OCD and Perfectionism
Presented by Professor Roz Shafran

These handouts are from the OCD-UK annual conference hosted in Liverpool on Saturday 29th October 2011.

People with OCD

- Have higher levels of perfectionism than those without
- But so do people with other mental health problems
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Background: Healthy vs. unhealthy

- Normal vs. neurotic
- Functional vs. dysfunctional
- Healthy vs. unhealthy

Dysfunctional perfectionism

- Definitions
**Definitions**

- “Tyranny of the shoulds” (Horney, 1950)

- “Those whose standards are high beyond reach or reason, people who strain compulsively and unremittingly toward impossible goals and who measure their own worth entirely in terms of productivity and accomplishment” (Burns, 1980)

- “Setting of excessively high standards for performance accompanied by overly critical self-evaluation (Frost, Marten, Lahart & Rosenblate, 1990)

- “Multidimensional” (Hewitt & Flett, 1991)

**Ways in which perfectionism is problematic**
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1. Significant clinical problem in its own right

- Time
- Social isolation
- Performance anxiety
- Narrowing of interests
- Low mood
- Procrastination/avoidance
- Unemployment/drop out of studies
- Case examples

2. Potential impact on treatment

- Research is mixed but if your perfectionism is in the same area of your life as your OCD (e.g., wanting to feel ‘just right’, morality, content of your mind) then it may impact on treatment
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Articulation

- [http://www.youtube.com/watch?v=04S5oxzoLqg](http://www.youtube.com/watch?v=04S5oxzoLqg)

  “Everybody said she was a winner
  No one knew the secret kept within her
  Starving for perfection (Echo: Perfection)
  Hating her reflection (Echo: Reflection)

  CHORUS:
  She tries harder than the average teen
  An over achiever with low self esteem
  Wants to look like a star, but she takes it too far
  She’s Never Good Enough
  Wants to be Mary-Kate
  Perfect weight, eighty-eight
  She’s Never Good Enough

  Now her friends know all about her problems
  They all try their best to help her solve them
  She feels like she’s on trial.
  But she’s still in denial...”

Risk factor

- Development of anorexia nervosa and bulimia nervosa (Fairburn et al. 1999; Bulik et al., 2003)

“Clinical Perfectionism”


Characteristics of clinically-relevant perfectionism

- Self-imposed nature of standards
- Standards are personally demanding
- Self-worth dependent upon success and achievement
- Attention to failures at expense of successes
- Self-defeating
Original analysis

- Construes clinical perfectionism as a dysfunctional scheme for self-evaluation.
- Core psychopathology as the overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed standards in at least one highly salient domain despite adverse consequences.

Context

- Type of perfectionism seen in clinical practice
- Not:
  - Positive healthy striving
  - Having high standards for other people
  - Believing that others have high standards for you
Example

“C consistently sets herself unreasonably high standards regarding her performance as a mother. She is highly critical of herself and believes that she should be fully cured from her OCD. Prior to having children, she had a senior position for a large company...she was able to achieve this by setting high standards and working very hard and is now trying to apply similar standards to her new situation of being a stay-at-home mum.”

Why perfectionism persists

- Clinical perfectionism is maintained by
  - Dysfunctional expressions of core psychopathology e.g., repeated checking
  - Rigid standards expressed as rules
  - Cognitive biases
    - Biased evaluation of performance
    - Discounting success
    - Resetting standards
  - Negative self-evaluation, self-criticism and fear of ‘failure’
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Treatment content

1. Cognitive-behavioural formulation
2. Psychoeducation & monitoring
3. Decreasing problematic behaviour
4. Rigidity, rules and extreme standards
5. Cognitive biases
6. Dysfunctional Beliefs
7. Problem-solving (including relaxation/time management strategies)
8. Dysfunctional scheme for self-evaluation
9. Relapse prevention

NB Personalised!

Do you have clinical perfectionism?

- Do you continually try your hardest to achieve high standards?
- Do you focus on what you have NOT achieved rather than what you have?
- Do other people tell you that your standards are too high?
- Are you very afraid of failing to meet your standards?
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Do you have clinical perfectionism?

- If you achieve your goal, do you tend to set the standard higher next time? (e.g., if run the race in a faster time)

- Do you base your self-esteem on striving and achievement?

- Do you repeatedly check how well you are doing at meeting your goals?

- Do you keep trying to meet your standards, even if this means that you miss out on things or if it is causing other problems?

- Do you tend to avoid or procrastinate on tasks in case you fail or because of the time it would take?
How might your perfectionism be contributing to your OCD?

Brainstorm

- **Thinking** – notice the negative, discount success, black and white, rigid rules
- **Feeling** – mood, exhaustion
- **Behaviour** – checking, over-thorough, avoidance, lists, multi-tasking

What can you do about it?

Example: Stress and Performance

Performance

Zone of optimum performance

Stress

Summary

- Identify if you have ‘clinical’ perfectionism

- Identify if you think it is making your OCD worse (or vice versa) or preventing you from benefiting from therapy

- If so, focus on trying to understand
  - What is keeping the perfectionism going
  - Changing it
Conclusion

TO ERR IS HUMAN

Exercise 4

- On your own, list the areas that contribute to your self-evaluation
- Draw a pie-chart to reflect the relative contribution of each area to your self-worth
- If you think that you have too many eggs in one basket, then consider which areas you would like to expand, and which new areas you might want to add
- Consider one practical thing you can do to begin to broaden your own domains
- Feedback if you wish
Summary

Further reading

