

The Perfectionist's Script for Self-Defeat

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Reaching for the stars, perfectionists may end up clutching at air. Studies show that these compulsives are especially g-give, to troubled relationships and mood disorders. They may even achieve less than others. One effective treatment is a specific kind of thought reform.

A highly successful but chronically depressed academician recently told me, "Without my perfectionism, I'd be just an inadequate and basically mediocre person. Who wants to be average?" Like many people, this man sees his perfectionism as the painful price he must pay for success. He acknowledges that his relentless standards are stressful and somewhat unreasonable, but he believes they give him to levels of excellence and productivity he could never attain otherwise.

This attitude is remarkably widespread. Indeed, it amounts to a cultural phenomenon and is reinforced by language patterns, the media, and religious beliefs. Many athletes and coaches live by the maxim No Pain, No Gain, reflecting their conviction that significant gains in strength and endurance occur only when athletes push themselves beyond their natural limits to

the point of agony. In complimenting a friend on a good golf shot or a pleasant dinner party, people feel constrained to say “Superb!” or “It was a *perfect* evening!” A recently published advertisement for a camera urged in bold print, “Experience the Sense of Perfection.” The text went on, “If you have ever taken a luxury sports car through a tight turn, you know the feeling.”

The implied promise is that perfectionism brings rewards. Are these rewards real or is the promise false and the allure based on illusion? Just what in fact are the costs and benefits of perfectionism?

Before trying to answer the question, I want to make clear what I mean by perfectionism. I do *not* mean the healthy pursuit of excellence by men and women who take genuine pleasure in striving to meet high standards. Without concern for quality, life would seem shallow and true accomplishment would be rare. The perfectionists I am talking about are 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. For these people, the drive to excel can only be self-defeating.

Evidence is mounting that the price this kind of perfectionist pays for the habit includes not only decreased productivity but also impaired health, poor self-control, troubled

personal relationships, and low self-esteem. The perfectionist also appears to be vulnerable to a number of potentially serious mood disorders, including depression, performance anxiety, test anxiety, test anxiety, writer's block, and obsessive-compulsive illness. In studies conducted at the University of Pennsylvania Mood Clinic (also known as the Center for Cognitive Therapy), we observed a high incidence of perfectionistic attitudes in people suffering from depressive illness. While that does not prove that there is a causal relationship between perfectionism and depression, our clinical research suggests that perfectionism may be one of the key psychological factors predisposing certain people to painful mood swings. Perfectionistic individuals, we find, are likely to respond to the perception of failure or inadequacy with a precipitous loss in self-esteem that can trigger episodes of severe depression and anxiety.

In order to evaluate the proposition that these represent extreme cases and that a little perfectionism can help a person achieve high levels of success, I recently administered a questionnaire that measures perfectionistic attitudes to a group of 34 highly successful insurance agents at the Philadelphia Million Dollar Forum. The salaries of the group ranged from \$29,000 a year to more than \$250,000. Eighteen of the agents proved to have perfectionistic "cognitive styles" (ways of thinking), while 16

were nonperfectionistic. I also administered a second questionnaire that assesses the tendency to measure personal worth and self-esteem by success and productivity. I anticipated that the highest salaries would be earned by those who were perfectionistic and most likely to evaluate their self-esteem in terms of sales.

The results were surprising. The average earnings of the perfectionists were not significantly greater than those of the nonperfectionists. In fact, the trend was in the opposite direction; the perfectionists who linked self-worth and achievement earned an average of \$15,000 a year less than the nonperfectionists did. Apparently the salesmen who were striving for perfection were actually paying a price in dollars for their mental habit.

