Information Handout
Professional Version | US English

Cognitive Behavioral Model of Clinical Perfectionism (Shafran, Cooper, & Fairburn, 2002)

Description

People with perfectionism pursue high standards in one or more areas of their life, and base their self-worth on their ability to achieve these standards, despite this having negative consequences (Shafran et al., 2010). Perfectionism can arise in various life domains, including work, appearance, bodily hygiene, social and romantic relationships, eating habits, health, time management, hobbies, leisure activities, sports, orderliness, and several others (Stoeber & Stoeber, 2009).

Working with perfectionism is complicated by the overlap between positive perfectionism (sometimes referred to as normal, adaptive, or healthy perfectionism) and negative perfectionism (sometimes referred to as neurotic, maladaptive, or unhealthy perfectionism). Shafran and colleagues (2002) suggest that the perfectionism observed in clinical groups (referred to as 'clinical perfectionism') can be distinguished from the functional pursuit of excellence (positive perfectionism) by an "overdependence of self-evaluation on the detrimental pursuit of personally demanding, self-imposed standards in at least one highly salient domain, despite adverse consequences". Thus, clinical perfectionism is associated with four key features (Egan et al., 2014; Riley & Shafran, 2015; Shafran et al., 2010):

- Setting excessively high standards for oneself.

- Continuous striving to reach goals.

- Basing self-worth on meeting these standards.

- Significant distress or impairment arising from the above.

Perfectionism is not a formal diagnostic category. However, it has been associated with multiple forms of psychopathology, including anxiety, depression, eating disorders, and suicidality (Egan et al., 2011; Limburg et al., 2017; Smith et al., 2018). For this reason, perfectionism represents a "transdiagnostic" factor in the development and maintenance of other disorders. Accordingly, perfectionism is sometimes treated in isolation or alongside other presenting problems (e.g., disordered eating; Fairburn, 2008).

Core symptoms of perfectionism include:

- Pursuing standards that are highly demanding and potentially unrealistic.

- Intense fear of failure.

- Harsh self-criticism when standards are unmet.

- Use of counterproductive performance-related behaviors (e.g., excessive checking, comparison-making, or reassurance-seeking).

- Task-avoidance and procrastination.

- Marginalizing domains of living that are unrelated to perfectionism.

Description

The high levels of perfectionism observed amongst individuals with eating disorders led Shafran and colleagues (2002) to develop the first cognitive behavioral model of perfectionism. The model was later revised to explain the role of performance-checking behaviors in perfectionism more explicitly (e.g., reassurance-seeking (Shafran et al., 2010)). Key components of the earlier model include:

- **Self-evaluation being overly dependent on striving to meet personal standards.** Shafran and colleagues propose that setting high standards for oneself does not account for clinical perfectionism, as this is commonplace and can lead to growth and satisfaction. Rather, it is basing one's self-evaluation on pursuing demanding standards which is maladaptive. The authors suggest this is problematic for two reasons. First, positive self-worth depends on just one area of life (i.e., striving and achievement), which leads to an intense fear of failure, continuous striving, and negative self-evaluation when these standards are unmet (e.g., self-criticism). Second, positive self-worth depends upon achievements in the domain(s) where the individual holds perfectionistic standards (e.g., work), which can lead to emotional and behavioral disturbance in that area (e.g., overworking, occupational stress, and burnout). As a result, individuals with perfectionism pursue their standards relentlessly and have an intense fear of failure.

- **(Re-) Setting demanding standards.** Individuals with perfectionism pursue standards that are highly demanding. These standards have three core characteristics:

  1. **They are self-imposed.** The individual views their demanding standards as their own, although they may have originated elsewhere.

  2. **They relate to domains which are important to the individual.** For example, a painter might pursue demanding standards related to artistry but is unlikely to have equally demanding standards in less personally significant areas, such hygiene or cleanliness.

  3. **They often take the form of rigid rules about how the individual should or should not perform in the domain where perfectionism exists.** Examples might include "I must be at the top of the class" and "I should never make grammatical errors" (see Egan et al., 2014). Because these rules are inherently dichotomous (the rule is either met or not met), they lead to 'all-or-nothing' evaluations of performance.

Shafran and colleagues note that while these standards are sometimes objectively demanding, their subjectively demanding nature is more pertinent in perfectionism – the standard is demanding for that individual. The pursuit of standards that are personally challenging leads individuals with perfectionism to strive to improve and do better.

