J. Behav. Ther. & Exp. Psychiat. 40 (2009) 423–433

Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep

Perfectionism and social anxiety: Rethinking the role of high standards

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ARTICLE INFO

Article history:
Received 2 March 2008
Received in revised form 16 January 2009
Accepted 16 April 2009

Keywords:
Perfectionism
Social anxiety
Psychometrics

ABSTRACT

Some researchers contend that high standards are an essential component of social anxiety. We tested this hypothesis in two independent samples. The consistent finding across samples was that higher scores on measures of high standards from two perfectionism scales predicted *lower* scores for social anxiety measures. These findings suggest *lower*, not higher, standards are involved in social anxiety, but more research is needed to clarify the implications of perfectionism, particularly the maladaptive form, in the context of social anxiety.

1. Introduction

Studies suggest that perfectionism may be important in social anxiety disorder (e.g., as reviewed by Juster et al., 1996). Juster et al. make several points regarding social anxiety and perfectionism, including: (a) Perfectionism might be a risk factor for social anxiety or exacerbate it and (b) individuals with social anxiety may display perfectionism by holding unreasonably high standards for performance in social settings, interpreting any deviation from those standards as failure. Clark and Wells (1995) also contend that unrealistically high standards are a common, if not universal feature of people with excessive and disabling social anxiety. Empirical findings, however, have been inconsistent or contrary to this hypothesis (as reviewed by Alden, Ryder, & Mellings, 2002).

In a review of research on the relationship between perfectionism and social anxiety, Alden et al. (2002) suggest that (a) socially anxious individuals have generally lower expectations for their social performance and (b) the primary performance-related distress for those with social anxiety occurs

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doi:10.1016/j.jbtep.2009.04.002

when they have doubts about being able to meet others' standards. The differences between these points of view are echoed in three more general debates about the nature of perfectionism. First is the debate about whether perfectionistic standards can be understood primarily in an intrapersonal context, without reference to perceptions of other people's standards. The second is whether perfectionism is best understood as a unidimensional or multidimensional construct. The third is whether perfectionism related to high standards produces psychological impairment.

Regarding the first debate, researchers and theorists have argued for a focus on the individual (e.g., Shafran, Cooper, & Fairburn, 2002) or the interpersonal context (e.g., Hewitt, Flett, Besser, Sherry, & McGee, 2003). Shafran and Mansell (2001) define what they see as clinically-relevant perfectionism in terms of intrapersonal processes (i.e., desire to avoid making errors while in pursuit of high standards) and note that this construct may be correlated with, but not identical to, concerns about other people's standards. In contrast, Hewitt et al. suggest that interpersonal processes could be central to understanding how perfectionism relates to psychosocial functioning. Many authors have investigated both self-focused and interpersonal aspects of perfectionism (as reviewed by Dunkley, Blankstein, Masheb, & Grilo, 2006); however, our focus is on what Shafran and Mansell identify as the traditional perfectionism construct: High standards in addition to intolerance of failure or mistakes. Thus, we do not comment on the intrapersonal vs. interpersonal perfectionism debate further in this paper.

The question of dimensionality remains, however. Perfectionism might consist of a unified construct involving high standards and poor tolerance for failure; alternatively these may be separate constructs. Many authors focus on multidimensional perfectionism (Dunkley et al., 2006; Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991; Slaney, Rice, Mobley, Trippi, & Ashby, 2001); others contend that the clinically useful construct of perfectionism is unidimensional (Shafran et al., 2002; Shafran, Cooper, & Fairburn, 2003). Shafran et al. (2003) argue that *clinical* perfectionism can be considered excessive striving for high standards together with critical self-evaluation (Shafran et al., 2002). Multiple other researchers suggest that high standards and critical self-evaluation are disparate constructs and, further, that high standards are actually adaptive (see Stoeber & Otto, 2006, for a review).

Findings that high standards are adaptive address the third general debate identified above, which directly mirrors the more focused debate on social anxiety. Stoeber and Otto (2006) consider only those high in *both* high standards and critical self-evaluation to be unhealthy perfectionists, whereas those with high standards and low in critical self-evaluation are healthy perfectionists. Regarding the issue of clinically-relevant perfectionism discussed by Shafran et al. (2002) and Dunkley et al. (2006), Stoeber and Otto note that it may be critical self-evaluation that is the crucial dimension. In support of this notion, Dunkley et al. concluded that self-criticism accounts for much of the relationship between perfectionism and psychological symptoms (e.g., anxiety) in samples of patients with binge eating disorder and non-clinical undergraduates.

Focusing more specifically on social anxiety, multiple studies have demonstrated that critical self-evaluation subscales of perfectionism measures relate to the diagnosis of social anxiety disorder (vs. no diagnosis and vs. other anxiety disorders; as reviewed by Shafran & Mansell, 2001). However, there appears to be no clear evidence that high standards have any specific relationship with social anxiety, despite the theories recounted above. Further, those studies that have assessed the relationship of components of perfectionism with social anxiety have generally concentrated on a single perfectionism measure. This is undesirable because it increases the likelihood that findings may be due to peculiarities of a particular measure. We have collected data regarding two perfectionism measures, which both include a high standards subscale and (at least) one subscale that assesses critical self-evaluation (e.g., regarding mistakes or failure to meet goals). Please refer to Table 1 for a representation of the different components of these scales.

The more well-researched of these scales is Frost et al.'s Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990), which assesses the presence of various kinds of high standards and critical self-evaluation. There is another scale called the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991), but we do not discuss that measure here. The FMPS has six subscales (see Table 1). Concern over Mistakes (CM) and Doubts about Actions (DA) assess self-critical thinking and worry regarding past decisions, respectively (Frost et al.), and are the only subscales that have been unequivocally linked to social anxiety in the literature. Individuals diagnosed with social anxiety disorder receive higher scores on DA and CM than controls; further, Saboonchi and Lundh (1997) found that CM and DA were significantly correlated