittany to help her de-emphasize her obsession with controlling food. She learned to stop using a scale, gauging her weight by a well-fitting pair of jeans instead. She learned to eat if she were hungry and not to eat if she were not. Her family marked out the caloric information on the food labels in the pantry. (This move was only partly successful, as Brittany had already memorized all the labels in advance.) The Christian counselor taught her think of her body as a "living sacrifice" to God, to treat it with reverence and respect for a being greater than herself. She memorized Romans 12:1 from the New Testament: "Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God-- this is your spiritual act of worship." The verse became her mantra.

When she went away to college that fall, Brittany's weight stabilized. However, she was not adding the pounds she needed. Her menstrual cycle, which had been absent for almost a year, did not return. But then she began to notice that food was an important part of college life. At sorority functions, for example, the young women around her

enjoyed eating. They defied her initial fears that sorority life "was gonna be like the dance scene again," in which food was taboo. These young women presented a healthful attitude toward eating, which Brittany explains "is surprising because it kind of defies the typical sorority."

By the close of her sophomore year, Brittany felt ready to face her problem head-on. "I took initiative with it instead of letting other people be [in control]," she recalls. "It was just like, *now I'm an adult. Who's gonna take care of this?*" She decided that, much like she would tackle a homework assignment, her eating disorder would become her project. She packed for a summer study abroad trip, newly inspired to work on her recovery.

"Then I go to Spain," she says. "And in Spain, no one cares. They don't own scales. . . . I didn't exercise. No one cared at all." In fact, Brittany felt like she "stuck out" because of her extreme thinness, because she "didn't have a little bit of something" extra on her frame. She remembers, "My roommate and I went on a run one day when we were there. We were the only people in the city running and people are like, 'Are they running away from something? What are they doing?'" She laughs remembering how embarrassed they felt at the locals' stares. "In America, it's like 'You go, girl!' when you're running."

Brittany's body began to respond to the change in attitude. Her menstrual cycle returned for the first time in almost three years. She remembers how excited she was. "I called my mom to tell her, 'A, I got to Europe. B, I woke up and had started my period.'. . Then I had it the next month and the next month, so the whole time I was there I was not worried about that at all." Brittany gained weight "in the right places." She felt

encouraged at her newfound health. "I got better and it was like, hold on to that. So when I came back I held on to it. I'd have [my period] and think, okay, one month later, I've got to make it to the next month. . . . I came back and it's been consistent ever since then. So I was like, Spain is so good for me!"

Based on her experience, Brittany now attributes much of her distorted perception of her body with American culture. She saw firsthand how differently other cultures see food and the female body. She explains, "You look at any magazine today and all the magazines for my age . . . have some kind of exercise thing in it or some kind of like your body needs to be like this. . . . So in America it was hard to do that because the American culture is constantly sending me messages of oh, be skinny. All the models are airbrushed. . . . America is very, 'be skinny.' That's a huge stress in our society."

As Brittany thinks back to the dance team mothers, she traces their gossip back to this cultural imperative. "It was like they were a puppet," she explains. "You know, everyone is a puppet in our culture."

She believes no woman is excluded from this influence. "Every girl has that, even if they don't care, saying that they don't care, they *know* about it. Everyone knows. It's like this big thing that's stressed all the time in our society."

Once Brittany realized the cultural element in her obsession with weight, she was able to place the problem in its proper perspective. She realized that controlling her body was linked to her desire to be seen as a successful person. She explains, "Perfection in America -- that goes with success and everything. It's like your body is a success if you are like this or if you're pursuing this career and doing this and this. America is very uptight in that perfectionism."

The exposure to other models of "success" helped Brittany to reframe her idea of perfection. She realized that this idea of success was tied up with the need for control. But the illogical nature of that construction became clear. "That's funny," she says. "The areas that people strive for perfection are, most of the time, the areas that people can't control. But I think it's the challenge behind it -- that people are like oh yeah, even though I can't control it, I want to manipulate this in a way that I can."

By changing her mental model of success, Brittany was also able to bring her thinking more into line with her faith. She began to connect the dots between her body, her mind, and her spirit. During her illness, she had felt a nagging in her spirit, something that caused her to feel like she was a "living contradiction." As she explains, she thought to herself, "I love God and I love having this strong faith. But then looking at that scripture I'm like, I'm not treating my body as – like I'm not giving my body up. I'm giving Him everything else, but not like the control that I have over my body. And it was like taking a physical toll."

Brittany sees the control she maintained over her eating and exercise as "abusive control." Her religious teachings taught her that she needed not to "be consumed" on herself, but on what she was "created" to do. She explains, "I believe that God didn't create anyone to have a body to . . . let it shrink and just tear it apart." According to Brittany, she needed to *lose* the abusive control over her body if she was to heal and live according to her greater purpose.

Part of the purpose she believes she has is to be a mother. "At the end of the day," she says, "I just want to be a mom." Yet, until she gained weight and her menstrual cycle returned, she would not be able to conceive. "I was taking away from what God gave

me," she explains, "denying" herself the opportunity to become pregnant. If she was to fulfill this hope, then the abusive control over her body would need to stop.

As she began to grapple with a new understanding of control, Brittany's recovery progressed. She was able to rationalize through the cultural influences telling her to be thin. She redefined what it meant to be successful. She focused on her hope of one day getting pregnant. She was careful to eat healthfully and to exercise reasonably. Over the course of many months, her mind, her spirit, and her body fell into sync. Brittany was able to lose the feeling of being a "living contradiction."

Eventually, Brittany felt strong enough to be able to identify eating disorders in her peers. She began to speak publically about her illness and recovery in class and at student organization meetings. Brittany also privately approached young women whom she suspected may be struggling as she had, offering to talk with them one-on-one. By being "an open book," Brittany believes that her story will serve the greater purpose of helping others.

Through sharing with others, however, Brittany recognizes that she is contributing to her own recovery. She knows that, by making her condition public, others will be watching to make sure she stays on track. As she explains, "I think by using the whole opportunity to help other people it was like they were holding me accountable to be their role model, so I had to step into the healthy role." Knowing that others are watching her recovery has helped Brittany to stay focused. "The pressure around me is to be healthy and that's a great influence to have . . . Like I said I'm an open book. Now I'm the healthiest I've ever been."

This new understanding of control – control that is healthy, rather than abusive – feeds into Brittany's idea of perfection. "I would consider myself a success if I learned this whole boundary thing," she says, "controlling what I can" and letting go of what she cannot. "I think perfection is being . . .satisfied in your own skin and your own accomplishments, recognizing that you trying your hardest. . . . Reaching your potential, not someone else's. . . .Fulfilling every part of you that you were made to."

As Brittany closes out her senior year of college and prepares to go into the world of work, it would be easy to say that she is fully healed, that she has fully attained her idea of perfection. But she is still a work in progress. She continues to worry about what people think of her – although, looking ahead, she predicts this concern is more about where she works, what title she has, how much money she makes, rather than how much she weighs.

Up until the last month before graduation, Brittany was concerned that she had yet to secure a job. As she compared her senior year of college to her senior year of high school, she could recognize similarities in her life then and in the present day. Both moments were filled with anxiety about her future and what others may think about her. But, at the same time, she believes that "what happened in the senior year has prepared me for the uncertainty of this year and uncontrollable situations of this year." She sees the pattern of her life, explaining that "I feel like I can look at it from almost from the outside looking in. Like okay, I recognize this as like another thing and then once this thing is over, there is going to be like another thing that I can't control. You know, it's like, I'm happy that like at age 17 or 18 I was able to learn that lesson because it's made a

difference. I feel like I have handled this kind of stress, like I'm sad, but I'm not torn up thinking on it all the time. .. It's not consuming me."

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Brittany stops scrolling through the images on the screen. She smiles, relaxes. The young woman in this digital image is running along a paved street. Her running clothes reveal muscular legs, shapely hips. Beneath her ball cap, she is smiling widely. She gives two big "thumbs up" to the photographer. She is a different-looking person than the young woman in the other photographs. Unlike the erased images of the past, this Brittany, it would appear, is here to stay.

When Brittany told her mother that she was going to run the half-marathon this past spring, her mother worried. She remembered how her daughter had used the other race during her senior year of high school as a way to abuse her body. But Brittany was confident that she would stay in control this time around, that the training would not consume her. As Brittany rounded Mile 8, her family surprised her at the sidelines. Her father video recorded her at every mile until the finish line.

After the race, Brittany and her family went out to eat a big lunch afterward. As Brittany refueled with a heaping plate of food, her father observed, "Not like last time!" Whereas Brittany had thrown away a barely-eaten burrito after running the half-marathon four years ago, this day was different. Her family noticed, but did not dwell on the change. "It was cool," Brittany says, "because we talked about it maybe for like five minutes. And then the rest of the day was just fun and the way it should be, you know, like normal-healthy. That-was-in-the-past kind of thing. It was just so much closure."

The strength she has gained has required a different kind of control. It is a control

that comes from strength, not from weakness. It is a control that Brittany sees as part of growing up, of maturing. As she explains, "I feel like you start out like this really weak-like seed and then you constantly kind of get layers put on top. Like thickening up, because you figure out it out. Life grows on you and you figure it out. . . . You're not so fragile all the time."

<div align="center">Cris's Portrait: Perfection as Humanity</div>

<div align="center">"Just because I'm a doctor, that doesn't mean I'm necessarily different</div>

<div align="center">than any other human."</div>

<div align="center">*****</div>

The two women sit close together, holding hands and sharing confidences. Their conversation is punctuated with terms of endearment like "girlfriend" and "sweetheart." They swap stories about their children, about their occasional bouts with insomnia, about coping with the triple-digit summer heat. Within their time together, there will be high fives, hugs, laughter and tears. While their relationship resembles that of long-time friends or sisters, these women were born of different generations, in different hemispheres, speaking different languages. This sense of genuine friendship belies the facts that one of the women is wearing a physician's white coat, that this place is her examination room and that her companion is vulnerable, worried, and a bit scared.

These discrete visits, lasting no more than half an hour each, feel like reunions among old friends. Even when meeting a patient for the first time, Dr. Cristiane Tan encapsulates a style that puts the patient at ease. Yet each office visit also considers the ever-present, pressing concerns of the patients. Cris (as she prefers to be called) seamlessly shifts from being the emotional, empathic friend to the disciplined, discerning

physician. She does not leave the examination room until she has addressed the patients' medical situation and tried to connect personally with them. While watching Cris interact with her patients, I cannot help but consider how very different her approach to medicine is compared to my experiences throughout my life with my own physicians.

Cris brings to her medical practice what she calls "the magical touch." Paying extra attention to the whole person -- the physical and the emotional – is what she believes defines her work as a family doctor. By approaching her patients as friends or relatives, Cris feels that she is enacting her personal best. She has faced criticism for becoming "too involved" with her patients and spending too much time in consultation. Nevertheless, Cris remains unapologetic about her approach. "I think it's just part of my nature, my personality, and trying to perfect that has always been my goal," she explains. "But I've been -- several times – criticized. They say, 'You know, you're very slow. You're very emotional. You get attached to your patients and that can be a bad thing.' And I'm like, how is that a bad thing when you're trying to be a human? Just because I'm a doctor, that doesn't mean I'm necessarily different than any other human."

It is important to Cris that she express her humanity, even in a profession defined by the seriousness of life and death. She peppers her communication with patients with precise medical definitions and frequently prefaces her recommendations with statements like "based on the most current research." Her wavy auburn hair is pulled back tight in a sensible bun, and she wears a silky blouse and a tailored, knee-length skirt beneath her white doctor's coat. But peeking out from her open-toed sandals are nails painted a glittery silver. The office staff is playfully calling her "Twinkle Toes."

A key to Cris's "magical touch" is her insistence upon knowing her patients as whole people, not just as amalgamations of symptoms. This attention to the person's entire well-being drew her to practice family medicine. She cultivates a relationship with each patient, connecting with them on a level beyond their physical concerns.

One of the keys to building relationship with her patients is her careful attention to nonverbal behaviors. "Eye contact obviously," she explains. "Mirror image. The patient is sitting there and obviously I try to be as close to the patient as possible. . . . I noticed that it actually does work. Never talk to someone with your arms crossed this way or like this--" Cris crosses her body across her chest, frowning with emphasis, "because you may show that you're not open to discussion. You're just always feeling at ease, making the patient feel at ease, because automatically if the patient is talking to you like this but if you're just like this--" she opens her arms wide and smiles. "He's gonna automatically kind of mirror you and say, 'Okay, I'm gonna open up and talk.'"

This attention to body language complements Cris's approach to listening with empathy. "If you're talking about a very kind of delicate subject, holding the patient's hand and say, 'It's okay. Keep talking. I'm listening to you.' Even if I'm writing prescriptions sometimes I always try to tell my patients, 'I'm listening to you. I'm just trying to make things a little faster by writing your prescriptions because I know you need these refills.'"