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- **Dichotomous evaluations of performance.** Given the importance of fulfilling these demanding standards, individuals with perfectionism are strict judges of whether their standards have been met. These evaluations might relate to whether the individual has achieved a specific goal (e.g., being able to run a certain distance) and/or their performance while pursuing the goal (e.g., the amount of physical exertion while running). Shafran and colleagues note that individuals with perfectionism sometimes view the negative consequences of striving as evidence that their standards and performance are sufficiently demanding (e.g., viewing physical pain or exhaustion as a sign of having exercised as well as possible). Moreover, the inflexible nature of these standards means that they are judged in an all-or-nothing manner: either the standard is met or unmet.

Individuals with perfectionism are inclined to believe that they have not met their standards due to two cognitive biases:

  - Selective attention to perceived failures (i.e., paying more attention to errors).

  - Discounting successes (e.g., dismissing achievements that are less than perfect).

These biases can also apply to evaluations of one's performance while pursuing a standard (e.g., focusing on times when a recipe was approached imprecisely and discounting instances when it was followed methodically).

Shafran and colleagues also propose that individuals with perfectionism engage in 'hypervigilant monitoring' regarding whether they have reached their standards, which contributes to biased appraisals of performance (e.g., repeatedly checking work which raises awareness of minor flaws). Moreover, they suggest monitoring often takes the form of checking behaviors which can be overt (e.g., re-reading a draft assignment over and over) or covert (e.g., scrutinizing one's performance while writing an assignment).

It should be noted that hypervigilant monitoring was separated from dichotomous evaluations of performance and replaced 'with performance-related behaviors' in the updated model of perfectionism (Shafran et al., 2010). These behaviors are often highly idiosyncratic and are used by individuals with perfectionism to assess whether standards have been met, reduce concerns about performance, and support goal attainment. Examples include goal achievement behaviors (e.g., excessive list-making), testing performance (e.g., repeatedly redoing tasks), comparison-making, and reassurance-seeking.

- **Failing to meet standards / criticizing oneself.** Selective attention and hypervigilant monitoring can lead to impaired performance and increase the risk of actual or perceived failures. Failing to meet high standards causes individuals with perfectionism to engage in intense self-criticism and negatively evaluate themselves, reinforcing the idea that their self-worth depends on striving and achievement.

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- **Avoiding.** For some individuals, trying to meet demanding standards and fearing failure are so aversive that they lead to avoidance behaviors, such as delaying tasks (i.e., procrastination), giving up, or avoiding activities altogether. Avoidance behaviors are likely to lead to actual or perceived failures, which intensify self-criticism and reinforce the notion that self-worth is contingent upon meeting standards.

- **Temporarily meeting standards / reappraising standards as insufficiently demanding.** Temporarily meeting one's standards reinforces perfectionism because it leads to (short-term) improvements in self-evaluation and, in some contexts, social rewards (e.g., praise, recognition, status, etc.). However, individuals with perfectionism often view their achievements as evidence that their standards are not demanding enough ("If I can meet my standards, they must be too low"), which leads them to 'set the bar higher'. In this way, meeting demanding standards does not lead to personal satisfaction, but reinforces the need to pursue ever more demanding standards. Moreover, resetting standards at higher and higher levels increases the risk of perceived or actual failures.

- **Other maintenance factors:** The model highlights other factors that can perpetuate perfectionism:

  - Perfectionism is sometimes reinforced by its positive consequences (e.g., praise, rewards), which outweigh or disguise its negative effects (see below).

  - Perfectionism might be encouraged or condoned within the individual's social environment (e.g., by parents with high expectations).

  - Perfectionism requires a significant amount of self-control (e.g., limiting or denying pleasurable activities which interrupt the attainment of goals). This might have the perceived benefit of simplifying the individual's life and providing a sense of structure and direction.

  - Perfectionism can have adverse consequences such as social isolation and narrowed interests, which perpetuate perfectionism (e.g., increasing the time available for scrutinizing one's performance).

- **Core beliefs and early maladaptive schemas** (EMS: Young et al., 2003) are not discussed in the cognitive behavioral model of perfectionism, but may be an important predisposing and perpetuating factor. For example, research indicates that perfectionism is often associated with high parental expectations and criticism, and that this relationship is mediated by EMS in the domains of rejection and disconnection (i.e., abandonment/instability, defectiveness/shame, emotional deprivation, mistrust/abuse, and social isolation/alienation; Maloney et al., 2014). In other words, early experiences lead to the formation of negative core beliefs, which perfectionism compensates for. This might be expressed in the form of intermediate beliefs such as: "If I achieve certain standards, I am lovable as a person".

Description

Interventions that form part of CBT for perfectionism include:

- **Helping clients develop specific and measurable goals for therapy.**

- **Developing an idiosyncratic version of the formulation** and helping clients understand how the model's components fit together to maintain their perfectionism.

