



Charlie
Waller

Perfectionism

A guide for when striving for
excellence becomes unhealthy

We're talking mental health

Some years ago Jessica Lahey wrote in the New York Times: "We all know perfection is an unreasonable burden to place on our children but we also reward them when they strive for that perfection." Her article was an attempt to understand the complex nature of perfectionism in today's world where achievement is valued at almost any price.

So what does unhealthy perfectionism look like and what is the distinction between such perfectionism and 'healthy striving for excellence'? People with a healthy striving for excellence have very high standards but the standards are potentially achievable; when they do not reach their goals, people with healthy striving for excellence are able to stand back and reflect objectively on their mistakes so that they can learn from them. They are able to tolerate uncertainty and don't react to their failure with intense self-criticism.



People with unhealthy perfectionism react to mistakes in an extreme and highly self-critical manner and are very uncomfortable with uncertainty.



'Tyranny of the Shoulds'

People with unhealthy perfectionism often have the same very high standards but the standards are not realistic or only attainable with significant negative consequences; such people react to mistakes in an extreme and highly self-critical manner and are very uncomfortable with uncertainty. The self-esteem of such perfectionists is almost exclusively dependent on striving and achievement but they constantly perceive themselves to have failed and live in fear of such failure and what it means for them. Such perfectionism was described almost seventy years ago as the **"Tyranny of the Shoulds"** (Horney, 1950). A few years later, Hollender (1965) painted the following clinical picture of perfectionism:

"The perfectionist finds it difficult to sort out items in order of their importance or to maintain a sense of proportion. A small detail that has been missed may deprive him of gratification from a job otherwise well done. He is constantly on the alert for what is wrong and seldom focuses on what is right. He looks so intently for defects or flaws that he lives his life as though he were an inspector at the end of a production line." (p. 95)

People with a healthy striving for excellence have very high standards but the standards are potentially achievable.

Spotting unhealthy perfectionism

It is not always easy to detect this unhealthy perfectionism and very often people themselves do not consider it to be a problem. Instead, it can cause difficulties for those around them. The area in which the perfectionism is expressed is also very important.

Unhealthy perfectionism applied in the domain of work may lead to someone being labelled as a 'workaholic' but the same type of perfectionism applied in the domain of dieting and weight loss may lead to an eating disorder. Typically such perfectionism is applied across many areas of life and can cause multiple difficulties. We know that perfectionism of this sort is associated with depression as well as other difficulties such as eating disorders, anxiety, chronic fatigue syndrome, obsessive compulsive disorder and low self-esteem. Unlike depression, 'perfectionism' is not a diagnosis and it can sometimes be difficult for an outsider to spot.



Other types of perfectionism

There are other types of perfectionism that might also be posing a problem such as having high standards for other people and constantly feeling let down. Similarly, some people erroneously believe that other people have high standards for them and that they feel they are constantly letting other people down. In some cases, people are focused on the need to appear perfect and in others their perfectionism may predominantly be focused in an area such as sport or religion.

Unhealthy perfectionism applied in the domain of work may lead to someone being labelled as a 'workaholic'.



Treating perfectionism

Until relatively recently, no treatment for perfectionism had been developed, partly due to the suggestion that perfectionism was an unchangeable personality characteristic. However, in 2002 the Oxford Centre for Eating Disorders proposed a cognitive-behavioural approach to perfectionism (Shafran, Cooper & Fairburn, 2002). Although it was controversial, it paved the way for research and multiple studies have now shown that the treatment based on this approach is effective both in terms of reducing perfectionism but also with respect to the impact that the treatment has on other difficulties such as depression and anxiety.



SOME QUESTIONS...

to help spot when perfectionism is a problem are:

- How hard are you pushing yourself to meet your goals?
- Do you tend to focus on what you have not achieved rather than what you have achieved?
- Do other people tell you that your standards are too high?
- Do you feel a failure as a person because you have not succeeded in meeting your goals?
- Are you afraid that you might not reach your standards?
- Do you raise your standards after meeting them?
- Do you judge yourself on your ability to meet your standards?
- Do you repeatedly check how well you are doing at meeting your standards (for example, by comparing yourself to others?)
- Do you keep on trying to meet your standards even if you miss out on other things?
- Do you react to small mistakes with intense self-criticism?
- Do you avoid tests of your performance in case you fail?