Indeed, during my hours shadowing Cris at work, I saw this technique put into practice over and over again. Although her approach is deliberate, it still comes across as being sincere. For Cris, incorporating these nonverbal elements is consistent with her personality and cultural background. "I'm always open. I'm a very touchable person so I

like to hug them and stuff." She emphasizes, "I naturally do that so it's not like I'm forcing myself to do those things. I just feel, I don't know, maybe because of my background, maybe because of how I was raised, I'm very gentle and of course I respect people's ability not to do those things if they don't want to, but most of them are very welcome to do those things and they're very happy."

Through touch and empathy, Cris is able to take down walls that could impede full access from the patient. "Whenever I see my patients, even if it's my first visit or second visit, I'll come and, 'Hello! How are you doing?' And I'll give them a hug and I like to hold their hands. And if I notice that they're crying, give them that hug that they need, especially if there's a major problem going on like depression or something like that.

"Obviously that opens another door because the patient feels like they're just not talking to a doctor. All of a sudden they're talking to *a friend*. So when they come over they may express more than what they would feel comfortable if you didn't do that."

This approach works with the multiple dimensions that define Cris. In her mid-thirties, she is a daughter, a wife, and a mother to two young children. Although trained in her home country of Brazil, her American medical training brought her to Amarillo. Unexpectedly, she has settled here, a relatively rural area of Texas.

These dimensions of her identity are often at odds with each other. While highly educated in the cold rigors of medical science, she is nevertheless open and emotional. Female, young, and of a minority ethnic group, she is nevertheless in a position of influence over her patients' lives. Such contradictions have brought challenges.

Cris acknowledges that patients are often "kind of reluctant" when they meet her for the first time. She can imagine them thinking, "'What is this little girl gonna do for me that is gonna make me feel any better?' . . . I know I'm fairly young and I'm looking at some of these [much older] patients. I say, 'Yes, sir. No, sir.' I deal with them as if I'm dealing with my own parents and then I treat them as family. And so for me it's very important that I do that, because I feel good doing that."

One patient, an elderly man, stands out in her mind as an instance that "was kind of sad and at the same time we had a happy ending." The patient had several chronic illnesses Cris was trying to manage. "So I'm here trying to explain to him as to why we were doing the things we were doing and he's just acting like I'm young and I'm a girl and I really don't know anything and I should just be quiet and just do as *he* says.

"It got to the point where I had to be firm with him and say, 'Hey listen, this is kind of like a marriage, because remember the very first time you came to me and I told you I want to treat you as I treat my own father, with the love and care that I treat my own father? But, yes, you were like acting as if I didn't care, number one. Number two, you're not having any sort of respect. So if that's gonna be the case, perhaps I don't think it's a good idea that we keep this relationship as patient and doctor because obviously it's not going to work."

In response, the patient told her, ""Well, you know I've suffered through three heart attacks already and basically I almost died, but I didn't.'" At that moment, Cris recognized a turning point in their relationship. Although "a lot of times . . . people are in denial" of their illness, this patient was genuinely realizing the fragility of his health. Cris said to him, "'You need to realize that if you haven't died it's because you have a mission

on this earth. And if you do have a mission on this earth, do not waste it. My role here as your provider is to make sure that you live many, many years to come, by optimizing your health, making sure that we address all the things that needs to be addressed.

"The wife is sitting there crying in the meantime because of course I was ready to fire the patient because he was absolutely not being compliant, but when it comes to that point it hurts me too as a physician because you really want what's best for the patient. . . . I said, 'At this time I would like to go ahead and give you one more chance if you want to' and he's basically saying, 'Sorry, Doctor. Let's forget about all that happened,' and I said, 'That was strike number one.'

"After that -- you should've seen! The patient and the wife are having the most awesome conversations with my nurse, respectful, being compliant as compliant can be, and that was like a wakeup call because I told them, I said, 'Listen, I care about my job. I love what I do, and if I'm gonna have a patient that has absolutely no respect for that then it's just wasting our times.'

"But it's funny, and you know what the other funny thing is? Because he's not being ugly not just with the doctor and the nurse and with everybody else, but now he's changed that. He's the best patient that he can be."

These kinds of incidents happen "every day." Cris has struggled with sexism since her years as a student. "Where I come from in Brazil, obviously the majority of my class were men, so it's a fairly macho man type of country," she recalls. "It was kind of hard because over there a lot of times especially as med students they will look at us and if you're wearing a white uniform, . . they could say, "Oh, are you a nurse?" They're always coming to me and saying, "Oh, are you a nurse?" Even here sometimes it's like,

Oh, I'm the medical field and this and that." It's like, "Oh, are you a nurse?" They never say, "Oh, are you a doctor?" because I guess they just assume that that position is mostly taken by men and it used to be it would hurt me or affect me. . . . It's like, we're not any dumber or any smarter than them, so why are we considered to be less? But at the same time it's like, you know, you just have to understand this is today's society so you just shake it off and then you move on. It's like, no, no, I'm a doctor, but they go, "I'm sorry!" And then the treatment completely changes."

Cris draws from these stories to differentiate how her practice is different than those of other physicians. Certainly, she struggles with patients' prejudices based on her age and sex. But – more important to Cris -- she also sees that her approach to the emotional, relational side of the patient makes her unique. In the case of the man above, she points out that what he had remembered, what had gotten through to him, was her statement that she would treat him as her father.

"I told him, I said, 'Remember when I told you the very first visit that I would treat you like you were my father?' He said, 'Yes.' But everything else that I said, do you remember me telling that I wanted you to raise your insulin and this and that? 'No, you never told me that.' But he remembered me telling him, *Remember when I told you about me treating you as my father?*' and he's like, 'Yes.'

"I've always been like that," she explains. "I remember back in medical school several times we were the minority of my class. I had another colleague that had a similar attitude and we were criticized sometimes for being too touchy feely, emotional, and you're supposed to hide your emotions, otherwise you'll crack. I had a patient when I was a medical student and this was, oh gosh, several years ago, 20 years ago, and I

remember she was only 18 years old and she was having severe, severe, severe abdominal pain and that was because of a fairly aggressive cancer she had developed and in two months she died.

"But it was so sad because I was just a med student and I was only on my second year or so and she grabbed my hand and she was calling me 'Doctor.' She was like, 'Doctor, oh my gosh, can you please tell my boyfriend not to come over anymore because I'm good for nothing?' And I was her age. I was in medical school. We were almost the same age and that broke my heart. I almost quit medical school because I was like, *I don't know that I can do this*. *This is too hard.* I was having nightmares. I was really – it really affected me and people were like, 'That's why you should not show emotions. You should not cry in front of the patient. You should not get too attached to the patient because that on a long-term is gonna affect your performance' and this and that. So you have to show that you're strong and I couldn't, because that moment was like, *that could've been me in that bed*. I was sitting there hugging her and crying with her and soon after that she died, but it was so sad because we discovered the cancer together and it was just a very sad story.

"And after that I kept saying, 'I don't care what people say. I just wanna be the best doctor that I can be.' And that's what I put on my personal statement when I came to [the medical residency in Texas]. I put that example there and I told them it may sound corny, it may sound fake, but really I've always wanted to do this. Since I was five years old, . . . I wanted to be a doctor."

This drive to "be the best doctor" she "can be" encompasses both those "touchy feely" experiences as well as her academic knowledge. I see this during an examination

with a middle-aged woman with a chronic condition. Cris animatedly works through the patient's current status, using a range of techniques. She recites a medical definition. She opens the patient's chart up for the patient to see, using her pointed finger to track the patient's history over time. She calculates a revised dosage of medication on her smartphone, explaining the mathematical formula as she quickly keys in numbers. She even produces a plastic model to visually explain what is happening inside the patient's body.

In the midst of this complicated explanation, the patient starts to cry.

Cris immediately drops the model and turns directly to the patient.

"It's OK," she states firmly. "We are all women here."

The patient seems embarrassed at her own sudden burst of emotion. She apologizes for crying, but Cris encourages her to speak what is troubling her. The patient explains that she has been suffering from a sexual problem that is causing tension within her marriage. She says when she has tried to broach the issue with her gynecologist, "he just brushes me off."

Cris reassures the patient that, this time, she has been heard. Cris would like to do a thorough examination to "check to see what else" could be causing the problem. "Trust me," she states in a confiding tone. "If things aren't good in other places, they won't be good in the bedroom."

She hands the patient a tissue. "Here you go, babe."

The patient takes the tissue and dabs at her eyes. In the silence of the moment, she shrugs her shoulders, rolls her eyes and throws up her hands. She is frustrated – with her husband, her gynecologist, her self.

At a point in which it would be easy to simply move the examination along, Cris stays on topic. Her eye contact never wavers, and she leans in to the patient.

"I have a *strong feeling* you may be low on your hormones," she says. Cris meets feeling with feeling, valuing her intuition as part of the medical diagnosis. Something in the air clears, and the patient continues with her story.

Based on what the patient tells her, Cris is concerned that the patient may have depression. She explains that, if depression is indeed the root of the problem, then "We want to treat it." Again, Cris shifts to "we" to discuss diagnosis and treatment plans.

Throughout the next few minutes, the patient's tears return intermittently. It seems that she has been carrying a burden for too long, that this great weight on her shoulders has finally been released. Her relief at being listened to and taken seriously, not just "brushed off," is palpable.

Such sensitivity to undiagnosed depression is something Cris takes very seriously. It is a subject that makes its way into many of our conversations. Cris has a deep concern for "today's society with so much under-diagnosed depression." She tells me of walking into the examination room one day, finding a patient in tears. The woman explained to Cris that her husband had killed himself, a man who had also been Cris's patient. Cris was shocked – he had neither exhibited nor disclosed any signs of suicidal tendencies to her. Cris joined the widow in her grief, crying alongside her in the examination room, sharing in the loss. From that experience, Cris has been extra attuned to recognizing potential depression in her patients.

Yet, at the same time, Cris recognizes the sensitive nature surrounding this particular illness. "You have to be very careful in how you address these things because

they might think, 'You know, Doc, why are you asking me if I'm depressed?' Some people take it the wrong way because it's a sign of weakness, so you wanna show them that no, . . . you're gonna treat it just as any other pathology. It's depression, unbalance of all the substances that lead your brain to kind of function better. So I tell them, 'No. You may have all the reasons to be happy, have a happy marriage and have beautiful kids, but it's not all entirely related to your environment at times. It may be just some other issues going on, so let's go ahead and check some of those things.' So they feel better to afterwards say, 'You know what? I really needed to open that up to discussion.' Because otherwise they would've never said anything. They'd just kind of hide in the closet and just not opening themselves."

This approach worked with another patient who was initially reticent to acknowledge her depression. Upon meeting the patient for the first time, Cris suspected she may be depressed, but was reticent to say so because her daughter was present in the room. "I asked her, 'Do you feel that sometimes life is not worth living?' And then she looked at me and basically she didn't wanna answer. . . . She went home and told the daughter . . , 'Dr. Tan caught me.'"

The patient revealed to her daughter that yes, she had been depressed and wanted to seek treatment. "You know," Cris reflects, "if it wasn't for that question and how we approached it she would never feel comfortable to . . . come back and express herself fully."

Cris draws on her relational approach to explain her success with this case. She says that "it's okay" when patients hesitate to reveal everything when they first visit. She

compares meeting new patients "dating. You may not tell all your secrets away first time around but then when you meet again and you feel more comfortable it's better."

While Cris's empathic consideration of the patient's emotional needs opens her up to criticism from other physicians, her belief is that emotional labor need not be only negative. Opening herself up to emotional relationships with her patients encompasses not only grief and sadness, but it also holds the potential for positive feelings like humor, appreciation, and affection. She believes that being open to the full range of emotions sustains her. Gratitude from patients is "the fuel" that keeps her going. While working amidst illness and suffering is exhausting, using humor "makes the day better and go faster. If you don't have a sense of humor, you'll burn out."

This sense of humor is evident when Cris meets a new patient, a woman in her seventies. When we first enter the examination room, the patient is stone-faced, unexpressive. I recognize in her the weathered, no-nonsense appearance of my father's aunts, who traveled to this region as children in covered wagons. At her feet is a black nylon tote bag. She will later pull from the bag a booklet of names of doctors on her insurance plan, as well as bottles of all her prescriptions and supplements.

Cris thanks this new patient for visiting her after the patient's former doctor left. She places the patient's file on the countertop and pulls out the stool beneath it, staying close to the patient. As she begins going through the patient's lengthy case history, the doctor becomes a diligent student, carefully interviewing and recording the patient's answers to her questions. Once she has the information needed, Cris explains that soon the office will be shifting to electronic records and she will no longer need to sift through so much paper, writing everything down.

"This file," she motions to the unwieldy sheaf of papers on the countertop, "will disappear. It will go the 5th dimension and The Twilight Zone."

The patient seems a little confused.

"You'll see I can be silly," Cris offers by way of explanation.