Actually, the findings at the Million Dollar Forum were not so unusual. Studies of highly successful athletes have documented an absence of perfectionistic cognitive styles. In one study, Michael Mahoney and his collaborators at Penn State University described attitudinal characteristics that differentiated "elite" male gymnasts who qualified for Olympic competition from less successful athletes who failed to qualify. The researchers found that the elite group tended to underemphasize the importance of past performance failures, while the athletes who failed to qualify were more likely to rouse themselves into near-panic states during competition through mental images of self-doubt and impending

tragedy. Andrew W. Meyers and his collaborators at Memphis State University recently confirmed a number of Mahoney's findings in their study of highly successful racquetball players. The Meyers group found that the less-skilled players reported greater difficulty in recovering from mistakes and were more likely to set perfectionistic standards.

Perfectionism also takes a heavy toll within our educational system. I recently conducted study of the dropout phenomenon at the University of Pennsylvania Law School, in collaboration with Vice-Dean Phyllis Beck. We studied and treated 25 students, 80 percent of them in their first year of law school, who sought counseling because of a high degree of stress. Many of them expressed an urge to leave school, and most were suffering from depression or anxiety.

Among a majority of students in this group, we observed an entrenched, perfectionistic thinking pattern. The law school has highly competitive entrance requirements, so these students had been used to perceiving themselves at or near the top of their class during high school and college. In spite of their rational understanding that law school lumped them together with the cream of the crop, they nevertheless had great difficulty in accepting any personal role that meant being less than No. 1.

When such students begin to realize that their performance will place them somewhere in the middle of the pack, they react with frustration, anger, depression, and panic. Because their previous experiences have left them psychologically unprepared for an “average” role, they are prone to perceive themselves, unrealistically, as second-rate losers. Their self-respect plummets, and they experience a strong desire to withdraw from painful circumstances: The disturbance can become so intense that they may contemplate and even attempt suicide. (The high suicide rate among some professional groups, such as physicians, is perhaps explained in part by the perfectionistic thinking patterns that are believed to be common among them.)

The dropout phenomenon occurs most frequently in students who have been excellent performers in school. Students who have performed unevenly or poorly in the past rarely complain about their grades. They apparently have learned to cope with middling or poor performance by using methods that protect their personal identity and esteem from wounding self-criticism.

In addition to being victimized by impaired productivity and emotional disturbances, the perfectionist may also be at risk of impaired health. During the mid-1970s, reports by Meyer Friedman and Ray H. Rosenman of increased coronary disease in people exhibiting Type-A behavior attracted considerable

attention. The Type-A person has been described as highly competitive, excessively achievement-oriented, impatient, easily frustrated and angered, time-pressured, and preoccupied with deadlines. A number of investigators have reported a high incidence of perfectionistic beliefs in such people.

Finally, it appears that many perfectionists are plagued by loneliness and disturbances in personal relationships. Because the perfectionists fear and anticipate rejection When they are judged as imperfect, they tend to react defensively to criticism. Their response usually frustrates and alienates others and may bring about the very disapproval- perfectionists most fear. This reinforces their irrational belief that they must be perfect to be accepted.

Because of their fear of appearing foolish or inadequate, perfectionists may have a disclosure phobia that causes them to resist sharing their inner thoughts and feelings. They believe that their human foibles will not be acceptable to others, and their excessive sensitivity to real or imagined disapproval inhibits intimate communication, further depriving them of the warmth and unconditional acceptance they crave but cannot earn through accomplishment.

When perfectionists apply their excessively high standards to others and are inevitably disappointed, they react with

annoyance. Typically, the object of the perfectionist's judgmental attitude reacts with resentment, the perfectionist becomes more demanding, and both parties end up exasperated.

Recently investigators have been asking why the perfectionist is so vulnerable to emotional turmoil and impaired productivity. It appears that a variety of factors may undermine the perfectionist's motivation and sense of competence. These factors include illogical and distorted thinking patterns, self-defeating strategies for self-management, and the fact that the perfectionist generally experiences more punishment than reward.

Perhaps the most common mental distortion found among perfectionists is all-or-nothing thinking. They evaluate their experiences in a dichotomous manner, seeing things as either all-black or all-white; intermediate shades of gray do not seem to exist. That outlook is epitomized by the straight-A student who receives a B on an examination and concludes, "Now I am a total failure." Dichotomous thinking causes the perfectionist to fear Mistakes and to overreact to them.

