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# The Imperfection of Perfectionism

by Maja K. Triantafilou, MA, LCPC

**M**ost successful people set very high standards for themselves. They use these guidelines or principles for comparison or approval, or to measure achievement.

Standards can stimulate personal growth and push a person to reach a peak level of performance, ideally bringing enjoyment and developing confidence. Problems arise, though, when the standards a person sets for herself or for others are unrealistically high and inflexible. Standards become problematic when they lapse into perfectionism.

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## Perfectionism ... becomes a psychological self-defense strategy.

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### What Is Perfectionism?

Perfectionism is defined as “strict standards or expectations for oneself or others that either cannot be met or can only be met at a great cost”<sup>1</sup>. We see perfectionism manifested in people who are perpetually stressed and constantly dissatisfied with their achievement and relationships.

It may seem counterintuitive, but perfectionists often achieve less than those with healthier attitudes. Perfectionists feel immobilized by their

perceived inability to get things “right.” They are overly critical of their own behavior, are less likely to be aware of their strengths, and are unable to derive real satisfaction from successful performance.

Perfectionists also have chronic concerns about others’ criticism and expectations, and are often unable to delegate tasks for fear of being disappointed by any performance that proves less-than-perfect. Healthy individuals who strive for excellence can interpret mistakes as an incentive to work harder or smarter, whereas perfectionists consider their mistakes as confirmation of their suspected personal defects.

### Roots of Perfectionism

Perfectionism is frequently an adaptation to a hypercritical, high-pressure, invalidating environment, and it becomes a psychological self-defense strategy.

Many perfectionists have parents with narcissistic traits who tend to seek much of their status from the performance of their children. Through repeated learning, children raised in an environment that is hyper-focused on mistakes become hyper-focused on potential mistakes.

Society also promotes the idea that things are done only in a particular way, and that it is essential not to make mistakes. Punishment for mistakes can make a child develop distorted beliefs

(e.g., “I must never make a mistake!”) and become preoccupied with a fear of failure. This keeps the child from engaging in challenging experiences, reduces playfulness and the assimilation of knowledge, and prevents discovering his/her true identity.

Instead, a child learns that approval is contingent upon performance. (e.g., “People will only be proud of me if I am successful”). Self-worth becomes dependent upon success and achievement. Unfortunately, over time such a belief becomes rigid and inflexible and is carried into adulthood.

### Thought and Behavior Cycle

Perfectionism can lead a person to become trapped in an unhelpful cycle of thoughts, physical sensations, emotions, and behavioral impulses. The dysfunctional “all or nothing” and “catastrophic” thinking of perfectionism can lead to faulty assumptions and worsen moods. A person can take beliefs as facts and respond to a distorted interpretation of what is happening around him or her, rather than taking a more realistic and objective perspective.

To alleviate the anxiety evoked by obsessive and catastrophic thinking, perfectionists engage in behaviors such as excessive checking, reassurance-seeking, correcting, repeating, list-making

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# Case Study Father John

by Maja K. Triantafilou, MA, LCPC

Father John, 35, recently was assigned to be parochial vicar for an active suburban parish. He previously had been in a smaller parish.

Father Michael, the pastor at his new assignment, began to notice that Fr. John seemed constantly stressed, irritable, and absent-minded. He observed that he was chronically late for meetings and appeared unprepared and anxious.

Fr. Michael became more worried when Fr. John began to isolate himself for prolonged periods of time. When he checked in on him, he often found him working in a disorganized, inefficient way. He noticed that Fr. John was struggling with routine tasks, such as visiting a home-bound parishioner or setting up altar server training. It would take days for him to complete simple things.

A few parishioners began to complain that Fr. John was not responding

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**When he underperformed, he experienced a significant amount of guilt and shame.**

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to their emails and he often appeared “down” and “tired all the time.”

Fr. Michael suggested that Fr. John utilize administrative staff for support, but the younger priest immediately rejected this, saying, “Thank you, but I want to do my own work. I just need more time.”

Eventually, Fr. Michael spoke very directly with Fr. John about his concerns. Fr. John acknowledged he was feeling overwhelmed, which was leading to the self-defeating behaviors



Fr. Michael had noticed. After some convincing by Fr. Michael that he may benefit from professional assistance, Fr. John contacted Saint Luke Institute’s outpatient center.

In therapy, Fr. John spoke about being chronically sleep deprived from staying up late trying to complete his daily tasks. He claimed each of his ministerial duties were equally important to him, and he spent hours trying to prioritize and complete tasks “perfectly,” since he feared he would miss important details.

These dynamics often meant he failed to complete his work on time. This led to an accumulation of unfinished tasks, which made him feel stressed and self-conscious about his competence. He feared the bishop would reassign him due to incompetence.

Fr. John shared that when he was growing up, he strived to please his parents and live up to their high expectations, knowing their approval was dependent upon his good behavior and “having all A’s.”

When he underperformed, he experienced a significant amount of guilt and shame, and feared being punished

or rejected. He was an “A” student, but that distinction came at a great price. He would take an inordinate amount of time to organize and complete his work, even with simple projects. He recalled often being up all night working on his assignments.

Eventually, Fr. John recognized his life was out of balance. He did not have time to socialize, nor did he truly enjoy leisure activities due to his preoccupation with his responsibilities.

## **Awareness and New Skills**

In therapy, Fr. John developed greater awareness of how his rigid upbringing shaped the self-defeating behavior he had carried into adulthood. He started practicing mindfulness skills, which helped him begin to let go of self-judgment. That enhanced his self-acceptance.