The patient exchanges her furrowed brow for a smile. "I can be, too," she says.

"Well then, we'll get along."

Within five minutes, the two have established rapport. Indeed, the patient does display her own sense of humor. When the older woman describes menopause as "being boiled in your own skin," Cris laughs heartily. Later, while looking in the patient's ears and mouth, Cris chuckles to herself, sighing, "*Boiled in your own skin.* I've never heard that."

These emotional connections affirm Cris's recognition of her own humanity. She balks at the conception some hold that doctors are god-like in their knowledge and power. Not only does this construct contradict her own ethic of humility, but she also believes it obstructs optimal patient care. Cris explains that, when doctors portray themselves as being anything but human, "the patient is gonna be . . . crouching on that chair and is not gonna share with you anymore, so that can backfire." She believes that "a lot of times, patients may think of doctors as gods. And they're so afraid of opening their hearts and telling exactly what's going on just because they don't wanna look and sound 'stupid.'"

Cris fights those patients' fears every day. For example, one particular patient, a woman in her fifties, takes medication for high blood pressure. During her visit, Cris confirms that the patient's pressures are still elevated. However, the patient explains that,

when she takes her blood pressure at work or at home, it is always in the normal range. She tells Cris that she suffers from "white coat syndrome" – being in the doctor's office makes her so nervous that her blood pressure rises. Later that day, Cris mentions to me that such a response bothers her. She does not want her patients to be nervous, particularly to the point at which their anxiety physically manifests itself. This incident demonstrates why it is so important to Cris to put her patients at ease, to share her own humanity with them.

To that end, Cris is careful when she receives gratitude from patients. She sees gratitude as the "fuel" that makes her want to "be even better." She relishes positive patient feedback, comparing it to "a plant. If you don't water it, it's never gonna grow, but if you keep getting the little love and the water every day then it's gonna flourish and it's gonna be better than ever, so I get that and that makes me go, too." At the same time, however, Cris cautions that praise "changes a lot of people" because they may think, "'Oh, I'm Dr. Awesome." She warns against "putting yourself above things" to the extent that an over-inflated ego develops.

Instead, when Cris's patients praise her, she tries "to bounce that ball back and reflect to the patients, 'It's because *you* took care of your health. It's because *you* grabbed that bull by the horn. It's because *you* took your medicines and things are much better because *you* are taking control.'"

Cris calls this approach "giving grace to the patient." She demonstrates, holding her hand in the air for me to give to her a 'high five.' "I do that," she explains, her eyes wide with glee. "Like, 'Doctor, I have stopped smoking! You've been telling me to stop and I feel much better. I haven't coughed and this and that.' And I'm like, 'Here! Give

me a high five!" Cris laughs at her physical demonstration. "So I treat him as friend: 'That is awesome for *you.*'"

Cris has found a way to be her best at what she does, to be authentic to both her work as a physician and as an emotional human being. Despite her critics' warnings to tone down her empathic style, Cris maintains that it is what sustains her. She is glad to have finished her residency and to be practicing independently. "That feels good," she says, "because I have nobody to tell me how I need to practice. I try to practice the way I was trained but at the same time adding that magical touch.

"My whole life, basically I really wanted to do this just because I'm happy when people are happy around me. And I really enjoy seeing that smile after someone has been suffering with so much pain and they're feeling better." She smiles, a twinkle in her eye. "You're taking care of their boo-boo and so they're all better."

Felicia's Portrait: Perfection as Acceptance

"A lot of things used to be a big deal. It's not a big deal anymore."

Chances are, you don't remember what you did on July 7 this past year. That day may be long forgotten for you, but that date continues to haunt Felicia McGinty. On that day, two years in a row, she experienced tragedy. Either event would be enough to knock people off their feet; together they "almost devastated" Felicia. The memory of that day still brings a catch to her voice; she goes someplace deep and hidden within herself. What has transpired since then defines how she sees perfection and herself.

I don't know any of this when we first meet at the steakhouse off the highway in Felicia's small town. The wood-paneled dining room is practically empty, so Felicia waves at me from her table by way of introduction. We realize we are both particularly

hungry after working all day, me at the university up the road and she at the hospital nearby. It has been a long day for both us.

A teen-aged, gum-smacking waitress sweetly takes our order. Felicia and I both agree that tonight calls for the steak and shrimp. With a basket of hot yeast rolls on the table and piped-in country music overhead, we begin to relax and Felicia begins to talk. We take turns passing the butter dish, melting the spread over the fresh bread, talking in between bites. Felicia watches me from behind her brown, almond-shaped eyes, framed by delicately shaped eyebrows and carefully sculpted hair. Even in her work scrubs, Felicia emanates a fastidious appearance. Not much, I begin to think, gets by her.

Although she is unerringly polite, I fear that Felicia is wary of this project and confused as to why I want to meet with *her*. But we share a mutual friend (one of her former coworkers), and she trusts him implicitly. "Any friend of his," she explains, "is a friend of mine." This entre says so much about who Felicia is – unquestionably loyal and committed to her family and friends. So much so, in fact, that she will give up an evening to sit with a stranger and talk.

As we find our bearings, Felicia acknowledges the difficulties of perfection. "Look," she explains, "I wrestle with that one all the time. Why does it always have to be so picture perfect?" Whether she is working at the hospital, driving to dinner with her boyfriend, or telling her 20-year-old son to keep his room clean, that urge for things "to be just so," to meet a certain standard, remains a constant. "Always. It's always in the back of my mind."

The constancy of keeping it "picture perfect" is perhaps most present for Felicia on the job. Now in her mid-forties, she has spent the last two decades working in

healthcare. Currently, she is an assistant in the hospital, where her duties include tasks such as readying rooms for incoming patients and fielding inquiries at the front desk. Her technique is a "prime example" of how she employs perfection. For example, when she arrives at work, she "can't do anything until I know what I'm working with. I want to know who are the patients before I even touch a chart in the morning." Felicia meticulously looks over the report board, the charts, and the list of assigned doctors in such a way that a "nurse or doctor might see as trivial."

Her technique at work exceeds the norm. She works quickly and likes to stay ahead of the game. As she explains, "If we get a call from the ER saying that we're getting a patient, we find out who it is, what it is and who's the doc on it. . . . I don't have to run and scramble to get the room ready. It's already ready. A lot of the staff, they wait till the last minute whereas I just want to have it ready. We knew it was coming an hour ago."

Felicia did not exactly set out to do this kind of work. "To be totally honest," she says, she fell into it "blind-sided." She worked in health care administration in Houston for over a decade, yet she felt the need to move back to her hometown. "I'm originally from here – born and raised here," she says. "Well, my mom started getting up in age and my brother, who worked at the hospital [in Navasota], already said, 'There's a job in behavioral health.'"

Felicia shakes her head remembering that conversation. "It went right over my head when he said behavioral health," she laughs, recalling her naïveté. "So I applied for the job. The lady called me for an interview and it didn't dawn on me what type of facility it was until I went for the interview and the doors closed and locked behind me."

The first few days were difficult. Not only was Felicia adjusting to moving back home with her young son, but she was also working in a world she had only experienced in the movies. "In the beginning I was scared to death, 'cause you see all the TV – *One Flew Over the Cuckoo's Nest,* when you think of psychiatric health. But once I got in, it's like you have a couple cases that make you fearful, but they're every day people with every day issues."

As she adjusted to work, Felicia also adjusted to her new home life. She and her son moved into the house next door to her aging mother so that Felicia could devote more time to her mother's care. Each day, Felicia prepared her mother's meals, administered her medications, and kept up her house. As a single working mother, her time was stretched to the limit. But she insisted on caring for her mother to the same standard that her mother had demonstrated in caring for her and her siblings. "My mom was a hard worker from way, way, way, way back," Felicia remembers. "She was always, 'You go to your job, you be dependable, you provide for your family. You have kids? You make sure they're taken care of in every aspect.' So I think that kind of just stuck."

But weaving her life so closely with her mother's had unforeseen consequences. For one, her mother began to co-parent her son in ways that contradicted her own mind. "I said no to some things" that her son would ask. "Then the period [began] where he'd go behind your back and ask Granny and Granny would say okay." Felicia shakes her head, remembering the predicament. "Of course, you don't want to say anything to Mom."

Additionally, Felicia also began to feel the toll of being pulled in so many directions. As a single mother and her mother's primary caregiver, she was often torn

between whom to care for when. She felt especially guilty about not always being there for her son. "I felt like I was neglecting him to a certain degree," she says quietly, feeling that internal struggle again.

"There were a lot of tough times. Like when my son would have activities. I would be torn between being there or going to see about Mom. Of course, she was always supportive of going. 'Go to his activities. Make sure you're there.' But being always in the back of your mind - *Is she being taken care of*? And then, if I'm not there at an activity, I'm neglecting my kid."

As she thinks back, a twinge of regret colors Felicia's voice. "I fussed a whole lot," she says. "I complained a whole lot to my mom. I would say, 'I need a break. Somebody needs to come and help me out.'" In particular, Felicia wanted her siblings to contribute more. As the "baby" of seven children, Felicia believed that there was more they could be doing. "There were periods of much frustration 'cause you start to feel you have five other, six other kids and nobody does what I do."

Instead, she felt that "my mom was so dependent on me. I used to tell Jeff all the time there were times that I feel like even if I got away I didn't feel like I was getting a break because my mind was always well, is this getting done, is she eating and so on and so forth."

And then, July 7, 2009 changed everything. Her mother died. One year later, as she was still grieving, "on the same day that my mama died in July, I got laid off from the psych unit. . . . The exact same day. July 7th, one year later." The hospital had determined that the behavioral unit was too costly to maintain and should be closed. Felicia was despondent.

The timing of the closing exacerbated her grief. Felicia is certainly no stranger to loss – her father died when she was eight, and then, "for four years straight, every year I lost a loved one." These losses included an uncle "who was like a father," as well as two of her brothers within "not 90 days -- not even 90 days" apart from each other. But on that July 9, the build-up of so much loss, coupled with the strains of years of caregiving, became too much to bear.

Felicia, who had for so long kept everything together and maintained such a "picture perfect" appearance, was crumbling. Her voice is heavy as she recalls the pain of those days. "There were times in the beginning that I felt like, 'You know what? I'm not getting out of bed today. I don't think I can do this anymore.'" As a person who had normally seen herself as being in control and calling the shots, Felicia felt helpless and hopeless.

Eventually, Felicia talked with a doctor about her feelings. She says, "The doctor at the time was like, 'Are you depressed? I can give you something to get you over the hump. You don't have to take it forever, but it'll get you over the hump.'" She mulled over this suggestion. "I was an individual who never thought of me could have psych problems," she explains. "I was one of those –" she alters her voice to demonstrate – "'*I don't know why they're going to see a psychiatrist. I don't know why they're taking those pills. Don't even worry about it. It's not that big of a deal!*'"

But those years working in the behavioral health unit had changed Felicia's perspective on mental health. She decided to take the medication. "I'm not saying there are not times when you don't feel down and not wanting to go on, but you gotta keep moving," she acknowledges. "You gotta keep it moving. Look, why drown in it?"

Soon, she began to feel like she could start moving again. From that personal experience, she has "a new respect for psychiatric health now." As Felicia's mental health improved, her outlook on perfection began to change. Those tragedies crystallized in her mind just what was important to keep perfect and what was not.

One item that remained on the important list? Work. Within a few months of losing her job, the hospital called Felicia. An administrator wanted Felicia back on staff, in a different unit. But the loss and the time away from work had changed her perspective. She was determined to be more relaxed, to go easier on herself and her coworkers at this job. As she recalls, "I said, 'I'm not gonna be this way. I'm gonna go in and I'm gonna be reserved.'"

However, this resolution was easier said than done. Felicia smiles, explaining that, eventually, "your true self is gonna show up. I don't care what you do. It took a *minute* on the new job for it to come through." But this time, Felicia was more cognizant that "some people" could find her tendencies "annoying." She gives an example of how she happened to be "fussing" today regarding some misplaced supplies: "I have certain places that I put things. If it's out of order, it drives me batty." But today, Felicia kept her cool. "One of the nurses looked at me today and she said, 'You handled that better than I thought you would!'"

This new perspective does not negate her standards, even if they have been tempered a bit. Physical appearance, for example, is important. Felicia gives the example of a confrontation she had with a coworker who was showing up to work on her days off to use the computer. "She was coming in to check her e-mail, but you're coming into your place of business looking a hot mess. I'd have to hold onto my tongue not to say

anything. First couple times - I didn't say anything." Finally, though, Felicia decided to address the situation. "I said, 'Come here. Let me tell you something. This is your place of employment. I don't care if you're not on the clock, don't come to your job in your pajamas.'"

This standard is one Felicia maintains herself. "Physically on a professional level," her appearance is "always professional, always. It's very important. Where I sit, I'm the first person you see when you walk in." She even believes it is important to monitor the "expression on your face." Sometimes, "I'm not feeling well, but it's like I have to smile through it. . . . It just goes hand-in-hand with doing your job and doing your job well."