A second system of mental distortion commonly observed in perfectionists derives from overgeneralization: they tend to jump to the dogmatic conclusion that a negative event will be repeated endlessly. When perfectionists make mistakes, they tell themselves, "I'm always goofing up. I'll never get this right."

Because of such overgeneralized thinking, perfectionists perceive themselves as having a very narrow margin of safety.

A third distortion system that plagues perfectionists involves “should” statements. Many therapists, including Karen Horney, have emphasized the tyranny of “should” systems. When perfectionists fall short of a goal (for example, by overeating on a weekend), they are not likely to ask themselves “How can I learn from this?” with a compassionate attitude of self-acceptance. Instead, they harangue themselves, saying, “I *shouldn't* have goofed up! I *ought* to do better! I *mustn't* do that again!” Such statements create feelings of frustration and guilt that, ironically, cause them to get stuck on the error. They become trapped by nonproductive self-critical ruminations that lead to depression and an unrealistically negative self-image. Consistent with that, in a study conducted at UCLA, Constance J. Hammen and Susan Krantz reported that depressed women had more self-critical thoughts than nondepressed women did, and that real life success failed to reduce self-criticism.

The perfectionists' dichotomous thinking and moralistic self-evaluations contribute to their psychological distress and cause them to adopt strategies for personal growth and self-management that are naive and self-defeating. Michael Mahoney has described a saint-or-sinner syndrome that contributes to the failure of the

perfectionist's efforts at self-control in activities like eating, smoking, and drinking. When perfectionists embark on a diet, they tell themselves they must either be *off* or *on* the diet, which is defined in strict terms. The first time the perfectionist lapses from the rigorous routine, the period of sainthood ends and the chance for perfect dieting is viewed as lost forever. This ushers in an ensuing period of "sin," characterized by guilt, moralistic self-deprecation, and binges. One dieting physician ate a tablespoon of ice cream and scolded herself by saying, "I shouldn't have done that! I'm a pig." These ideas so upset her that she went on to eat an entire quart of ice cream.

Research has underscored just how ineffective self-punishment can be in facilitating personal growth or modifying habits. Mahoney and his collaborators found that self-reward was far more effective in helping dieters lose weight. **In** fact, a group who were taught to follow a system of self-punishment when they went off their diets did not lose significantly more weight than did a no-treatment control group. Because the perfectionist pursues this pernicious strategy for self-control in a wide variety of activities, he or she experiences an uncontrollable roller-coaster effect characterized by emotional lability, extreme fluctuation in motivation, and inconsistent effort.

Albert Bandura at Stanford University has recently hypothesized that the probability that a person will perform any behavior necessary to bring about a desired result depends, first, upon the perception that the behavior will in fact produce the desired result (this is termed “outcome efficacy”), and, second, upon the person’s being capable of performing the necessary behavior (this is termed “self-efficacy”). The perfectionist’s mind-set undermines both types of efficacy: the chance that a desired outcome can be achieved is inversely proportional to the stringency of the standard used to measure it. Stated simply, the higher the standard of success, the less likely it is that a successful result will be perceived as a probable outcome. Thus, the perfectionist minimizes outcome efficacy by setting over-ambitious and nearly inaccessible goals.

Because of a compulsive drive to achieve a flawless product, he or she also has trouble sensing when the point of diminishing returns has been reached and when a task should be considered complete. As a perfectionistic academician confessed, “I spent three years writing one superb paper that I would rate as 99 percent excellent. It was emotionally exhausting. During the same time, a less-talented associate wrote five papers. I would rate each of them as only about 80 percent excellent. Overall, he ended up with 400 achievement units [five times 80 percent],

whereas I ended up with only 99 (one times 99 percent). He got much more recognition overall, even though he didn't do any one thing that was particularly brilliant." (Of course, it can be argued that one superb paper is worth more than five lesser papers and that the academician might have chosen to explore the reasons why he found it emotionally exhausting, rather than gratifying, to carry out a task that was evidently not beyond his abilities.)