- **Openly discussing and enhancing motivation to change perfectionism.**

- **Self-monitoring** to help clients understand and become more aware of their perfectionism in relevant domains.

- **Giving tailored psychoeducation related to perfectionism,** such as the curvilinear relationship between stress and performance, and counter-perspectives on the common myths that maintain perfectionism (e.g., "the harder you work, the better the results").

- **Addressing cognitive biases and perfectionistic thinking using cognitive techniques.** These include labeling the thinking errors commonly found in perfectionism (e.g., selective attention, double standards, overgeneralizing), disputing perfectionistic thoughts, and learning to notice the positive aspects of performance.

- **Devising idiosyncratic behavioral experiments.** Potential targets include addressing all-or-nothing patterns of thinking (e.g., testing out the effects of approaching tasks with flexible guidelines rather than rigid rules), evaluating the use of performance-related behaviors (e.g., reducing the use of checking behaviors), decreasing procrastination, and surveying others about beliefs and experiences that relate to the client's perfectionism (e.g., "Do other people make mistakes at work and how do they feel about themselves when they do this?").

- **Broadening how individuals evaluate themselves.** This might include examining the costs and benefits of basing self-evaluation on achieving standards, exploring the origins of this scheme for self-evaluation, and developing a new scheme for judging self-worth.

- **Reducing performance-related self-criticism.** The cognitive behavioral model suggests that self-criticism perpetuates perfectionism by undermining self-esteem and reinforcing the need to maintain self-worth through striving and achievement. Self-criticism is addressed by exploring its negative consequences, re-evaluating positive beliefs about self-denigration, and developing compassionate responses.

- **Procrastination and poor time management are common in perfectionism.** These issues are addressed using cognitive techniques (e.g., thought records for challenging procrastination-related thinking), behavioral experiments, behavioral interventions (e.g., planning pleasurable or restorative activities), and relevant skills training (e.g., problem-solving, 'chunking' tasks, and improving time management through scheduling).

- **Relapse prevention and future planning for a more balanced life.**

Instructions

> ### Suggested Question
>
> *It would be helpful if we could explore and understand how your perfectionism has developed and what is keeping it going. I wonder if we could explore some of your thoughts, feelings, and behaviors to see what kind of pattern they follow?*

1. **(Re-) Set standards.** Help the client identify one or two life domains in which they set high standards for themselves. If the client struggles to do this, explore general life domains where high standards might exist (e.g., work, relationships, appearance, weight, finances, etc) or where difficulties are reported. Next, help the client specify some of their high standards in each domain. Perfectionistic standards usually take the form of strict and inflexible 'should' or 'must' rules related to achievement and performance.

   • Can you tell me about one or two areas of your life where you set high standards for yourself?

   • In what situations does your perfectionism seem strongest?

   • Do you set yourself high standards for your [work / studies / appearance / eating / weight / exercise or fitness / relationships / cleanliness / interests or hobbies]?

   • What rules help you achieve your standards in that area? For example, you might have the rule, "I must have the highest grades in my class".

   • What are some things you must do (or not do) in that aspect of your life?

2. **Self-evaluation overly dependent on striving to meet personal standards.** People with perfectionism base their self-worth largely (or solely) on striving to achieve their standards. Once the client identifies some standards, work 'up' the formulation and explore how pursuing them is linked to their self-evaluation. This will often take the form of conditional assumptions (e.g., "If I don't succeed at work, I am worthless") or overvalued beliefs (e.g., "Feeling good about myself depends upon being a perfect parent") which relate self-worth to striving and achievement. Alternatively, the Multidimensional Perfectionism Cognitions Inventory (Stoeber et al., 2010) can help clients identify underlying beliefs and assumptions related to perfectionism.

   • What makes achieving your standards so important?

   • To what extent do your standards influence your self-worth? How much does your self-esteem seem to depend on meeting your standards?

   • What would it say about you if you didn't meet your standards?

   • Can you finish the following sentence for me: "If I don't meet my standards, it means…".

3a. Dichotomously evaluate performance. Strict and inflexible standards lead people to make dichotomous (yes/no) judgments about whether they have achieved their standards. The therapist's task is to highlight how the client evaluates their standards in an extreme, 'black-or-white' manner: either the standard is met or not met, with few shades of grey. Note that clients' evaluations may relate to meeting standards or their performance when attempting to do so (e.g., how hard they worked to achieve their goal).

- When you're trying to meet <your standard>, how do you evaluate your performance?