Just as Felicia was altering her expectations of her coworkers, she also began to change her mind about how to approach her loved ones. Those high expectations that defined her competency on the job were hurting her personal relationships. "It kind of gets in the way in relationships. I want things done a certain way and . . . it's like, what difference does it make? If it gets done, it gets done."

Rather than expressing her need for everything to be perfect, Felicia is now careful to prioritize what matters and what does not. She explains a simple change she has made when riding in the car with her boyfriend. She thinks about "even petty things - like what lane you drive - if you're going to dinner or something - what lane you're driving in. If I look in the rearview and there's a car speeding up behind you, can you just get over to the right hand lane? Are you gonna drive the car or am I gonna drive the car? Just petty things like that."

By separating the important from the "petty," Felicia believes that her relationships have become stronger, particularly with her family. She considers a recurring issue at home – the messy state of her son's bedroom. "We've been struggling with the bedroom thing for a year," she says. "I said, 'Well let's us do it together.'" Rather than "always sounding like the nagging mom," Felicia now seeks "ways to cope with not always laying the responsibility totally on him. " She looks for ways to involve him in the process, rather than labeling him as the problem.

This perspective has also changed the way Felicia makes sense of how her siblings responded to her mother's illness. Until recently, she felt resentful towards what she saw as their lack of involvement in her mother's care. Yet time has altered her perspective. "After getting on the outside of it looking back in," she says, "I think everybody was helpful in their own certain way. But I always perceived it as, they should be helpful in the way that *I'm* helpful."

Indeed, Felicia's definition of acceptable standards of care has broadened considerably. In loosening those parameters, she now sees just how much their rigidity harmed her relationships. Rather than obsessing over how her siblings did not measure up, she now believes that they were actually contributing all along. "I had a brother who took care of my mom's financial business," she begins. "I had a sister who'd come once a month and stay all weekend. Then I had a sister who would take her to her doctor's appointments. Then I had a brother who'd just come by and see her and fix her something to eat every once in awhile. I guess collectively it all worked." Felicia shakes her head, emphasizing her changed perceptions. "It made everything work, but in my

mind it's like, I feel like, I'm being bogged down with all the responsibility. In hindsight – now - I think everybody was doing a part in helping."

The waitress returns to clear our empty plates. The setting sun outside casts an orange glow over the dining room. Soon we will pull on our coats, say good-bye, and drive away. But before we go, Felicia leaves me with the most important lesson she has taken from those tragedies of July 7th. It is a warning about what impossible standards of perfection, when taken to an extreme, can do to relationships.

"Things that people bicker about, where people don't talk to their moms for three or four months . . . . I know there's circumstances when they make you mad and you have differences. I've learned to say what I have to say, not be mad about it, and when I get through saying it, it's done.

"A lot of things used to be a big deal. It's not a big deal anymore. I look at more family first. Even though you have that family first work ethic or that mentality - that I'm gonna spend more time with my family -- every day, I'm gonna tell them I love them before I hang up. Every. Single. Day. "

Rosario's Portrait: Perfection as Contribution

"I have felt that it's important to make a contribution, even a little one."

*****

When you walk the Lone Star College campus with Rosario, you get the feeling that you are with a Very Important Person. She knows every hallway and office in the sprawling campus, as well as almost every person you pass. These individuals she greets with a hug or a handshake, calls them by name, and warmly introduces you, the visitor by her side. She is quick to make connections as you meet these members of her community,

and you soon realize that, within minutes, your own network has just expanded with new faces and friends. With Rosario, you feel as though you are in capable hands; she emanates an assurance that her advice is good advice and you would do well to follow it.

This confidence has certainly been earned. Dr. Rosario Martinez Castillo's long career has included teaching college classes, counseling in private practice, and serving a community college as a vice president. She now serves as the director of articulation services and university relations at Lone Star College, a community college system north of Houston that has 85,000 enrolled students.

Along with her husband, Max, Rosario is well-known and well-connected in her community. Recently, Max retired as the longest-serving president in the history of the University of Houston Downtown. Together, the pair has been honored numerous times, particularly for their work in creating educational opportunities for Hispanic students. They have raised three daughters and are actively involved in the day to day caring for one of their grandchildren.

"It's funny," she explains, "but people have this assumption about me, that I was born with a silver spoon in my mouth." She pauses and shakes her head seriously. "That could not be farther from the truth."

Indeed, Rosario's story is one of sharp contrasts. The labels that define her today: scholar, professor, administrator, grandmother, university president's wife, philanthropist, community activist – belie those labels of her past: child laborer, single mother, working student. These contradictions are challenges Rosario has navigated throughout her life. Her determination and devotion to her career has been in direct odds with her relationships with her body, her children, and her husband.

Rosario is careful to draw boundaries around perfection, which she sees as a "nebulous" term. On the one hand, she concedes that it is important to maintain perfection in her work, particularly when she is producing agreements between her college and universities. This type of exacting work leaves no room for error or "haphazard" sloppiness. On the other hand, Rosario recognizes the damage that un-reigned expectations of perfection can inflict on a woman's personal life, particularly with her body and her family. She explains, "I don't take myself seriously but I do take my work seriously." This attitude reflects a change she has only recently developed.

Throughout her career, Rosario has been cognizant of cultural standards of feminine beauty. Her own appearance is carefully polished – at all of out meetings, her long hair was perfectly coiffed, her nails manicured, her make up fresh. She insists on wearing skirts and heels to work, despite the changing fashion for women to dress more comfortably at the office. This attention to her professional appearance is related in part to her quest for success. Throughout her career, she has felt pressure to maintain a certain look and to fit into a size 8 dress, because "I had to look a certain way to get to a certain job." Despite policy that has attempted equal opportunities for men and women, Rosario "saw a lot and I still see a lot of discrimination with women that are overweight. . . . . I've been part of search committees and the comments that are made about a woman based on her weight sometimes are very disparaging and unfair."

Yet now, as a woman in her sixties who has accomplished high levels academically and professionally, Rosario reflects on the great energy that maintaining a perfect feminine appearance has cost her. Recently, she experienced a moment of clarity during the relatively mundane event of eating dinner with her grandson. With a chuckle,

she recalls, "It's really funny because I've looked at the skin on the chicken and I always wanted to have it. My grandson loves it, and I ate it, and I thought, oh I'm giving myself permission now to move away from what my image was of even physical perfection."

Allowing herself to eat the chicken skin represents a genuine shift in her perception of perfection. She explains, "I'm not willing to make all the sacrifices that I can stay in that one size because it's not as important as it was my whole life. It was really important how I looked and now it really isn't." To Rosario, this diminished preoccupation with her appearance is not due to any change in her own age or status. Instead, her shift in perception is due to a realization that, during all those years of dieting, "to a large extent I was wrong. It's not so much the physical perfection but it's really how much you contribute to the group and your value to the institution. *That* is really important."

Rosario recognizes the energy she placed in maintaining a certain professional body and sees it as a needless bind. Moving the focus from the body to her level of contribution "is a little freeing." This freedom came late for Rosario, but she is realistic in her thinking. "I know it would've been impossible probably for me to feel this way when I was 40, but I wish I had."

Not only has Rosario grappled with pressure to look perfect, but she also has struggled with reaching perfection as a mother. By her eighteenth birthday, Rosario was the mother of a toddler. Her dreams for her daughter contrasted sharply with the reality of their circumstances. Her own childhood had been far from idyllic. Growing up along the Texas/Mexico border in El Paso, she knew her parents were under great strain to support

their seven children. Her father juggled three jobs and, devastatingly, her mother committed suicide when Rosario was a young woman.

At age 12, Rosario started working at the Levi Strauss warehouse, a place she remembers for being stifling hot and over-crowded with women whose legs were covered in varicose veins from years of standing on the hard, concrete floor. Despite the harsh conditions, Rosario did well at the warehouse. Her parents "actually talked to me about quitting school, high school, because of all the money I could make and I could buy a car and I could buy my clothes." The totality of her family's expectations for her consisted of working at the factories, marrying, and having children. Rosario recalls, "I remember going to my dad when I don't know how old I was, and telling him, 'Dad, I need to work on my math.'" He responded, "'Don't worry your pretty little head about that. You're just gonna have children. You don't have to worry about that.' I remember feeling very disappointed because I thought, *I really do need some help in math*." However, "that was the expectation in my family." Academics and a professional career did not enter the picture.

With her own daughter, Rosario remembers "feeling that I was her only chance. If I didn't change the loop, she would not have a lot of options for her career, her life. With no child support, Rosario worked full time and took college classes simultaneously. "I would sign up for one or two classes during my lunch hour and one after work." Yet this decision came with a heavy sense of guilt. "[E]very time I would sign up I really would go somewhere and cry for a while because I knew that it was time away from the kids." She explains, "I felt terribly guilty about taking courses. That was the only way I

figured that I could make more money and get a different job and that's the way it worked out."

Her family offered little support, emotional or otherwise. She can now look back and laugh at the memory of those difficult times. "I'd get a lot of teasing," she explains, "because it was like I was always in school taking courses. The family would say, 'Well you're gonna be an old lady when you finish your degree' and everybody would laugh. And I'd say, 'Okay. In ten years I'm gonna be 30 anyway. How old are you gonna be?' So what, you know? So I'd do this kind of thing and I'd let them laugh!"

However, "with each degree I was able to apply for a different job and make more money." Eventually, she was able to send all of her daughters to college, and one to law school after that. That daughter is now a city district attorney. Yet at the time, Rosario "was so afraid that [that daughter] would grow up with all sorts of problems because I wasn't there as much."

This guilt haunted Rosario throughout her daughters' childhoods. She continued to feel deeply responsible for her daughters' physical needs and future opportunities. "I had to sacrifice time spent with them, which was costly personally, to do what I thought I had to do, even to have a different neighborhood. We lived in a nice house. As I took more courses and had more degrees, I was able to move up and provide more, and that was very important to me." These competing priorities demonstrate the cycle of guilt and reward that many working mothers face. Rosario was happy that she was able to provide more for her daughters by going to school and working, but going to school and working also prevented her from spending as much time with them as she would have wanted. She

could not feel satisfied in her accomplishments without also feeling that she was losing valuable time with her daughters.

Now that her daughters are grown, Rosario is able to come to terms with her approach to motherhood. Rosario says she has "often" talked with her daughters about perfection and motherhood. She is glad that she has good relationships with them, noting that one of her daughters has sent her cards with sentiments that say "you're my hero." But Rosario responds to these affirmations cautiously. She explains, "I didn't want them to put me on a pedestal like a perfect mom because I was not a perfect mom. . . . I'm a human being and I've made a lot of mistakes."

Just as the years have tempered Rosario's understanding of perfection and her body, it has also shaped the ways in which she understands motherhood. She reflects that she "didn't know a lot about parenting because I didn't have very good parenting." Her "parents were not available." To Rosario, being available is congruous with being a good parent. Being a perfect mother or a perfect woman is not what matters. Finding time to be available, while still doing the paid work that fueled herself and her family, was the greater challenge.

While Rosario's commitment to excelling in her professional life often conflicted with her role as a mother, it has also conflicted with her marriage. From an outsider's perspective, it easy to assume that her and Max's path was linear and smooth. Their careers and community work seem to be harmonious, complementary. Both have earned doctorates, both are deeply committed to their community, both have succeeded in high-level leadership positions in higher education. But yet again, the gloss of perfection hides the struggles they have faced.

Rosario is quick to recount the difficulties she encountered when Max accepted the job as president of the University of Houston Downtown in 1992. At the time, they were living and working 200 miles away from Houston in San Antonio, she as vice president at one college and he as president at another. Rosario dug in her heels about leaving San Antonio. She was happy at her job. She explains, "When he accepted the job as president I really thought about staying in San Antonio. I did [remain in San Antonio] for a year and we had one of our --" She stops abruptly mid-sentence. Clearly, this period of their marriage is difficult to remember.

Rosario takes a breath and changes course. "I would come over [to Houston] and help him with functions, but at one point he said, 'I really, really need a wife. We really need to do some serious talk about our relationship.' I realized that we had come to the point that I either stayed with him or didn't." Rosario knew how critical the situation was for them. "I had the job that I loved. I mean, I finally had gotten it, but I also knew that it was important for me to keep our relationship, so I left the job and came over here."

That move is one that still, almost 20 years later, lays heavily on Rosario's mind. It represents a sharp turning point in which her devotion to her husband and to her work were in direct odds with each other. Her absence from Max's life not only affected their personal relationship, but it harmed his professional image as well. In part, he "really, really need[ed] a wife" because Rosario was not following the traditional role of a university president's wife.