Perfectionists. also perceive themselves as inefficient because they tend to imagine that successful people achieve personal goals with minimal effort, few errors, maximal self-confidence, and little, if any, emotional distress. Because of this fantasy, perfectionists are likely to view their own quite human coping efforts as inadequate. As they dwell on their shortcomings, they tend to feel inferior and underrewarded, robbing themselves of satisfaction and further undermining their motivation;

Because perfectionists see themselves as inefficient and are likely to fall short of their unreachable aims, they are plagued. by a sense of helplessness to achieve desired goals. This effect may explain the extreme motivational paralysis we observe in perfectionistic patients during periods of depression. It is reminiscent of the "learned helplessness" noted by Martin Seligman in dogs subjected to stressful shocks that they were unable to control. Seligman observed that when experimental

conditions were changed so that the dogs had only to' ross a low hurdle to escape the pain, they repeatedly failed to move. He then proposed a learned-helplessness hypothesis to explain this passivity and has documented the phenomenon in many species, including man. (See *Psychology Today*, June 1969.)

There has been little systematic research on the origins of perfectionism as a cognitive style or characteristic way of thinking. Freud proposed that obsessive-compulsive tendencies result from the need to repress unacceptable hostile impulses, but there has been little, if any, convincing experimental data to support his theory. Treatment strategies that urge the patient to “get the anger out” by expressing aggressive feelings are rarely, if ever, successful. More recent theorists, including Harry Stack Sullivan, have viewed perfectionism as a way of dealing with feelings of insecurity and uncertainty that result from growing up in an unloving household. In his recent book, *Treatment of the Obsessive Personality*, Leon Salzman of Georgetown University Medical School has argued that the perfectionist’s tender impulses are at the core of the difficulty; the problem is not the hostile impulses, but rather the need to be loved and accepted.

I believe that perfectionism may be in part learned from a child’s interactions with perfectionistic parents. This is the way I see the process working: a child is regularly rewarded with love

and approval for outstanding performance; when the parents react to the child's mistakes and failures with anxiety and disappointment, the child is likely to interpret that as punishment or rejection. The perfectionistic parent often feels frustrated and threatened when a child is having difficulties in schoolwork or in relationships with peers. Because the parent is unrealistically self-critical, he or she personalizes the child's difficulties by thinking, "This shows what a bad mother (or father) I am." Because the parent's self-esteem is contingent on the child's success, the parent puts great pressure on the child to avoid failure. Consequently, when the troubled child turns to the parent for reassurance or guidance, the parent reacts with irritation, not love, and the child is flooded with shame.

The child begins to anticipate that mistakes will lead to a loss of acceptance. Because the child bases a sense of self-esteem on the parent's approval, the child begins to fear mistakes and to avoid failure. This leads to emotional constriction and fear of any experience or adventure in which the outcome is not guaranteed. The child becomes anxious and upset about making mistakes, which further reinforces the perfectionistic parent's belief that failure is dangerous and undesirable. Essentially, the parent and child are locked into a kind of *folie-a-deux*.

Once the child has adopted a perfectionistic mind-set, I believe it perpetuates itself easily. Whenever the child performs in an outstanding manner, he or she repeats an internal message of the following type: "I did *perfectly* on this. This shows I'm okay; I deserve to feel good." It is easy to imagine that the positive feelings created by the inner dialogue powerfully reinforce the perfectionism. In contrast, when the child makes an error or goofs up, the automatic response is a succession of self-punishing negative thoughts: "Oh no, I goofed up. I *shouldn't* have made that mistake. This is terrible! How could I be so stupid?" That kind of thinking results in guilt, anxiety, and frustration, further reinforcing the belief that mistakes are unacceptable.