- When you're trying to meet your standards, do you judge yourself and your performance in a success-or-failure kind of way (Dichotomous thinking)?

- Do you tend to think your standards are either met, or not met at all?

3b. Selective attention to failure and hypervigilant monitoring. This part of the model describes two processes which reinforce the client's dichotomous (all-or-nothing) performance evaluations: selective attention (i.e., noticing the negative and discounting the positive) and hypervigilant monitoring of performance (e.g., checking behaviors). Shafran and colleagues suggest that these information processing biases increase the risk of actual (objective) failures and perceived (subjective) failure to meet standards. If the client is unaware of their monitoring behaviors, the therapist can describe some which might be relevant (e.g., "Do you ever [check/scrutinize/compare] when attempting to meet your standards?"). Alternatively, the Behavioral Domains Questionnaire (Lee et al., 2011) describes common perfectionistic behaviors. Note that checking and other performance-related behaviors can be overt (e.g., repeatedly re-reading a piece of work) and covert (e.g., replaying a conversation multiple times to assess one's social performance).

- Do you find it easier to notice what you have done well, or what you think you have done badly (Selective attention: noticing the negative)?

- How do you react to successes or positive aspects of your performance (Selective attention: discounting the positive)?

- Do you closely monitor your performance? How do you do that (Hypervigilant monitoring)?

- How do you make sure you're doing things to a high standard? Do you ever (Hypervigilant monitoring):

  - Repeatedly check your performance, like re-reading your work a lot?

  - Scrutinize how well you do things?

  - Replay events or experiences to evaluate your performance?

  - Does monitoring your performance ever seem to interfere with tasks or make you more worried that you're not meeting your standards? How do you feel about yourself when that happens?

4. **Failure to meet standards, and self-criticism.**
Demanding standards, biases in information processing, and hypervigilant monitoring increase the risk of actual or perceived failures. Explore the client's reactions in situations where their high standards have not been met (or where they think that they have not been met). These will usually take the form of self-critical thoughts that undermine self-esteem, and reinforce the idea that positive self-worth depends upon achieving high standards.

- Can you think of a recent time when you failed to meet your standards? What went through your mind? How did you react?

- What do you say to yourself when you don't meet your standards? Are you hard on yourself?

- How does being self-critical affect the way you see yourself? Do you think it reinforces the idea that you need to achieve things to be good enough?

- How do you try to feel better when you don't meet your standards? Does striving to meet them the next time around seem like the only way to feel good enough?

5. **Temporarily meeting standards, and reappraising them as insufficiently demanding.** When standards are met, individuals with perfectionism tend to view them as insufficiently demanding (e.g., "It was too easy"). Consequently, they reset their standards at higher and higher levels. Explore how the client reacts in situations where their standards have been met, perhaps using a recent example. Did they feel satisfied and able to relax, or did they set the bar at more demanding level? Illustrate how appraising performance in this way leads to resetting standards at higher and higher levels, which (in the long-term) increases the risk of actual failures. Note that some individuals may not have had the experience of meeting their standards.

- Can you think of a time when you did meet your high standards? What went through your mind? How did you react?

- Did you accept and celebrate your achievement, or did you think it was unimportant, too easy, or not hard enough?

- How does thinking about your achievements in that way affect your standards? Do you feel like setting the bar even higher for yourself next time?

6. **Avoidance.** Demanding standards sometimes lead to avoidance because these expectations make tasks unpleasant to complete, or create intense worry about failure. Avoidance behaviors might take the form of delaying tasks (i.e., procrastination), abandoning them prematurely, or complete avoidance. Unfortunately, avoidance reinforces concerns about failure, increasing self-criticism, and the importance of meeting high standards to feel worthy. Validate the client's desire to avoid and illustrate how this contributes to perceived failures and self-criticism.

- Is failing to meet your goals standards something you worry about? Does that ever lead you to avoid doing things?

- Do you ever avoid, delay, or give up on things because you're worried you might get them wrong?

- How do you feel about yourself when that happens? Does it make your self-criticism or worries about failing better or worse?