This role is not one Rosario relished. The dictates of being the right kind of university president's wife demanded more than she wanted to give. She explains that this role holds diplomatic duties much like those of the nation's first lady, often including

an on-campus office with staff. Presidents' wives are expected to attend university and community functions and to receive campus visitors. Rosario explains, "There was perfection as being part of a president's wife because you're supposed to look a certain way. Most of the wives are still –," she pauses, choosing her words carefully. "Although they may contribute a lot, they still have their nails looking perfect and they work out."

This prototype of perfection collided with her own sense of identity. "I was a very different [president's] wife because I worked late hours and I had to commute a lot. So I didn't really look perfectly coiffed and I wasn't wearing some of the clothes that some of them would wear." Although Rosario's appearance is neither shabby nor disheveled, she "would not show up looking like I walked out of a magazine." Such an emphasis on looking the part of the typical university president's wife goes against her values. "I would rather give a scholarship than spend $1,000 on an outfit," she says.

This outlook demonstrates how Rosario constructs boundaries around perfection. She does pay attention to her physical appearance, recognizing that how others perceive her is significant. But what seems to bother her most about meeting the traditional expectations of the role of university first lady is the amount of energy devoted to style over substance. Just as she gave herself permission to eat the chicken skin, she also gave herself permission not to spend excessive time and money on her appearance. She is thoughtful about what she will sacrifice for perfection.

Rosario decided that, for the sake of her marriage, she had to leave her position as college vice president in San Antonio and move to Houston. As a compromise for leaving her beloved job, she decided to try to make a career independent of Max. She explains, "Universities often, when they hire a male president, when they offer the job, you can

negotiate as the wife for positions within the university." Max could have negotiated a teaching position for Rosario at one of the schools within the larger University of Houston system. However, "at the time I didn't want him to do that. I wanted to find a position myself where I could continue to be a professional and still married to him."

Rosario's compromise was a decision that, at the time, seemed ideal. Rather than work for the same university system, she would instead secure a position in the suburban community college district just north of Houston. She envisioned them both working at the top of the fields, serving their respective colleges and communities with little interference from the other. Today, however, she thinks that dream was unrealistically optimistic. "I had for some reason thought that it'd be really helpful for Max to be in downtown Houston and I would be in this area. The fact that he was who he is wouldn't affect me and I could do my work untainted." Yet "it didn't happen. It didn't work. I even kept my maiden last name professionally, but even here I was continuously introduced as, 'Oh, I want you to meet Max's wife. He's the president of the University of Houston Downtown.'"

Rosario felt that such references to her husband eclipsed her own professional successes. Each time she would be introduced by her superiors, they did not mention that she was the only Latina Hispanic female in the college's administration, nor did they mention any of her specific accomplishments in that role. Instead, "it was, 'I want you to meet Dr. Martinez. She's the wife of the president of the University of Houston Downtown.' I thought, O*h man, that's why I came over* here." She realized that "Max's position trumped what *I* was contributing to the institution."

The blurred lines between Rosario's professional life and personal life became difficult to navigate. She realized that, despite her great efforts at maintaining separate spheres, others were not so willing to accept the arrangement. One particularly damning episode occurred when she was serving with Max on a community scholarship fund. "I know that there was a little discomfort with me in this arena," she explains, because Lone Star College "was also competing for money. Although I was sitting at the table talking to some of these people in a wife capacity, and I could've done a lot for Lone Star College at that time, I was kind of excluded from all of that, I guess because of my loyalties." She recognized that some foundation members saw her presence as a conflict of interest. "They were unsure about how to work with me, how to deal with me. Was I on the Lone Star College side or was I working for UHD to try to get money?"

It soon became clear that her original plan to maintain both her marriage and her professional identity could not work. Despite using her maiden name and working in a suburban community, her status as "Max's wife" persisted. "I thought that the fact that we're in separate institutions pretty far away from each other in Houston would allow me to keep being his wife and a professional. It would allow me to work both. . . . I actually thought that Max could be the university president and I could be a community college president and it would be wonderful, that we could both contribute a lot in different arenas and be a happily married couple." She adds, laughing, "It's like when you realize if you're 50 and overweight that you're never going to be an Olympic athlete, you know?

 "So I didn't fit into the wife thing and in perfection it was more important for me to work as hard as I could in my career to demonstrate that I was very valuable to the organization, very apart from Max's role. . . . It really wasn't as – it was harder for me

because I was working so hard and disengaging myself from that role when I was at work, and I knew that I had to work harder and be more perfect in the work setting as a professional."

This story illuminates Rosario's chief concern with perfection. Throughout her life, she has had envisioned herself above her current circumstances. She has enjoyed the fruits of her pursuit of perfection – status in the organization, a nicer home for her daughters, personal pride in a job well done. She has been rewarded for her compact with perfection at work. Yet this compact has also fueled a never-ending cycle of needing to be more, do better, and differentiate herself from others, including her spouse. Even though her children are grown and independent, Rosario still struggles with drawing lines around the demands of her work and of her family.

Today, Rosario is at a point where she knows her career is coming to a close. After all the decades of strategizing and striving, it is time to consider the next phase of her life. Max has already retired, and she acknowledges that he has benefited from the time away from work. She pulls up a recent photograph of him on her pink-cased smart phone.

The man grinning in the photograph looks very different from the man in the earlier, official university web-page photograph. This man has long, grey hair and a carefree, relaxed posture. His T-shirt and shorts reveal a healthy weight loss. He poses casually beside a famous celebrity chef, whom he met as part of a local festival. Rosario explains that he now has time to spend developing new hobbies and interests, a luxury his demanding career never before allowed.

Rosario's career has certainly been successful, but it has not been the ideal of perfection she once imagined. She will always be "Max's wife" within this community. She likely will not reach the level of college president before her retirement. Yet, just as she has come to terms with her physical appearance, her approach to motherhood, and her marriage, she is also reconciling these ideas about professional perfection.

"I've had to give up some notions of where I could be at this time, and I'm okay with that," Rosario explains. "Because I think I can make contributions in some areas and it doesn't have to be with a certain title. It can be just as meaningful. . . . What's really important is, how am I contributing to the team?" She elaborates on this new definition of perfection for herself and others. "Are they making everybody's work load easier? What is their value in the organization? I mean those are the major things.

"I have felt that it's important to make a contribution, even a little one. . . . I've contributed to this institution but I'm really looking at coming to a closure, working on a couple of projects that are out there, and doing as much so that I can feel good when I leave."

Personal legacy, or making as much of a contribution as one can, now defines Rosario's sense of perfection. It allows acceptance for where she has fallen short of her own high expectations for her body, her mothering, or her work. It prioritizes where her energy is best spent. While this definition is not essentially raced or gendered, Rosario's experiences as a Hispanic Latina daughter, wife, and mother certainly shaped its form. Although Rosario says that perfection is a "nebulous" term, her ultimate understanding of it is in large part due to this very personal journey.

Significantly, this conception of perfection still holds with it a heavy burden. Although one person's worthwhile contribution will certainly look different from another's, making a contribution requires much from the individual. It is not enough to simply throw up one's hands and not bother with perfection. What is important to Rosario is that the energy expended in the pursuit of perfection be properly placed. She does not have energy to burn on looking like a "perfect" university president's wife or on feeling guilty about not being the "perfect" mother. That expense takes away from her own unique contribution.

Rosario's contribution to higher education, particularly to scholarships and administrative procedures that help grant access to under-served populations, exemplifies her enactment of perfection. Possibly, her devotion to her education and career have been fueled by an understanding of how important this work is to her own identity and sense of self. Even when this perfection has come at the cost of ridicule years ago from her family in El Paso, or feelings of guilt for being away from her young daughters, or even threatening her marriage, Rosario has persisted. Through this work, she has contributed not only to her community, but to her family as well. Even when it required her absence from them, her devotion to perfection enabled her daughters to break the cycle of poverty, enabled her family to be proud.

Rosario remembers her graduation ceremony, at which she officially received her PhD. Her father flew in for the event. She remembers the moment when they announced her name:

Of course they used the '*Dr.* Martinez,' and that's his last name, so he was very, very proud. And I think shocked, but very proud. It was interesting to see him,

because he had never been supportive. But the whole macho ego thing – '*Dr. Martinez*"! I was carrying on with his last name. . . . He loved hearing the "*Dr. Martinez*'. It was really significant for him.

The little girl at the kitchen table, struggling with her algebra, and being rebuffed by her father for even caring about it in the first place, climbed a mountain he never dreamed was possible. Education, service, and work have continued to be mountains Rosario climbs to make the most contribution, to reach her own pinnacle of perfection.

Margaret's Portrait: Perfection as Unattainable

"We have a very high goal, but I don't think we expect to attain it."

*****

Her room is clean and comfortable, free from the excessive sentimental bric-a-brac that so many of us need to remember the past or to feel remembered by others. Instead, the room speaks of an orderly life. Each object holds a purpose: the framed photographs on the walls – one for each daughter and grandchild, the stereo system with catalogued classical music albums – clearly labeled by composer in large print. The single bed is neatly made with a patterned quilt, and a fresh bottle of water and the Holy Bible remain steadfastly on the nightstand. The bright afternoon sun filters through the closed blinds.

Each time I visit the assisted living center, Margaret Miller greets me from her comfortably upholstered chair. Sometimes she has a visitor present; most of the time, she is quiet with her thoughts. She reaches out a hand that grasps mine warmly. Her straight silver hair is cut in a short bob, a fringe of bangs skimming the top of her eyeglasses. From behind her glasses, her pale eyes are clouded with the macular degeneration that

has compromised her vision. Yet the eyes remain piercing as we talk, traveling back through time and memory.

I pull up a high-backed, antique wooden chair close to hers and settle in for an hour or so of conversation. Beneath me, the chair creaks as I pull it up to Margaret, sitting close enough for her to see my face as clearly as possible. Tape recorder in hand, I speak slower and louder than usual and try to move through my scribbled list of questions. There is so much ground to cover from this octogenarian's life: her childhood in Detroit during the Depression, her work during World War 2 as a female journalist in a male-dominated field, her home life as a wife and mother to four daughters, her decades as a regionally-syndicated columnist.

Margaret speaks in crisp, precise cadences – free of sentimentality or unrelated side stories. Her conversations with me are generous, warm, and yet direct. Her brevity brings to mind the journalist's economy with the written word. Each word carries its own weight; each phrase makes for an easy sound bite. When I fumble in getting my point across, she directs, "Be specific in your question." As we talk, I realize that this interviewee has much to teach this interviewer about the craft.

Those decades that Margaret spent writing her thoughts for print are evident. Not only is her speech exact, but also this skill is evident in clippings from her column, MM Memos. For decades, Margaret chronicled her daily life experiences and impressions in a column that was printed in several Michigan newspapers. Within the luxury of only a few short paragraphs at a time, she chronicled the fullness of her life.

Although she in so many ways embodies precision and efficiency, Margaret's view of perfection is forgiving. She is cognizant of the ways that life does not mirror the

written word. In life, one cannot re-write history with an editor's red pen; perhaps one should not even wish to do so. In her words, perfection is "certainly an unattainable goal. . . . We have a very high goal, but I don't think we expect to attain it."

This statement seems to permeate Margaret's approach to life. As we talk about all that she has attempted and achieved, it becomes evident how liberating this approach to perfection is. Margaret set her goals high, but a reassuring pragmatism tempers the pressure that can build when perfection is left unchecked. Throughout our conversations, Margaret was unequivocal and uninhibited about both her talents *and* her limitations.

Margaret spent 52 years in what she considers to be "a fine marriage." She met her husband at the cusp of her thirties. When they met, they were both journalists working for news organizations in downtown Detroit. They both wanted to start a family as soon as possible, and their first daughter was born early into their marriage. Margaret welcomed the shift from career to family. "I knew that was what I wanted to be doing, and I was very happy doing it. I had waited a long time."

Up to that point, she had established a career working for the Associated Press in Detroit. As a student at Wayne State University, Margaret fell into journalism almost by accident. She explains, "If you were a woman going to college, you pretty much were going to be a teacher or a nurse. I didn't want to be a nurse and my mother had been a teacher so I decided -- I took the courses and signed up and majoring in English. . . . Probably the thing that influenced me most and I don't know why was when we were signed up for courses and such, and I was sitting with friends and two of them had a big brother who said take journalism instead of English."

Margaret enjoyed the energy of writing for the campus newspaper. When she joined the AP after graduation, she was one of the few women disseminating news during World War II. She remembers working the wires all night, going home to sleep as others were starting their day. She remembers when Henry Ford died, and the entire nation relied on the information coming from her office in Detroit. In these exciting years, Margaret sums up the exactitude with which she worked: "You had to get it right."

This standard of needing to "get it right" is one to which Margaret believes men and women must both be held accountable. During these early years, when so many men were fighting overseas and women were filling the ranks in domestic jobs without precedent, Margaret felt that women were often given an unfair advantage. She remembers women receiving more credit for their work simply because of their sex. "Just by credit," she explains, "I mean you should be expected to be adequate. There's a slate that everybody has to write on. I don't think women should have an advantage over men."