I believe that perfectionistic attitudes and their emotional consequences reinforce each other. Since powerful positive and negative emotional effects probably occur many times every day as a child grows up, it is not difficult to comprehend the power that perfectionism exerts and the rigidity with which many people adhere to it.

As perfectionist children grow up, the ratio of reward to punishment begins to shift in an unfavorable direction because they find it increasingly difficult to live up to the unrealistic standards they have learned to set. As they enter high school and move on to college and graduate school, the competition stiffens,

and the level of work becomes increasingly sophisticated. The gap between expectation and actual performance widens, and perfectionistic students now begin to experience stress and an aversion: to learning. They also become vulnerable to painful mood swings and loss of self-esteem, sometimes at a tragically young age.

One might think that the increasing pain and decreasing reward would tend to extinguish the perfectionistic habit as a child gets older, but in point of fact, the opposite may occur. Many behavior modification studies, among them one by B. F. Skinner, have suggested that intermittent reinforcement (infrequent and unpredictable reward) can actually intensify a conditioned behavior and prevent its extinction. That may explain the stubborn and illogical insistence with which many perfectionists cling to their self-defeating attitudes in spite of the suffering they experience.

Conditioning may be only part of the story. The clinical psychologist Albert Ellis has speculated that human beings may be born with an innate tendency to engage in certain self-defeating thinking patterns, among them perfectionism, but there is little, if any, systematic research to prove or disprove his hypothesis.

In addition to possible contributions from heredity and upbringing, we cannot rule out the potential influence of culture in

developing perfectionistic attitudes. It can be readily observed, as I suggested earlier, in religious doctrine, advertising, literature, education systems, and language.

The causes and effects of perfectionism cannot be studied scientifically unless perfectionism can be measured. In collaboration with our research group, Arlene Weissman recently completed reliability and validity studies on a Dysfunctional Attitude Scale (DAS) that measures a number of self-defeating attitudes commonly seen in people who suffer from clinical depression and anxiety. I have modified a portion of the DAS to create the Perfectionism Scale that appears on page 44. The total score on the test can range between + 20 and - 20. Scores between 0 and 20 indicate increasing degrees of perfectionism, while negative scores indicate a nonperfectionistic mind-set.

The Perfectionism Scale can be used in correlational studies to answer any number of interesting research questions. For example, is there more perfectionism in people who suffer from writer's block, or is there more of it in people with performance anxiety and depression? Does a training program that reduces perfectionist thinking patterns result in improved productivity, self-control, and mood?

In addition, the Perfectionism Scale can be used to sort out the relative role of genetics, upbringing, and cultural influence in

the development of perfectionism. For instance, if the incidence of perfectionism in the children of perfectionistic parents is *not* significantly higher than that observed among the children of nonperfectionistic parents; that would imply a negligible contribution from genetic factors as well as from parental influences. In contrast, if perfectionistic parents do have an increased incidence of perfectionistic children, systematic genetic studies – perhaps studies of identical twins reared apart – would be needed to evaluate the relative contributions from heredity and parental interaction. None of this research has yet been done.

Of course, there is nothing inherently pathological about setting high standards for oneself, and those who do so selectively are not necessarily unhappy or unproductive. But people who are habitual perfectionists can often profit from treatment. The approach I use is called cognitive behavior therapy, which relies on trying to change certain cognitive processes: the perceptions, beliefs, or wishes that make a patient anxious or depressed. An account of how this kind of therapy works for some perfectionists sheds a good deal of light on the nature of perfectionism and on the thinking processes of people whose lives are dominated by it.

Therapists find they can readily elicit self-defeating perfectionistic attitudes with gentle Socratic questioning. During his first therapy session, a troubled first-year law student named

Fred confessed, “When the professor calls on me, I’ll probably goof up.” I explored the meaning of this with him:

David: Suppose you did goof up in class, Fred. Why would that be particularly upsetting? What would that mean to you?

Fred: Well, then I would make a fool of myself.

David: Suppose you did make a fool of yourself? Why would that be upsetting to you?