- When you avoid your standards, does it seem more or less important that you achieve them in the future?
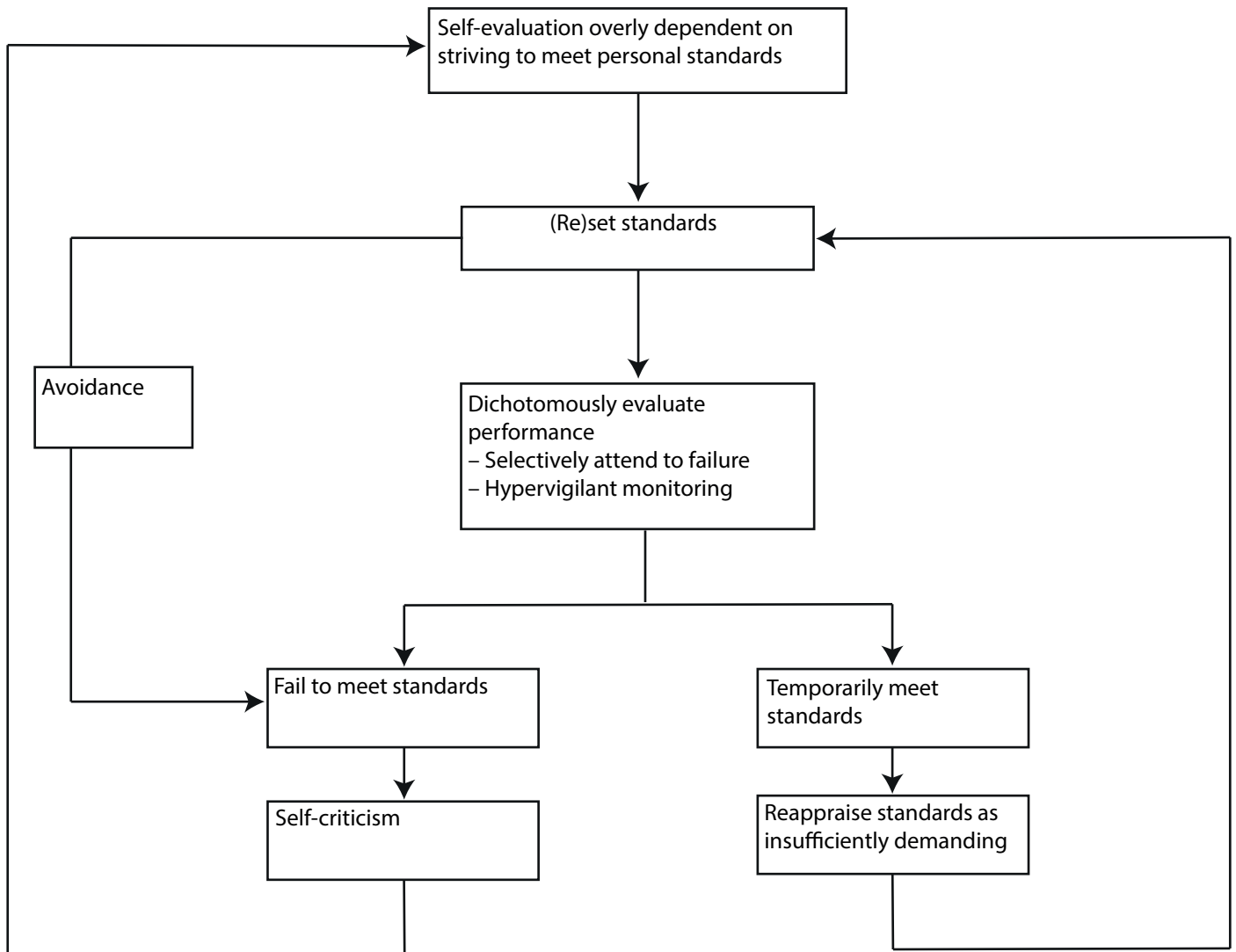
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                    │ Self-evaluation overly dependent on │
                    │ striving to meet personal standards │
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                         ┌──────────────────┐
                         │ (Re)set standards │
                         └──────────────────┘
                                    │
                                    ▼
    ┌───────────┐        ┌─────────────────────────────┐
    │ Avoidance │        │ Dichotomously evaluate        │
    └───────────┘        │ performance                   │
                         │ – Selectively attend to failure│
                         │ – Hypervigilant monitoring     │
                         └─────────────────────────────┘
                              │                    │
                              ▼                    ▼
                 ┌──────────────────────┐  ┌──────────────────┐
                 │ Fail to meet standards │  │ Temporarily meet  │
                 └──────────────────────┘  │ standards         │
                              │             └──────────────────┘
                              ▼                    │
                     ┌────────────────┐            ▼
                     │ Self-criticism │   ┌──────────────────────────┐
                     └────────────────┘   │ Reappraise standards as    │
                                          │ insufficiently demanding   │
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Adverse consequences
Time
Social isolation
Performance anxiety
Narrowing of interests
Low mood
Procrastination

Positive consequences
Simplifies life
Gives structure and control
Socially condoned
Avoids objective failure
Brings achievements

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