Interestingly, while Margaret noticed women receiving unfair advantages, she also noticed women placing undue pressures on themselves. "As things worked out during the time I was younger, I think women expected of themselves to be perfection," she explains. She sees a line between perfection and adequacy that many of her female peers blurred. "You had to be *as good as* [men], and I think a lot of people thought that meant you had to be *better than*. . . . I'm not sure that I did."

Margaret was able to separate the ideas of what other people thought she should be from what she expected of herself. This boundary-setting mechanism allowed her to follow the path that was right for her, without the need to look over her shoulder for

others' approval. Perhaps this approach explains why her decision to quit working after marriage seems so free of angst, because she simply "knew" that was what she wanted.

As she explains, "So we got married and decided, no reason to wait for children. So we had one - I guess our first daughter [was conceived] on our honeymoon - and had four daughters fairly quickly, by which time I quit the AP. And we had a very good marriage. . . . The girls were born within eight years so we had four of them going through school. We moved to the Detroit suburb of Farmington, bought an old house, and the kids had always said they were so glad they had that house because they could get around on their bikes around town."

These years in Farmington comprise Margaret's favorite memories. As she wrote in a memoir to her children, "I should add that this Grandma Miller is different from her predecessor in one big respect. Your grandmother's happy memories, at the least the ones she talked about a lot, were of her own childhood rather than when she had children. For me, childhood was good, but what followed was much better. When I start talking mainly about the past, it will be about when you guys were the kids" (MHM Life).

Once her youngest daughter started school, Margaret gradually moved back into journalism, adding hours until she eventually tipped from part to full time. She took on the role of women's editor at the local newspaper. This new position was different from her hard-news experience at the AP; it presented challenges to her identity as a journalist. She explains, "There was a great deal of difference in what was expected. I said later after I had been working that I never would have taken a women's editor job. I wanted to be on the news staff. I don't think I would have wanted to be a women's editor, but I did because at that point we could change the outside perimeters of the job."

The flexibility of the women's editor position allowed Margaret a way to weave her commitments to her family and her craft together. "I think I was able to pretty much do what I wanted as a woman's editor, so I was really very happy. I realized a year or so into the work I was much better off as a woman's editor because I could control my hours and they fit better. I didn't want to have a lot of stuff that the community editors had to do. So I never did go do anything else. I was happy as a woman's editor."

Traditionally, the women's section of the newspaper devoted its pages to content such as recipes and wedding announcements. But Margaret had bigger dreams for the section under her direction. "It was changing," she says. "I knew I could change it. . . . The man that hired me had a pretty good idea of how that should be done. I wanted it a little different, and I did it a little different over time." Margaret reflects for a moment, then explains her strategy. "I would just say -- I never argued much about what kind of things I gave my attention to. It was pretty much up to my bosses what I wanted to do. I had some good bosses. So I could accept what I wanted.

"All I saw of women's columns at that point, was the social kind. And I wasn't interested in doing that. Then I happened to think of [the column], and got started on it. And it went on for a while!" For decades, the column would describe daily life with her husband and four daughters. With wit and a keen sense for irony, Margaret brought readers along with them for Girl Scouts, music lessons, choir practices, homework, movie nights, family trips, graduations, and weddings. In one early column, she reflected on the happy chaos that was her life at home:

"A non-mother friend, making a Saturday morning visit to our Grand Central Station, remarked as she departed:

'This is absolutely the wildest place I know.'

I can't for the life of me imagine what she could have meant.

Why, one of our crew wasn't even there at the time." (MMM, 54)

By documenting the antics of her daily activities, Margaret brought together the spheres of her life at home with her life as a writer. "The kids sort of had grown up under the community eye. Lots of people knew who they were," she remembers. "So the kids, people knew the kids, and knew us. So it was interesting."

"So you were local celebrities," I suggest.

Margaret laughs. "Somewhat. Very minor celebrities! But I did enjoy doing it."

Writing the column and editing the women's section worked well for Margaret. Eventually, an opportunity for promotion arose. Margaret had a difficult decision to make. She explains, "Toward the end of the time I was working for The Observer and the group of newspapers, they had their major change in picking a managing editor to serve under the editor. I seriously considered doing that." She felt pressure from some of her co-workers to go after the position. "It was rather interesting that some of the young women on our staff encouraged me to," she says. "They would rather work with *me*.

"But I recognized that I couldn't do it. I just couldn't put that much more into the outside. I was better off where I was at." Looking back, Margaret believes that decision was the best for her, her family, and the newspaper. "I possibly could have gotten it. Maybe not; I don't know," she says. "I think people would have been not very bright to give it to me."

This decision reflects the realities Margaret faced as a working mother. Although she was enjoying her job and her family, she recognized that there were limitations to

how much she could manage well. Long before scholars coined the phrase "work/life

balance," Margaret documented the pressures she often felt though her column. Stated

plainly, without complaint, she shared the challenges of motherhood. For example, she

wrote, "One of the built-in difficulties of a big family is finding time to make each child

feel special, and being a room-mother is a tailor-made means of doing just that." (MMM,

36)

In another column published at the beginning of summer vacation, she shared the

exasperation many parents face in keeping up with end-of-the-school-year activates. With

her signature humor, she wrote: *"*The school year that I knew in advance would be a real

pip roars to its conclusion this week. And guess who lands right in the middle? If I were a

well-organized type who carefully recorded dates on a write-in calendar, I'd have seen

this week coming. In my disoriented state, it crept up on me. … I'm just waiting for the

day – which I'm sure many parents have faced – of being absolutely required to be in two

or more places at once. That's when a split personality might come in handy." (MMM,

37)

Looking back over that time, Margaret also recalls the financial stretch of raising

a large family. She explains that, "to make ends meet," her husband "worked two jobs an

awful lot of his career. He'd do an extra community newspaper editing on his days off,

and he did this for many -- for a long time. So that we could have what we both

considered important." Indeed, her columns hint at the struggles of keeping herself and

her four daughters up with the latest skirt length or driving on an almost-empty tank of

gasoline until the next paycheck cleared. Yet, again, these challenges were written with a

pragmatic sensibility and sense of humor, without overtones of self-indulgent self-pity. As she explains, "Small time newspaper people don't do much relaxing."

In addition to the financial stretch, Margaret considers the strain that being a working mother placed on her marriage. Just as she wanted to provide each daughter with enough attention, she was part of a marriage that needed maintaining. "I think my husband kind of resented sometimes what I tried to do," she says, "but I think he knew what the situation was. He maybe thought sometimes I tended to lean towards the family or lean toward the job, and he might get locked out."

As Margaret describes these challenges, I am surprised at how easily she discusses them. She does not feel guilty about being stretched too thin, as though the state was some sort of a shortcoming. Because she takes ownership of her decisions and views her life as one of choice, she harbors no resentment about the binds within which she worked. When I ask her how she coped with so many competing demands, she shares her secret: "One for me, and one for the family, and the paper came afterwards."

When she says this, I am at first baffled. This ordering of priorities seems surprisingly simple. After all, I grew up in the 1980s watching working mothers trying to "do and have it all" and then burning out from exhaustion and guilt. I have read hundreds of books and articles and interviewed dozens of women who have expressed those very same negative feelings. Margaret, however, seems to be an anomaly. Yet what she is saying is consistent with the philosophy she has followed throughout her life. She may have aimed for perfection as a parent, mother, and wife, but she was careful not to punish herself for not achieving it. The goal was there, but so was the realization that it was not attainable.

Instead, Margaret prioritizes herself, her needs, and her wants. She wanted to have a career, she wanted to have a large family, and she wanted to have a marriage. Because she framed these competing demands as opportunities for her own happiness and fulfillment, rather than as potential landmines of failure, she was able to keep her own personhood intact. In her conversations today and in her columns from that time, Margaret displays a sense of humor and a sense of fun in meeting the challenges of daily life. In a sense, she finds the imperfections of life amusing.

For example, whereas other women may fret about their appearance, Margaret does not mince words about her looks. Near her chair where we talk, two black and white family portraits hang on the wall. I ask Margaret about them, and she directs me specifically to one of the two, chuckling.

"OK - there's a very nice looking woman."

"In the flowery dress?"

"Yes. That's Jane, who was 3 years older than I. Then you see that frumpy girl on the other side – that's me."

I locate the girl of whom she refers, not because she is frumpy, but because the girl's haircut and glasses resemble the Margaret of today.

"Not a very attractive girl. That is not an attractive stage of life. That was me, then."

"I don't think you look frumpy."

"Well, I do. *She* was the glamour girl."

This conversation reveals that Margaret's appearance did matter to her; she was not immune to the pressures that so many women face about looking "frumpy." Her comparisons of herself against her cousin bothered her while she was growing up. But,

rather than dwell on these perceived shortcomings, Margaret focused on her studies, going to college and starting a career.

Decades after that portrait was taken, Margaret would write in her column about the challenges of accepting how she appeared in photographs. She wrote, "Any long-suffering photographer who has worked for this newspaper will tell you the worst assignment they can get is taking a picture of me to go with this column. Their cameras are still intact, but I've thrown away – as quickly as possible – a lot of samples of their work.

"Not as bad, though, as the one I used to carry around on my driver's license. That one was horrendous enough to put the fear of death into any officer who ever tried to stop me." (MMM, 68)

Margaret's blend of humor and realism combine into a sort of tempered expectations that she has placed on herself and her daughters. She had an expectation for her daughters to be their own personal best. As she recalls, "We certainly tried not to put pressure on them, but I suspect they all felt some. But it was all right. They had the ability -- we expected them to use their ability to do well. I try not to expect them to do more than that. One rather specific example is my first three daughters were all excellent students in school. They just breezed through. They went to the same school so the teachers could compare them. They did pretty much what was expected of them and knew what was expected of them.

"Our younger daughter …was not as good a student in school. She did all right. She was perfectly okay, and I think I tried very hard to not put pressure on her." Instead, Margaret tried to communicate acceptance. She tried to demonstrate "I-know-this-is-

how-you-are without ever saying it specifically." However, this lack of pressure did not equate to a lack of expectations. She smiles, explaining, "We did take the attitude if you're not going to college, you've got to get a job."

Margaret is "very, very proud" of the women her daughters are today. She takes particular pleasure in the fact that all four eventually became some type of teacher. Within her daughters' own families, Margaret sees that they have found ways to balance their careers with their home lives. "In all of them," she says, "there's been some comparison that they've sort of taken us as what we did at home as a model."

During our last meeting, I ask Margaret what writing has meant to her throughout her life. The question seems to surprise her, and she pauses to articulate an answer. Her response is one of pragmatic realism, but also of self-love and humility. "Well," she explains, "just that I like to do it and it was something that I could do and do better than most people. I never considered myself a great writer. I just never had any desire to write a novel. I liked the kind of writing I did and could do."

Margaret relies on humor and humility as way to cope with perfection. She discusses her weaknesses without shame; she acknowledges her strengths without pride. She tried to keep herself happy first and foremost, and this formula allowed her to balance her goals without losing sight of herself. Ultimately, this standard became the measure of her perfection.

CHAPTER IV

DATA ANALYSIS AND CONCLUSIONS

Examination of the Portrait Gallery

At this point, I step back and examine the portrait gallery before me. Each of these portraits highlights a facet of perfection that is vital for an understanding of how perfection is woven into women's lives. Although these women represent different generations, different heritages, and different educational backgrounds, they all are linked by their experiences with managing perfection. My eye moves across the gallery. I see Brittany, the youngest participant and in her early 20s, who enacts perfection through control. I see Cris, a working physician and mother to two young daughters. In her mid-30s, Cris demonstrates perfection as humanity. I then turn to Felicia, a single mother in her late 40s who works as a nurse assistant and connects acceptance with (im)perfection. Finally, I examine the two most senior members of the gallery. I see Rosario -- a wife, mother, grandmother, and college administrator in her 60s, who views perfection as contribution. I also look to Margaret, who, after working as a journalist, editor, wife, and mother to four daughters, emphasizes that perfection is a desirable, but unattainable, goal. So far, these women's narratives have been examined separately, but even more can be learned when they are examined together as a gallery. The points of synthesis and divergence of the portraits as a group will now be explored further.

Brittany's story highlights the role that control can play in navigating perfection. Her relationship with control and perfection is complicated. Initially, she tried to control what others, such as the dance team members' mothers, were thinking and saying about

her. She feared that they might think she had gained weight after leaving the team. This imagined scenario features several issues with control – by gaining weight, she would demonstrate a loss of control over her body, which would then lead to the undesired consequence of losing control of her public image. Brittany believes that, as a countermeasure to this fear, she amped up the control over her eating and exercise, hoping to demonstrate that she was in total control. However, this effort resulted in a total loss of control when she developed an eating disorder. She was no longer able to eat and exercise with healthful moderation, and her menstrual cycles ceased. It was not until she consented to working with nutritional and mental health professionals, essentially giving control over to them, that she was able to regain balance. Today, Brittany sees perfection as maintaining control in a healthful way. Paradoxically, this healthful way involves letting go of trying to control what others think, as well as admitting that she needs others' assistance in maintaining a healthy mind and body. By relinquishing control, Brittany has regained a measure of perfection very different from her original orientation.