Fred: Because then everyone would look down on me for it.

David: Suppose people did look down on you, what then?

Fred: Then I would feel miserable.

Why is that? Why is it that you would feel miserable if people were looking down on you?

Fred: Well, that would mean I wouldn’t be a worthwhile person. Furthermore, it might ruin my career. I’d get bad grades, I’d flunk out, and I might never become an attorney.

David: And what then? What would that mean to you?

Fred: That would mean I had failed at something I’ve wanted all my life.

David: And then what would that mean to you?

Fred: Life would be empty. It would mean I was a failure. It would mean I was worthless.

In this brief dialogue, Fred revealed the perfectionistic orientation that causes his difficulties. He believes it would be terrible for him to be disapproved of, to make a mistake, or to fail at achieving a personal goal. Because of his tendency to overgeneralize, he has convinced himself that if one person looks down on him, then everybody will. It is as if he feared that the word “reject” would suddenly be stamped on his forehead in capital letters for everyone to see. Fred seems to have a sense of self-esteem that is contingent upon approval or success. He believes that his achievements have to be outstanding or else they will be no good at all. If his cravings for perfection, approval, and success are not satisfied, Fred senses that he will be an unloved nothing, because he has no true support from within. Because he wants to be totally competent and confident, he cannot accept his own humanity or cope effectively with the daily realities he encounters as a struggling, insecure law student.

Many perfectionists have complained that traditional treatment methods are unsatisfactory. A first-year law student named Jennifer had been treated during high school and college for episodes of depression and anxiety but had not been helped. She explained, “My therapist told me that my problem was perfectionism. She said I had impossible expectations, and I made excessive demands on myself. She traced the origins of my prob-

lem to my relationship with my mother. My mother is very compulsive and can find 16 things wrong with an incredibly clean room. The therapist suggested that if I would stop being so perfectionistic, I'd feel better, but she never told me how to go about doing that. I'd like to get over my perfectionism. But how do I proceed?

Jennifer was aware that simply understanding the nature of her problem or even tracing its childhood origins was not especially helpful. Just as a stutterer doesn't stop stuttering because he realizes he has a speech problem, most perfectionists find that insight into the nature of their difficulties is not sufficient for change. At the University of Pennsylvania Mood Clinic, we have developed a step-by-step attitude-retraining program focusing on the motivational, cognitive, and interpersonal aspects of perfectionism. While it might seem paradoxical to treat perfectionists, who tend to be overly rigid, with a structured treatment program, we have found that this usually brings about a more relaxed outlook, spontaneity, and an improvement in mood more readily than does nondirective, supportive therapy that emphasizes emotional ventilation.

As a first step in treating perfectionists, we urge them to make a list of the advantages and disadvantages of attempting to be perfect. As clients balance the costs against the benefits, they

frequently become aware for the first time that perfectionism is not to their advantage. That awareness enhances their motivation to work toward giving it up. Until the perfectionist has arrived at that conclusion, we find it fruitless to treat the disorder. Jennifer was able to list only one advantage of perfectionism: “It can produce fine work. I’ll try hard to come up with an excellent result.” She listed six disadvantages: “One, it makes me so tight and nervous I can’t produce fine work or even adequate work at times. Two, I am often unwilling to risk the mistakes necessary to come up with a creative piece of work. Three, my perfectionism inhibits me from trying new things and making discoveries because I am so preoccupied with feeling ‘safe.’ Thus, my world becomes narrow and somewhat boring, and I lose out on the opportunity for new challenges. Four, it makes me self-critical and takes the joy out of life. Five, I can’t ever relax because I always find something that isn’t perfect. Six, it makes me intolerant of others because I am constantly aware of the errors people make, and end up being perceived as a fault-finder.” It did not take long for Jennifer to conclude that her life would be more rewarding and productive without perfectionism.

