



Perception matters for clinical perfectionism and social anxiety



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ABSTRACT

Despite research documenting a relationship between social anxiety and perfectionism, very little research has examined the relationship between social anxiety and *clinical perfectionism*, defined as the combination of high personal standards and high maladaptive perfectionistic evaluative concern. In the current studies we examined whether clinical perfectionism predicted social anxiety in a large sample of undergraduates ($N=602$), in a clinical sample of participants diagnosed with social anxiety disorder (SAD; $N=180$), and by using a variance decomposition model of self- and informant-report of perfectionism ($N=134$). Using self-report, we found that an interaction of personal standards and evaluative concern predicted both social interaction anxiety and fear of scrutiny, but not in the theorized direction. Specifically, we found that self-report of low standards and high evaluative concern was associated with the highest levels of social anxiety, suggesting that when individuals with SAD hold low expectations for themselves combined with high concerns about evaluation, social anxiety symptoms may increase. Alternatively, when an informant's perspective was considered, and more consistent with the original theory, we found that the interaction of informant-only report of personal standards and shared-report (between both primary participant and informant) of concern over mistakes was associated with self-reported social anxiety, such that high concern over mistakes and high personal standards predicted the highest levels of social anxiety. Theoretical, clinical, and measurement implications for clinical perfectionism are discussed.

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Perfectionism has garnered clear interest from clinicians and researchers alike. High levels of perfectionism relate negatively to improvement in psychotherapy and negatively impact the

development of a strong therapeutic alliance (Blatt, Quinlan, Pilkonis, & Shea, 1995; Zuroff et al., 2000). Multiple studies indicate that there is a strong relationship between perfectionism and a wide range of psychopathology, including depression, eating disorders, personality disorders, suicide, and anxiety disorders (e.g., Frost, Glossner, & Maxner, 2010; Lundh & Öst, 2001; Shafra, Cooper, & Fairburn, 2002). One disorder that has received considerable attention regarding perfectionism is social anxiety disorder (SAD) (Heimberg, Juster, Hope, & Mattia, 1995; Juster et al., 1996). As with a variety of other disorders, individuals with SAD have elevated scores on perfectionism measures compared to controls (e.g., Antony, Purdon, Huta, & Swinson, 1998) and perfectionism has been found to impede cognitive behavioral treatments for SAD (e.g., Lundh & Öst, 2001).

However, perfectionism is not always presumed to be maladaptive. Instead, perfectionism has been conceptualized as having two

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dimensions: an adaptive type (e.g., high personal standards), that may be related to healthy functioning (Dibartolo, Frost, Chang, Lasota, & Grills, 2004), and a maladaptive type (e.g., evaluative perfectionism), related to negative outcomes such as anxiety and depression (Dibartolo, Li, & Frost, 2008). Maladaptive perfectionism is conceptualized as excessive concern about errors and the resulting critical self-evaluation that may then occur, whereas personal standards are conceptualized as setting objectively high goals for oneself (e.g., Slaney, Rice, & Ashby, 2002).

One area of growing interest is in the definition of *clinical perfectionism* (i.e., the type of perfectionism that leads to clinical impairment). Shafran et al. (2002) theorize that it is not purely one dimension of perfectionism that is problematic, but rather, that an interaction of personal standards and maladaptive perfectionism contributes to psychological distress, including SAD. Specifically, these authors theorize that individuals who hold high personal standards for themselves and have concerns about evaluation are likely to suffer impairment from perfectionism. Shafran et al. (2002) define this combination as *clinical perfectionism* or “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” (p. 778). According to this theory, in clinical perfectionism, not meeting high personal standards leads to increased self-criticism, especially when such standards are applied to a highly valued area of one’s life (Shafran et al., 2002). Alternatively, it would be expected that having high personal standards without negative self-evaluation could be beneficial by motivating individuals to achieve systematically higher goals (e.g., Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Terry-Short, Owens, Slade, & Dewey, 1995). This theory has also been articulated by other researchers who posit that problematic perfectionism has multiple components, such that a combination of high personal standards and high evaluative concern (maladaptive perfectionism) leads to impairment (Alden, Ryder, & Mellings, 2002; Lundh, 2004; Stoeber & Otto, 2006).