Felicia's story is remarkably similar in key ways. Felicia and Brittany are, in many ways, from different worlds. Felicia is more than twenty years older than Brittany; Felicia is Black and Brittany is White; Felicia comes from a rural, working-class background while Brittany comes from an affluent, white-collar suburb. Yet both women recognize a need to adjust their relationship to perfection. Felicia, in particular, recognizes that her initial definition of perfection was too narrow. Through reevaluating her siblings' responses to their mother's illness, Felicia now believes that each of them was actually acting out his/her own perfection of care. She sees that her expectation of perfection in others was actually resulting in her own imperfect behaviors towards her

siblings, her son, and her boyfriend. The consequent nagging, resentment, and arguments that ensued when Felicia's expectations were not met broke down those relationships; by demanding perfection, she was damaging those relationships. By accepting them as they are, and loosening her expectations of how they "should" be, Felicia has created more perfect relationships. Like Brittany, Felicia has become more aware of the dark side of perfection. Both women have reconstructed perfection as a kinder, gentler, and more positive concept. This revised conception works for, rather than against, them.

Like Felicia, Margaret exercises care with her expectations of perfection in others. As she approaches her tenth decade, her daughters are chief among her proudest accomplishments. She seems particularly proud of her youngest daughter and of the relationship they have enjoyed. When her youngest daughter's academic path took a different route than that of her parents' and sisters', Margaret remained encouraging. She saw it as her role to support each daughter in whatever path was best for her the time. Margaret maintains that different types of perfection exist – what worked for one daughter did not necessarily work for another daughter.

Significantly, although these women have redefined perfection, they still maintain standards. For example, Brittany continues to monitor her diet carefully and exercises regularly. However, her motivation for control is to keep herself at a healthful weight, rather than to win others' approval. Felicia continues to maintain high expectations of herself and her coworkers on the job, but she has altered the expectations she places on her personal relationships. For example, she still expects her son to maintain a clean room, but she tries to take a helping, cooperative approach, rather than arguing with him. Margaret's expectations remained intact for each daughter, but they were open enough to

meet each daughter's unique needs. Margaret expressed to her youngest daughter that, if she did not attend college, then she would need to get a job. Brittany, Felicia, and Margaret each found a way to reframe and adjust their standards of perfection in a way that does not negate perfection, but instead enhances its optimal benefits for health, work, and/or relationships.

Margaret, in particular, expresses a concern for keeping one's orientation to perfection in check. She believes that perfection is a standard that one should strive for, but that it is not attainable. Margaret demonstrates a place of balance with perfection. While she acknowledges that others' opinions can matter, overall she seeks to listen to her own wants and needs. When she explains, "One for me, one for the family, one for the job," she demonstrates the significance of her own interests. She knew early on that she wanted to work in the newspaper business and raise a family. Her decisions were guided by the principle of satisfying herself.

This perspective demonstrates a way in which to simultaneously acknowledge one's imperfections while recognizing the importance of personal growth and achievement. Such an orientation to perfection creates an equilibrium point to avoid tipping to undesirable extremes. At one pole, when one expects perfection in others, resentment can build when those standards are not met. At the opposite pole, when on expects perfection of the self – likely because one perceives that others expect that standard – one will experience shame for not measuring up (Brown, 2010). This relationship is demonstrated in Figure 1 below:

Expectations of perfection in others   Equilibrium   Expectations of perfection in self

Result = resentment   Result = shame
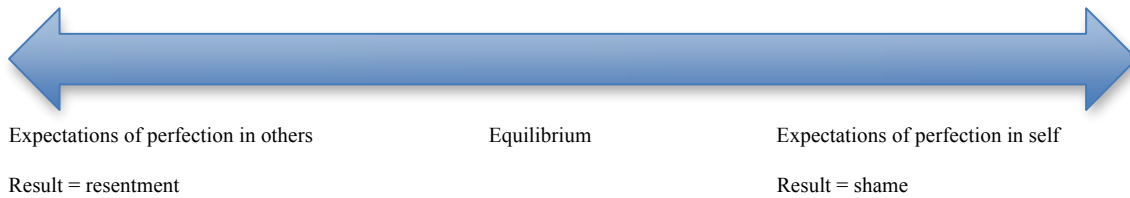
Figure 1: Poles of Perfection

If left unchecked, these poles connect to create a spiral that is destructive to the individual and his/her relationships. For example, you expect perfection in me, but I don't measure up, so I feel shame. I expect perfection in you, and you don't measure up, so I feel resentful that I work to be perfect yet you are disappointing me, because you are not meeting the same expectations I try to put on myself. (See Figure 2, below.)
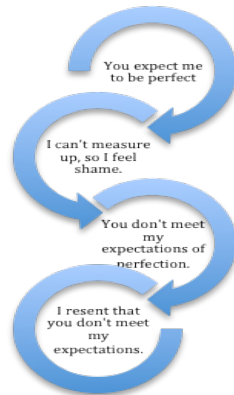

Figure 2: Spiral of Expectations

Cris has fought to maintain this equilibrium and to be true to her own vision of self. While others have criticized her method of patient care as being too emotionally involved and time-consuming, Cris works to calibrate their expectations with her own expectations of herself. By respecting this standard of perfection, Cris acts humanely to her patients *and* to her self. Like Felicia and Margaret, she is aware of the need to set the balance. Like Brittany and Rosario, she is subject to moments of self-doubt based on others' criticisms.

Rosario's definition of perfection as contribution reconciles the competing tensions she experienced. For example, she shares that her concern for staying at an idealized weight is not as important as she once thought it was. She now reframes that use of energy in terms of whether it contributes to her values. Therefore, she now enjoys food with her grandson because she believes that investing in that relationship is more important than staying on a strict diet. Rather than feeling conflicted about not buying expensive clothing in order to keep up with her peers, Rosario now is content to instead funnel that money into scholarships. In each of these cases, Rosario has found ways to increase her capacity for contributing to others, thereby enacting her vision of perfection. Like Brittany and Cris, she remains authentic to her own values, while quieting those voices of external criticism.

<div align="center">Making Sense of the Paradoxes of Perfection</div>

A paradox exists when two seemingly contradictory ideas exist simultaneously (Putnam, 1986). Paradoxes can be difficult to identify as well as to manage, particularly when they are embedded within cultural norms. Women must negotiate knots of paradox inherent within their socialization to be perfect (Brown, 2010). For example, women

report trying to manage paradoxes such "don't make people uncomfortable but be honest" or "don't upset anyone or hurt anyone's feelings but say what's on your mind" or "sound informed and educated but not like a know-it-all" (ibid, p. 52). Working mothers face paradox when they strive to simultaneously embody the ideals of a good worker (i.e., one who is fully dedicated to the job, competitive, ambitious) alongside the competing ideals of a good mother (i.e., one who is fully dedicated to the child, altruistic, patient) (Hays, 1996).

One way to better understand how paradox can be managed is to look to work regarding paradox's cousin, dialectical tensions (see Tracy, 2004). Dialectical tensions exist along competing poles, and they are understood only in relation to each other. For example, we can only know pain through its competing tension of pleasure; we can only define privacy by also acknowledging its competing tension of self-disclosure. In order to manage these tensions, one must accept that both poles exist simultaneously. Indeed, "Dialectical thinking is not directed toward a search for the 'happy mediums' of compromise and balance, but instead focuses on the messier, less logical, and more inconsistent unfolding practices of the moment" (Baxter and Montgomery, 1996, p. 46). Dialectical thinking resists the binary of either/or and embraces the both/and (ibid). While this study is not a formal extension of dialectical theory, it does engage in this type of dialectical thinking as a way to manage the paradox of perfection. It acknowledges the simultaneous existence of competing poles surrounding perfection, on both the existential level as well as the more personal.

In Brittany's case, the physical body was the locus of paradox. On the one hand, she recognized that, in this culture, a thin body represents success and control. Yet, on the

other hand, the emaciated body she created was unhealthy. To manage this dialectic, Brittany had to reframe her idea of perfection. She decided to give up control in order to gain control. That is, she gave up on trying to create a body that others would find acceptable, and instead decided to focus on controlling her eating and exercising in a healthful way.

This sense-making strategy also relates to another dialectical tension she faced. She wanted to please her parents, and exercising discipline and self-control seemed to please them. But at the same time, her parents were unhappy and concerned about her weight loss. Again, by shifting the focus away from seeking approval from others, Brittany was able to reconcile the difficulties of winning approval.

Finally, Brittany's concern for approval harmed her ability to maintain healthy relationships. In order to win approval, she had to be better than average and better than her peers. Yet, by trying to be better, she necessarily was in constant competition with those peers. To manage this tension, she reframed her view of relationships. By not focusing on winning approval, Britney was able to stop seeing her peers as competitors for that approval. Instead, Britney reframes relationships as opportunities for cooperative healing. She recognizes that her friends and family can help her to stay on a healthy path. In turn, she works to help other young women who are struggling with the same issues. Through this sense-making process of reframing approval, Brittany has gained a new sense of control on her idea of perfection.

Similarly, Cris has engaged in a sense-making process to help her manage perfection as well. Her desire to be respected as a professional physician competes with her desire to care for her patients like family. This push/pull tension challenges her need

for authenticity across her identities of being a caring individual and an authoritative practitioner. To reconcile this tension, Cris challenges the expected norms of doctors being cool and removed from their patients. To be authentic to her own identity, Cris maintains close relationships with her patients. Doing so, however, creates another tension. She wants to treat her older patients as though they are her parents; she uses the respectful "sir" and "madam" with them, she listens respectfully when they speak. However, this deference results in some patients, such as the older man discussed in her portrait, to treat her without respect. Such patients may see her more as an obedient child than as an authority on their health. Therefore, Cris has created boundaries for how she will and will not be treated. As her portrait demonstrates, when that boundary is crossed, she is quick to remind her patients of its presence. This boundary supports her over-arching sense-making strategy, which is to maintain authenticity of self while fulfilling her quest for seeking perfection as humanity.

Felicia's story further demonstrates how perfection creates oppositional tensions in two key ways. First, the tragedies of losing her mother and her job challenged Felicia's concept of perfection. She had always seen herself as strong and independent. Yet the grief and depression she experienced challenged that concept; when getting out of bed became too difficult, she had to acknowledge her weakness. To reconcile this disparity, Felicia reframed her concept of strength. When faced with either toughing it out or seeking treatment, Felicia decided that seeking treatment was the stronger approach. Secondly, Felicia also needed to reconcile the disparity between her own expectations of herself with her expectations of her family. Once she broadened her concept of perfection

to a point where she could accept others' unique forms of perfection, she became better able to acknowledge their unique talents and abilities.

Rosario experienced tensions surrounding her desire to be a good wife and mother and her desire to be a successful professional. She wanted to attain advanced degrees and high-level jobs in order to provide her daughters with a comfortable life. But these dreams conflicted with her ability to spend as much time with them as she would have liked. As a result, she felt guilty. Similarly, Rosario wanted to be a good partner to her husband. She envisioned them both serving as college or university presidents; both would be working at the top of their fields. But this dream conflicted with the reality of being the wife to a high-level, high-profile university president. Regardless of her own accomplishments, Rosario could not shake the baggage of being "Max's wife."

Rosario has reconciled the tensions surrounding her marriage and career. By focusing on her own ability to contribute to the greater good, Rosario has found a way to manage perfection for herself. Like Brittany, Rosario has reconciled how little she can control others' perceptions. While she cannot change others' opinions about her, she can control how much of a contribution she makes. Her definition of perfection has shifted from what others say she can or cannot do – such as being a college president – to what she *knows* she can do. It is not the grand occupational titles through which she now engages perfection, but through the micropractices of giving to others. Such daily behaviors are within her control, and she now recognizes how satisfying they can be. Rosario has accepted these limitations, reworking her concept of perfection to something manageable within those constraints. By acknowledging constraints, Rosario has actually

reframed limitations in a way that gives her more freedom and space to contribute, to develop her sense of perfection.

Similarly, Margaret wanted to enjoy both a successful career and a happy homelife, but these desires competed with each other. Like Rosario, she reconciled them by constructing boundaries that enabled her to be authentic to her own values. For example, consider when she chose not to pursue an editorship, despite encouragement from many female co-workers to pursue it. Margaret recognized that the promotion, which many saw as an opportunity, would actually be a constraint. The promotion would prevent her from enacting her overall picture of perfection, which included a balance of her professional and family lives. Like Rosario, she reframed her definition of perfection in a way that established boundaries around what she would and would not pursue.