Many perfectionists believe they can’t experience substantial satisfaction from any activity unless they perform in an outstanding manner. They may find out differently – and thus win

a degree of freedom from their perfectionism – if they make out a form called the “Pleasure-Predicting Sheet.” I begin by asking a patient to schedule a series of activities with a potential for personal growth, satisfaction, or pleasure, and to predict how satisfying each of them will be, using a figure between 0 and 100. After each activity has been completed, the patient records how satisfying it actually was and estimates how well he or she performed. A depressed physician who completed the form shown on page 50 had complained of feeling frustrated and unrewarded for many years despite his substantial academic accomplishments. He was surprised to learn that he could experience greater personal satisfaction in doing a below-average job of fixing a broken pipe that flooded his kitchen than in giving an outstanding lecture to a group of medical students. The discovery helped him realize that excellent performance was neither necessary nor sufficient for satisfaction. In fact, he was shocked to observe that many activities he did in an “average” or “below-average” way were among the most rewarding. As a result, he began to think about activities in terms of their potential for making him feel rewarded. He reported that that helped him to feel more relaxed and gave him the courage to initiate a number of potentially exciting professional projects about which he had procrastinated for years, because he had feared an imperfect outcome.

It can be quite important for a perfectionist to reprogram the distorted all-or-nothing thinking that gave birth to the mental habit of perfectionism. As a first step in this cognitive tune-up, I ask perfectionists to spend a day investigating whether or not the world can be evaluated in a meaningful way using all-or-nothing categories. As they notice people and things, they are to ask themselves, “Are the walls in this room totally clean, or do they have at least some dirt?” They might also ask, “Is that person totally handsome? Or totally ugly? Or somewhere in between?” The exercise usually demonstrates the irrationality of dichotomous thinking. As one client reported, “I found out that the universe simply does not divide itself into two categories, all-good versus all-bad.”

Once clients become aware of a dichotomous cognition, they are to substitute a more realistic thought. If a client thinks, “This barbecue was a total flop because I overcooked the steaks,” the next step is to substitute: “It’s not the best meal I’ve cooked, but it’s certainly adequate.”

Another technique many find helpful is to keep a daily written record of self-critical cognitions. These are called “automatic thoughts” because they flood the perfectionist’s mind involuntarily and seem highly plausible to the person who thinks them, even though they might seem quite irrational to an outside

observer. As the client writes down each automatic thought, he or she pinpoints the form of mental distortion it contains and substitutes a more objective and self-enhancing thought. These are called 'rational responses.'

For example, at 4:30 one afternoon a college student felt panic because he began to dwell on the shortcomings of a paper that was due by 5:00. He had a powerful urge to request an extension so he could revise it and get it "just right." Once in the past he had become so consumed by a similar compulsion that he ended up dropping out of school for an entire year to work on a paper. This time he decided to resist the impulse and recorded the following automatic thoughts that upset him after he had turned in the paper: "The professor will surely notice all the typos. He'll think the paper is poorly thought out. He'll feel that I didn't care about it. He'll see what an irresponsible student I am. I'll probably end up with a D or an F." First the student observed that he was engaged in all-or-nothing thinking and that he was jumping to conclusions unwarranted by the facts. Then he wrote down the following rational responses: "The professor will notice the typos, but he will read the whole paper and will probably notice that there are some fairly good sections. It is unlikely that he will feel I am an irresponsible student just because one paper is imperfect. Since I usually get A's, it is unlikely that I'll get a D or an F even

though this paper could have been improved somewhat.” These responses reduced his anxiety to bearable levels until he got the paper back – marked with an A- and a number of compliments.

The positive feedback further put the lie to his belief that his work had to be flawless to be acceptable. Suppose, however, that he had not received a good grade. One of the catastrophes that perfectionists dread is rejection: Many of them are convinced that others will think less of them if they are not successful, and they have never questioned that belief. They usually react with skepticism to a therapist’s suggestion that they design an experiment to test that belief objectively, and they are very often startled by the results. One of Philadelphia’s top attorneys complained of stress at work because of a constant preoccupation with the idea that his associates would think less of him if he made a mistake or lost a case. He agreed to ask several of them about it and was surprised when they reported that they felt *better* about him when he goofed up. They said it was a relief to learn that he could be human.