He also started stepping back from the ruminative, catastrophic thinking and anticipatory worry that typically characterized his thought patterns. This enabled him to become more present in the moment, and helped spiritually

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## Father John, *continued*

ground him when he prayed.

Through therapy, Fr. John learned how his fears of failure and rejection guided his obsessive thinking and corresponding compulsive behaviors while undermining his self-confidence and self-direction. He learned to look at the big picture, assessing the overall impact of a particular event, situation, or outcome in his life without focusing on insignificant details.

When he accepted that an ideal reality existed only in his mind, and that

he had pursued imaginary perfection, he began accepting reality for what it was at any given moment.

Practicing how to resist acting on his obsessive thinking helped Fr. John stabilize his compulsive behaviors. He learned to stop himself from checking written documents for mistakes more than once. When deciding where to devote his energy and effort, he ranked his tasks in order of importance and urgency, and assessed possible consequences of not completing tasks to verify if they were as important as they seemed.

He began to complete his tasks

more easily and grew more comfortable delegating assignments and utilizing offered support. Fr. Michael noticed that he was balancing pastoral and administrative responsibilities better, and appeared less stressed and more engaged with others.

Fr. John recognized the progress he had made in therapy, but also learned that assessing and managing his perfectionism would be an ongoing process.

*For confidentiality reasons, names, identifying data, and other details of treatment have been altered.*

## Perfectionism, *continued from page 1*

ing, and excessive organizing. Plagued with self-doubt and prone to self-criticism, perfectionists are more likely to avoid, quit, or procrastinate to evade what they believe is inevitable failure.

### Psychological Functioning

Perfectionism can also put a person at risk for developing various psychological disorders. Examples are depression, anxiety, and, indirectly, obsessive-compulsive disorder. Research indicates perfectionists experience more hopeless thoughts and life stress. There is a higher risk for self-harm and suicide.

Learning how to set realistic standards can help perfectionists do one's best without disruption to other areas of life (e.g., family, physical and mental health, and leisure time).

Cognitive-Behavioral Therapy (CBT) has been shown to successfully help perfectionists recognize irrational thinking and find alternative ways to approach situations. In therapy, one

can learn how to examine evidence that either confirms or contradicts a certain belief. This is achieved through reflecting on past experiences, taking another perspective, accepting imperfections while embracing reality, and compromising with self and others.

It is important that perfectionists repeatedly encounter the "imperfection" that causes emotional distress and discomfort until it no longer generates high anxiety. This helps one discover the capacity to confront fears and more effectively manage feelings of anxiety. Strategies such as prioritizing, setting time limits, and breaking up the task into smaller more manageable pieces

help prevent fear-based avoidance, procrastination, and quitting.

The essential goal is to assist perfectionists with gradually identifying more realistic standards that will be accepted or at least tolerated, and to learn that even when a mistake is made, the consequences are not dire.

*Maja K. Triantafyllou, MA, LCPC, is a senior outpatient therapist, Caritas Counseling Center in Towson, MD.*

*<sup>1</sup>Antony, M. & Swinson, R. (2009). When Perfect Isn't Good Enough: Strategies for Coping with Perfectionism. Oakland, CA: New Harbinger Publications.*

## Overcoming Perfectionism

- Identify and set more realistic standards
- Consider alternatives to irrational thinking
- Prioritize, set time limits, and break up tasks into smaller pieces
- Learn how to tolerate anxious feelings when a mistake is made

## Ministerial Roots Hallmark of New Director of Development

**K**athleen Carver became Saint Luke Institute's new director of development in January 2019.

Kathy has 35 years' experience in lay ecclesial ministry, having served in parish, diocesan, and national settings.

In 1993, Kathy became the associate director for a Catholic non-profit membership organization, the National Federation for Catholic Youth Ministry, located in Washington, D.C.

She held this position for over 23 years, until 2017, nurturing the growth of the organization and investment of its

membership.

She is gifted in organizational management and advancement, keeping her pulse on the needs of the Church in the United States in concert with the call of Pope Francis to foster missionary discipleship within the baptized.

Kathy received a bachelor's degree in psychology from Merrimack College and a master's degree in pastoral studies from Loyola University Chicago.

You can contact Kathy at [kathyc@sli.org](mailto:kathyc@sli.org) or 301-422-5404.



Kathleen Carver

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### Remembering Fr. Canice Connors, OFM Conv.

Father Canice Connors, OFM Conv., Ph.D., president of Saint Luke Institute from 1992-1997, passed away on March 17, 2019. Under his leadership, the women's residential program opened in 1993, followed by the Halfway House program in 1994. He was instrumental in moving Saint Luke to its current campus in Silver Spring, MD.

Fr. David Songy, O.F.M.Cap., S.T.D., Psy.D., current president and CEO, reflected that "Fr. Canice encouraged the integral development of theological and psychological expertise as fundamental in the mission of Saint Luke Institute: to strengthen the Catholic Church through ministry to priests and religious men and women in need of healing and significant ongoing formation."

Saint Luke Institute gives thanks to God for the gifts Fr. Canice brought to the Institute and the healing ministry that he strengthened.



#### SAINT LUKE INSTITUTE

8901 New Hampshire Avenue ■ Silver Spring, Maryland 20903  
301-445-7970 ■ [lukenotes@sli.org](mailto:lukenotes@sli.org) ■ [www.sli.org](http://www.sli.org)

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