Identity and Perfection

The idea of being perfect is linked to a woman's self-identity. I believe that this aspect is one of the most important reasons for examining perfection. The ways in which one self-defines are strongly linked to the areas in which she excels. Her persona is linked to being a hard worker, or a good daughter, etc. It is shaped in part by how she believes others see her, as well. The messages communicated from others about who she is seem to connect strongly to what she does or does not do well.

The relationship between one's self identity and one's social group is theoretically rich. In 1902, Cooley (1972) postulated that we see ourselves through others' eyes, a concept he called the looking-glass self. According to Cooley, this process involves imagining how we appear to others, imagining how others judge us based on that appearance, and then feeling positively or negatively based on those judgments.

This concept has been developed further in both symbolic interactionism and social identity theory. Both of these theories recognize the significance of social groups upon identity formation. Specifically, symbolic interactionism posits that humans create meaning through their communication with others; therefore, our understanding of the world and ourselves is a social product (see Mead, 1934; Blumer, 1969). Tajfel and Tuner (1986) developed Social Identity Theory as a way to explain how identities are determined in relationship to our social groups. We use comparisons as a way to understand who we are, where we stand in relation to others.

These theories help to explain how cultural norms, appropriated by social groups, can form a woman's identity. Because the social group constructs that framework of individual perfection to a large degree, perfection works as a tool for one to differentiate herself from others. By highlighting in which areas one is unique from others, one can differentiate herself as being special in some sort of way. Throughout these portraits, it becomes evident that the participants frame perfection as part of their identities. They construct identities that present them as good mothers, good workers, and good daughters. Such descriptions depict how they present themselves to others. Some participants described themselves in terms that align with a perfectionist personality, such as Type A (Brittany) or Obsessive Compulsion Disorder (Felicia).

A crisis of identity occurs when a woman realizes that perfection among all of her competing identities is impossible. If her identity is one of perfection, she will seek to embody this standard in all of her multiple selves (i.e., mother, daughter, worker, friend, etc.). This crisis can leave the woman feeling fragmented along the fissure lines of her self. For example, Felicia felt like she could not simultaneously devote herself to work,

her mother, and her son – two of the three would suffer at any given time. When one's identity hinges on notions of perfection, it is impossible to reconcile being perfect in all areas of life at the same time, or to create a crystallized self (see Tracy and Trethewey, 2005).

Giddens recognizes how individuals' identities are reflexive of the social world in which they live. These self-identities are not static or fixed, but are rather defined by experiences. Giddens stresses that self-identity is influenced by others to some degree, but is primarily changed due to one's motivation to maintain an "ongoing 'story' about the self" (1991, p. 54) intact. As individuals encounter new experiences, they work to integrate these experiences into the definition of themselves.

Because of the paradoxical nature of perfection, being perfect in one identity necessitates being imperfect in another. All of these forms demonstrate perfection as a way to prevent being the subject of criticism, such as Brittany's desire to stay thin or Rosario's desire to dress and look appropriate to her role. Interestingly, perfection becomes a standard akin to adequacy. This relationship suggests that one need be perfect, rather than adequate, in order to escape criticism. This construction of perfection as competency, adequacy, or just being "good enough" stems from both internal self expectations as well as perceived external expectations. However, this construction is inherently problematic. If the minimal acceptable standard is perfection, then one cannot help but constantly fall short. This constant failure will leave one with feelings of angst that are incredibly difficult to reconcile.

By differentiating herself from others, a woman can develop a greater sense of her own identity. Rather than seeking to meet an impossible, universal standard of perfection,

these women demonstrate that one does better to concentrate perfection on a more personal scale. In order to maintain their identity and keep it intact, they enact a sense-making process that utilizes boundary construction. This process involves the individual drawing lines around what needs to be perfect and what does not. These boundaries reflect the individual's priorities, values, goals, and limitations. Each participant found ways to construct specific boundaries.

By looking at the portraits through a generational perspective, it seems that these women solidify their identities over time. As the youngest participant, Brittany defines maturity as losing fragility and thickening up. She recognizes that she is not yet to that point of being immune to others' criticism and thoughts about her; she foresees struggling with her professional identity even if her physical self is solidified. Similarly, Cris has reconciled her professional self but continues to struggle with how to balance that professional commitment with her commitments to her young daughters at home. Felicia is just beginning to differentiate herself from her siblings and coworkers, recognizing that she is different and that those differences are acceptable.

Significantly, the senior participants voiced the most self-acceptance with the issue of perfection. They acknowledged, however, that this perspective was hard won over time. For example, Rosario is now reconciling how the pieces of her self fit together. She now accepts that those pieces form a cohesive whole, just not how she once thought they should. Margaret remembers how she once defined herself in comparison to her "prettier" cousin, seeing herself as "frumpy" yet studious. Later, that self solidified in a way that enabled her to accept herself for her own strengths and values.

From these portraits, a distinct strategy emerges. To varying extents, each woman reframes the paradox of perfection in a way for her core identity to remain intact. This reframing acknowledges that universal perfection is impossible. At the same time, it leaves room for each woman to enact some form of perfection in her life, thereby maintaining her identity. Identity hinges on one establishing who I am, what I do well, what makes me unique from others. In these portraits, identity is deeply linked to perfection. By enacting some mode of perfection, the participants are better able to express who they are and what they do that sets them apart from others.

This boundary construction seems most possible when women become self aware, when they recognize their own priorities, and when they can be critical consumers and recognize disempowering cultural/social messages. While this process is a continual (re)negotiation project, age does seem to matter. The boundaries become firmer over the lifespan. Over time, women seem better able to move away from perceived external standards to their own unique, internal standards of perfection. Agency is at the core of managing perfection. For each woman, the recognition of agency is the turning point for her to gain control. It is the moment when she recognizes that she must differentiate herself from others, but do so in a way that retains her own essence of perfection.

This study suggests that a reliance on that reflected self is central, albeit potentially detrimental, to identity formation. The dialectic of self and other must be considered from both poles if we are to understand perfection. A woman's reconciliation of both these poles shapes her concept of perfection. It is not a shutting out of her culture or social network; rather, she shapes her concept of perfection within that structure.

This conclusion suggests that women are not cultural dupes, nor are they completely free agents. Rather, women both act within the structures in which they are placed (see Giddens) and work within their own social fields of control (see Bordieu). The participants in this study responded to the paradoxes within their culture, but they were also able to transcend those paradoxes by creating their own framework of personal perfection.

<div align="center">Applications and Conclusions</div>

These portraits affirm that stories of perfection need to be told, because they establish that the individual experience is part of the collective whole. These portraits affirm a need for women to share stories of their experiences, both for the cathartic benefit of themselves and for the health and healing of other women. Narratives provide a powerful way to connect, to make meaning, and to create empathy (Kleinman, 1988).

Additionally, these portraits suggest that women make realistic, workable boundaries for themselves. These boundaries are not universal standards of perfection that advertisers might sell in the marketplace, but real life, micro-level concepts of who they are and who they can be within their own worlds. These stories demonstrate that this process of framing and bounding perfection is a turning point in how the participants begin to make sense of perfection in a way that works for them as individuals. Once they were able to articulate what needs to be perfect and what does not, or what areas they would prioritize over others, each woman was able to focus her efforts more reasonably. These portraits demonstrate that an attempt to be perfect in all areas is impossible and, at times, crazy-making. Participants seemed to fare better when they isolated key areas of their lives and emphasized perfection there.

Part of this process is about accepting that universal concepts of perfection are impossible, not only for the individual self but for others as well. Participants like Felicia and Margaret speak to the need to acknowledge and accept their family members for their own personal strengths and weaknesses. Participants like Brittany, Cris, and Rosario speak to the need to reject others' expectations for perfection on themselves. These portraits demonstrate that perfection does not exist in an isolated vacuum of the individual self; rather, it is communicated and enacted within a social group. Yet at the same time, the individual must construct boundaries around the degree to which she will others to influence her.

Because of this social nature of perfection, it is easy to allow others' definitions of success and external markers of approval to define our own sense of worth. But by looking at these women's narratives, it is clear that often what others think is beyond the scope of our control. Instead, it seems that a better way to reconcile perfection is to define and enact one's own unique strengths. These portraits demonstrate the need be aware and critical of others' expectations of perfection on the self.

These portraits also suggest the role that perfection plays in one's self-identity. The participants' portrait suggests ways in which their self-identities changed as they made sense of perfection. As she encountered new experiences and/or relationships, she worked to sustain the "continuity of self-identity" (Giddens, 1991, p. 55) that she had created. This change was, as Giddens suggests, reflexive to her social world. For example, Brittany provided a story in which she found that the locals of Spain were confused by her decision to jog, unlike the positive support she received from Americans about jogging. As a result, she stopped formal exercise while in Spain and found that this

action complemented her self-identity of being healthy. Similarly, Cris' self-identity suggested that she was both a professional physician as well as a person who respected those who were older. When she found that some patients did not respect her as an expert, she reconfigured her self-identity to better maintain her narrative of herself.

Additionally, each participant worked within the cultural structure in which she lived. Those structures acted as constraints, whether that structure was motherhood, work, the physical body, a spousal relationship, or some combination of structures. However, the participants demonstrated that they worked within that constraint to enable themselves to reach perfection. For example, Brittany was constrained by the American structures of physical perfection. However, she effectively worked within that structure by employing the ideals of another structure – religion – to counteract it. By drawing from her religious beliefs about maintaining physical health, Brittany was able to regain control over body.

Based on this research, I offer the following suggestions to women interested in an examination of how perfection affects their daily lives. First, acknowledge what tensions you experience. Ask what values these tensions represent. For example, feeling torn between work and home might represent that you care deeply about both roles, that being a good employee and being a good parent are important values. Based on these values, is there a way to construct boundaries around what you will and will not attempt to perfect? To answer this question, examine which priorities are most significant to you at this moment. Consider what activities add to being both a good employee and a good parent. Also consider whose standards you are paying attention to - are there voices for approval that need to be quieted? Is your concept of perfection too narrowly construed?

At the same time, consider how these standards of perfection may be affecting your relationships with others. Do any of those standards need to be reevaluated? By answering these questions, one can begin to assess how to make sense of perfection and construct boundaries.

In sum, perfection can be an empowering source of self-fulfillment, but we must be aware of its dark side, as well. Perfection can help us to set goals and reach our full potential. However, it must exist within boundaries that are individualized, rather than universal. It also must be focused in ways that work for the individual's strengths and priorities, rather than broad, abstract expectations of the social group at large. By sharing stories of how women navigate perfection, one may begin to self-reflect on how perfection affects her daily practices.

<div align="center">Personal Reflections</div>

From working with these stories and the research, I have come to recognize that the pain of perfection is real; double binds and paradoxes hurt. Now, as a doctoral student, instructor, wife, and mother of a toddler, I particularly struggle with the feelings that if I focus on one thing, then the other things will suffer as a consequence. It helps greatly to know that other women have struggled with these same feelings. But now I try to focus on the abundance that appears when I take the focus away from perfection. For example, despite this research, I struggle with not being a perfect mother who fails to do everything well, like being the only mother who did not make homemade (or any) Valentines for each student in my child's class, as I discovered this past February 14th. Or, when I turn the computer off in the evening, inevitably leaving some emails

unanswered, some papers ungraded, and many pages unwritten, I feel guilty that I am not working.

However, when I employ these boundary-setting mechanisms and focus on what is a priority to me, I recognize that focusing on perfection in only one dimension robs from the richness of other dimensions. By having a career away from my son, he is able to develop other relationships and learn more than I could teach him on my own. By refusing to work at all hours of the day and into the night, as I am inclined to do, my work remains fresh and I keep from burning out. This research has helped me to understand the paradoxical nature of perfection. I now try to recognize that perfection is fraught with tensions that seem paradoxical, but these tensions may be reframed in a way that makes sense for me and allows me to keep my identity intact.

I worked with each of these women at a particular moment of their lives, and I write this text during a particular moment of my own life. At this moment, I empathize with Rosario's feelings of wanting to be a good partner and mother, but also wanting career success. I worry that the time away from my work during my pregnancy, and the later health complications I experienced as an indirect result of that birth, hurt my chances at securing a good career. Like Brittany, I feel good when others approve of me, and like Cris, I want to be nice yet still gain others' respect as well. However, because of their stories, I now recognize how forming my identity on the fickleness of the looking glass self can be devastating. Because of Felicia's story, I am more careful now about what expectations I place on my friends and family, recognizing that it is important to accept them for their own abilities and to be gentle with their flaws. Like Rosario, I am working to focus on what my unique contribution may be. With her story as a model, I

am trying to define that contribution within parameters of my own making, rather than basing that contribution solely on what my job title is or what recognition others may or may not give me. I hope to emulate Margaret's insistence of being true to her own gifts and dreams, while still continuing to affirm and care for my family.

From each of these portraits, hung individually but forming a powerful gallery of meaning, I walk away knowing I will be changed. I am challenged by the paradox that perfection presents. By letting go of perfection, I hope to become more perfect, more complete, more of who I truly am.

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