These questions can help detect when perfectionism is interfering with functioning and is likely to be associated with low mood and anxiety.

The treatment can be delivered individually, in groups, using a self-help book or over the internet. Some of the key treatment strategies are:

- Understanding what maintains the perfectionism. It is helpful to understand the causes of the perfectionism but, like other cognitive behavioural approaches, the focus is on the factors that keep the perfectionism going.
- Dispelling myths. For example, many people believe 'the harder I work, the better I will do' but there comes a point at which over-working may backfire and cause a deterioration in performance due to tiredness (for example).
- Conducting surveys to be able to get information about others' standards to enable benchmarking.
- Testing out beliefs using 'behavioural experiments'. For example, if a person thinks that they will fail an assignment if they do less than eight hours work, he/she would be encouraged to do seven hours work and to use that extra hour to do something enjoyable instead; gradually the amount of work would be reduced and the person would learn that three to four hours is sufficient for that type of assignment.
- Addressing 'all-or-nothing' thinking by helping the person realise the shades of grey between 'success' and 'failure'.
- Trying to rebalance attention so that it isn't always focused on the negative.
- Helping with self-criticism by increasing compassion towards oneself and having the same expectations for themselves and others.
- Dealing with avoidance, procrastination and other related problems such as poor time management; problem-solving strategies such as the ones described by Christine and Arthur Nezu can be particularly helpful (and problem-solving is also an effective intervention for depression!)



The future

We have come a long way in our understanding of perfectionism and in developing interventions that work. However, there remains a great deal of work to do so that we can help people with a wide variety of forms of perfectionism and to see whether the interventions work for children and young people. We also need to make sure that people can access the treatments that they need in a timely way. I am hopeful that such ambition reflects healthy striving for excellence and an achievable goal, but only time will tell...

FURTHER READING

NEZU, A. M., NEZU, C. M., D'ZURILLA, T. J. (2007)

Solving Life's Problems: A 5-step Guide to Enhanced Well-being.

SHAFRAN, R., EGAN, S., & WADE, T. (2018)

Overcoming Perfectionism 2nd Edition: A self-help guide using scientifically supported cognitive behavioural techniques. Robinson.

SHAFRAN, R., EGAN, S. & WADE, T. (2012)

Changing Perfectionism: This booklet describes 'clinical perfectionism' and its link with how people evaluate themselves.

We have a number of other guides that might be of interest to you. To view these and all our other resources please visit charliewaller.org/resources

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ABOUT THE AUTHOR

Roz Shafran is a Professor of Translational Psychology at University College London and a Chartered Clinical Psychologist. She is a Trustee of the Charlie Waller Trust and founded the Charlie Waller Institute of Evidenced Based Psychological Treatment at the University of Reading.

She is also co-author of 'Overcoming Perfectionism: a self-help guide using scientifically supported cognitive behavioural techniques'.

REFERENCES

Hollender, M. H. (1965). Perfectionism. *Comprehensive psychiatry*, 6(2), 94-103.

Horney, K. (1950). *The Collected Works of Karen Horney: Self analysis. Neurosis and human growth* (Vol. 2). WW Norton.

Shafran, R., Cooper, Z., & Fairburn, C. G. (2002). Clinical perfectionism: A cognitive-behavioural analysis. *Behaviour research and therapy*, 40(7), 773-791.



Remembering Charlie

Charlie Waller was a strong, funny, popular, good-looking and kind young man, with a close and loving family. To the outside world, he had everything to live for. Yet in 1997, at the age of 28, Charlie took his own life. He was suffering from depression.

In response to this tragedy, his family founded The Charlie Waller Trust, to open up the conversation around depression, and to ensure that young people are able to understand and look after their mental health and to spot the signs in others.

Charlie sits at the heart of our story, our vision and our purpose.

GET IN TOUCH

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If you have found this resource useful please consider donating to help us continue our work



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To donate £10 Text 'CWT' to 70085
This costs £10 plus the cost of a standard rate message



Online

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