However, it is important to note that there is considerable debate over the definition of clinical perfectionism, what type of methodology should be utilized to define clinical perfectionism, and which aspects of perfectionism are most relevant for psychopathology (Dunkley, Blankstein, Masheb, & Grilo, 2006; Hewitt, Flett, Besser, Sherry, & McGee, 2003; Lundh, Saboonchi, & Wangby, 2008; Shafran, Cooper, & Fairburn, 2003). In fact, some researchers argue against the idea that there are dimensions of perfectionism, and suggest the usage of more complex person-centered approaches (e.g., Lundh et al., 2008; Wheeler, Blankstein, Antony, McCabe, & Bieling 2011). Other researchers argue that a combination of socially prescribed perfectionism and self-oriented perfectionism may be the best way to conceptualize clinical perfectionism (Gaudreau & Verner-Filion, 2012). More importantly, there is limited empirical evidence showing that an interaction of personal standards and maladaptive perfectionism is associated with psychopathology. In fact, we are unaware of any literature showing that this interaction predicts social anxiety as would be implied by the theory of clinical perfectionism. Further, specifically in reference to social anxiety and adaptive perfectionism, researchers have found that a measure of personal standards has a weak, *negative* relationship with social anxiety, whereas social anxiety and maladaptive perfectionism have a positive relationship (Shumaker & Rodebaugh, 2009).

Although we find the rationale presented by Shafran et al. (2002) compelling, we think that one major reason why empirical research has not provided support for the theory in regard to social anxiety may be because of researchers’ heavy reliance on self-report measures of adaptive and maladaptive perfectionism. It seems plausible that perfectionism may not always be accurately perceived within

an individual, especially within individuals with high social anxiety. Individuals with high social anxiety tend to perceive themselves in an overly negative manner (e.g., Rapee & Lim, 1992) and often report low confidence in their abilities to succeed (Moscovitch, Orr, Rowa, Reimer, & Antony, 2009). Such biased, negative self-perceptions make it seem plausible that asking individuals with higher social anxiety whether they have high personal standards may yield inaccurate or incomplete results. It seems likely that individuals high in social anxiety may perceive themselves as having low standards, even if others perceive them as having high standards. Perhaps excessively high personal standards may be perceived more accurately by an informant rather than by the self for such individuals. If that is the case, when the report of a knowledgeable informant is obtained, we may be more likely to find an interaction aligned with the original theory of clinical perfectionism.

It is also worth considering that the combination of a (however inaccurate) perception of low ability and low standards with high fears of making critically evaluated mistakes may increase symptoms of social anxiety. For example, an individual who reports low confidence in her ability to personally succeed combined with an overwhelming fear of making mistakes may feel socially anxious in situations where she perceives she is undergoing scrutiny by others. Investigations relying on self-report might therefore tend to find that when the expected interaction between personal standards and maladaptive evaluation concerns is found, the direction of the interaction may not be consistent with the original theory.

We hypothesized that, in both a clinical and non-clinical sample, we would *not* find the originally theorized interaction in the expected direction using self-report alone. Instead of expecting that *high* standards and high maladaptive perfectionism (or clinical perfectionism as originally theorized) would be related to higher social anxiety, we expected that utilizing self-report alone we would find that *low* personal standards and high maladaptive perfectionism would be associated with higher social anxiety. We based this alternative hypothesis on theory and literature that shows individuals with SAD are likely to be negatively biased and perceive themselves in a negative manner (Moscovitch et al., 2009). Therefore, we would expect that individuals with SAD would be more likely to report low standards reflecting a lack of confidence in their abilities. This reflection of low standards, combined with maladaptive perfectionism and concern about evaluation by others, may then be related to high social anxiety.

Additionally, given that research shows that self-report is often negatively biased, especially within individuals with high social anxiety (Moscovitch et al., 2009; Rapee & Heimberg, 1997), we expected that excessively high personal standards may be more usefully evaluated by an informant rather than by the self. Thus, in a third sample, we tested if informant-only report of high standards (i.e., an informant report factor that was uncorrelated with self-report items) in combination with high concern over mistakes (as reported by both self and informant) would be related to heightened social anxiety. In essence, we theorize that, as Shafran et al. speculated, a combination of personal standards and maladaptive perfectionism is impairing, however, more specific measurement (self versus informant) may impact how personal standards appears to impact social anxiety.

1. Methods: Study 1

1.1. Participants

Participants were 602 undergraduate students combined across three samples collected at three separate universities during the same time period. The first sample was collected at a Midwestern

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