Of course, there was no guarantee that the feedback he received from his peers would be positive. Since he might have encountered another perfectionist who did, in fact, think less of him when he made a mistake, we turned this contingency to his advantage by training him in verbal judo – techniques for

responding to criticism. Several approaches are useful. One is empathy, or learning to see the world through the critic's eyes instead of responding defensively. Another is inquiry. When the criticism involves a vague, pejorative label ("You're a real jerk"), a person can prompt the critic to respond in a more specific and objective way ("Just what did I do or say that struck you as jerky?"). Disarming is also a helpful technique. The idea is to take the wind out of a critic's sails by finding a grain of truth in the criticism even if it seems largely unfair and untrue.

These methods are practiced by role-playing during therapy sessions. The therapist plays the role of the critic and abuses the client with the most hurtful insults he or she can think up. When the client falters or becomes upset or defensive, they reverse roles so the therapist can demonstrate an effective response. The process continues until the patient can learn to feel calm and self-respecting in light of the worst imaginable criticisms.

Most perfectionists assume that setting the highest personal standards will result in an optimal performance and satisfaction but have never questioned or tested that assumption. They nearly always attribute their success in life to perfectionism, and the suggestion that they might have been successful in spite of their high standards and not because of

them strikes them initially as unrealistic. The therapist suggests that standards can be thought of as imaginary abstractions people create to motivate themselves and proposes that the client might want to experiment creatively with various standards to see which work out best. In any given activity a person might aim for “perfect,” “good,” “above average,” “average,” “below average,” or “adequate.”

Most perfectionists express dread when a therapist proposes that they aim for any outcome other than “the best.” If a therapist suggests they aim for “average” as an experiment, the typical reaction is disgust. A therapist can then explain that it is statistically inevitable that a person’s performance at any task will be below his own average half the time and above his average the other half. It can therefore be argued that it is fruitless to aim to be “the best” at all times. In fact, a person’s “best” performance at any activity is possible only once in a lifetime, which means that aiming for the best virtually guarantees failure. In contrast, if goals are modest, the probability that they will be reached and even surpassed is high.

Setting lower goals proved to be a useful strategy for a perfectionist high school principal who had difficulty adhering to his daily jogging routine. At the completion of every run he had been in the habit of telling himself that he would try to run a little

farther and faster the next day. Although that motivated him to better and better performances initially, after a few weeks the running became so strenuous and exhausting that he gave it up entirely for a month or two. Then he started again, repeating the pattern. Because his efforts lacked consistency, he failed to make progressive gains over the long haul.

In order to overcome his pattern, he made it his aim to run only a quarter of a mile instead of the five to ten miles he was accustomed to. He was instructed that he could run farther than that if he chose to, but that he should consider his jogging 100 percent successful for the day as soon as he had covered one-quarter mile. Anything beyond that would be gravy – optional running for pure pleasure. He also agreed that every subsequent day he was to aim to run one-half the distance he had run the day before. He reported that as a result of these modest goals, his aversion and anxiety disappeared, he began to enjoy running much more, and he was able to adhere to his exercise program consistently.

The same strategy, he reported, improved his outlook and productivity at work. He found it surprising that the lower he set his standards, the greater his output became and the more satisfaction he experienced. In writing for educational journals, he had been stymied by writer's block. He would tell himself "This has to

be outstanding” every time he sat down to prepare a draft. Then he would daydream or obsess over the first sentence and eventually give up in disgust. When, instead, he told himself, “I’ll just crank out a below-average draft and have it typed up,” he found that his resistance to writing diminished, and he was able to improve his output substantially. It struck him as odd that as he began to aim to make his writing increasingly “average,” other people seemed increasingly impressed. Eventually, he gave up his perfectionism entirely and became addicted, he said, to the idea of being average.

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For further information, read:

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