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# Clinical perfectionism: a cognitive–behavioural analysis

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## Abstract

This paper reviews the characteristics of clinical perfectionism and proposes a new definition of the phenomenon. It is suggested that the defining feature of clinically significant perfectionism is the overdependence of self-evaluation on the determined pursuit (and achievement) of self-imposed personally demanding standards of performance in at least one salient domain, despite the occurrence of adverse consequences.

It is suggested that such clinical perfectionism is maintained by the biased evaluation of the pursuit and achievement of personally demanding standards. Specifically, it is suggested that people with perfectionism react to failure to meet their standards with self-criticism. If they do meet their standards, the standards are re-evaluated as being insufficiently demanding. Anorexia nervosa and bulimia nervosa are considered to have a particular relationship to perfectionism, with both disorders often being direct expressions of perfectionism. Under these circumstances self-evaluation is dependent on the pursuit and attainment of personally demanding standards in the domain of control over eating, shape and weight. The implications of this analysis for research and practice are considered. © 2002 Elsevier Science Ltd. All rights reserved.

*Keywords:* Perfectionism; Cognitive–behavioural; Treatment; Eating disorders; Self-evaluation

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## 1. Introduction

Perfectionism appears to play an important role in the aetiology, maintenance and course of certain psychopathological states. It has been identified as a specific risk factor for the development of anorexia nervosa (Fairburn, Cooper, Doll, & Welch, 1999; Lilenfeld et al., 1998) and bulimia nervosa (Fairburn et al., 1998; Lilenfeld et al., 2000). There is evidence that it may impede the successful treatment of depression (Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998)

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and it is a central element of obsessive-compulsive personality disorder (American Psychiatric Association, 1994). Despite this, perfectionism is an ill-defined and poorly understood phenomenon.

As currently used, the construct of perfectionism can be ‘normal’ (Hamachek, 1978) and ‘positive’ (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) or ‘neurotic’ (Hamachek, 1978) and ‘dysfunctional’ (Frost et al., 1993). When the pursuit of excellence is functional and positive, it has little clinical relevance (Burns, 1980). We consider that it is unhelpful to confuse this functional pursuit of excellence (which may be termed normal ‘high standards’) with dysfunctional perfectionism seen in clinical samples, the crucial distinguishing feature being that in clinical samples, high standards are being pursued despite significant adverse consequences (see later). In order to improve the understanding and treatment of perfectionism in patients, we suggest that the construct should be restricted to phenomena of clinical relevance. For this reason, the remainder of the paper addresses the psychopathological form of perfectionism.

## **2. The characteristics of perfectionism**

The particular characteristics of perfectionism have been well described by clinicians such as Hamachek (1978). Hamachek observed that people with perfectionism “stew endlessly in emotional juices of their own brewing about whether they’re doing it [the task] just right. For stewers, the tasks that they take on do not translate into just doing one’s best but, rather, doing better than has ever been done before” (p. 27). These are people “whose efforts—even their best ones—never seem quite good enough, at least in their own eyes. It always seems to these persons that they could—and should—do better...” (p. 27).

Such people “demand of themselves a higher level of performance than is usually possible to attain. And this, of course, severely reduces their possibilities for feeling good about themselves” (p. 27). The reason for these self-imposed personally demanding standards is that they “are motivated not so much by a desire for improvement as they are by a fear of failure. Fear leads to avoidance behavior and avoidance behavior means that one must be constantly on the alert and on the defensive to avoid that which one fears.” (p. 28). People with perfectionism “establish unreasonably high personal standards” (p. 28) and “may over-value performance and undervalue the self” (p. 29).

Hollender (1965, 1978) also provides detailed accounts of people with perfectionism. He draws attention to cognitive processes that maintain perfectionism, such as selective attention whereby the person 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” (Hollender, 1965, p. 95). The person with perfectionism “sees himself as being judged by what he does, not for what he is” (Hollender, 1965, p. 99). Hollender (1965) suggests that such people engage in ‘self-belittlement’.

This characteristic dependence of self-evaluation on success in people with perfectionism is also highlighted by Burns (1980). He notes that people with perfectionism set unrealistically high standards, rigidly adhere to them, interpret events in a distorted manner, and define themselves in terms of their ability to achieve their goals (Burns, 1980).

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