

Perfectionism is not a psychiatric diagnosis, but perfectionist thinking does play a role in several diagnoses, including depression, anxiety disorders, excessive anger, obsessive-compulsive behaviors, and many relationship problems. In their book, *When Perfect Isn't Good Enough*, Martin M. Antony, Ph.D., and Richard P. Swinson, M.D. offer a comprehensive discussion of perfectionism and therapeutic strategies. Psychiatrist David Burns defines perfectionists as those people who have high standards "beyond reach or reason" and "who strain compulsively and unremittingly toward impossible goals." Psychologists Paul Hewitt and Gordon Flett identify three main types of perfectionism: self-oriented, other-oriented, and socially prescribed.

Types of Perfectionism

Self-oriented perfectionists have internalized high standards, often as a result of messages they received as children. They may have been shamed for making minor mistakes, or may have taken on adult responsibilities at an early age when they lacked the appropriate skills. Those who experience trauma, neglect or abuse often believe that they did something to deserve such treatment and must compensate by behaving perfectly. By doing everything perfectly, they hope to avoid punishment or earn the love of a rejecting parent. The self-oriented perfectionist may compare herself to others with very different skills and attempt to emulate them to gain acceptance. Since an individual cannot be perfect, she often feels that she is a failure. These negative beliefs contribute to low-self esteem, anxiety and depression.

Other-oriented perfectionists set unrealistically high standards for others and are frequently disappointed and angry toward those who do not meet their standards. They tend to criticize others, which further isolates them. Because they want things done their way, they have difficulty delegating and tend to overwork. Their difficulty in compromising affects their ability to live and work peacefully with others.

The **socially prescribed perfectionist** believes that others have impossibly high expectations for them that they can never meet. These perfectionists are prone to depression, anxiety and resentment. When perfectionism of any type becomes extreme, the stress often contributes to physical ailments, which further inhibit one's ability to function well.

Perfectionism in Clergy and Religious

Priests and religious may be particularly vulnerable to perfectionism. Those who choose priesthood or religious life commit themselves to high standards of behavior and to a life of ministry. Some older religious were taught in formation to aspire to perfection and to ignore their human feelings, especially uncomfortable feelings such as anger, fear, jealousy and sexual feelings. Some believed that entering the priesthood or religious life would rid them of such feelings. Once they were in these roles, they were often put on a pedestal and felt they had to repress their feelings in order to fit the ideal. Therefore, when they experience psychological problems or addictions, they feel

too ashamed to ask for help.

Within a religious community, perfectionism can interfere with the common life. A self-oriented perfectionist may engage in compulsive behaviors, such as excessive cleaning or insisting that household tasks be done in a certain way. A socially prescribed perfectionist may be so anxious about her job performance that she overworks and has little time or energy for community activities. In house meetings where problems are discussed, other-oriented perfectionists are likely to respond defensively to any suggestions that their behavior is a problem and to insist that others adopt their standards.

The Recovering Perfectionist

When priests and religious participate in psychotherapy, often the therapist's first step is to help them accept that it is all right to be a human being in need of help. Several therapeutic approaches are effective in recovering from perfectionism. When perfectionist beliefs have resulted from childhood traumas, it is helpful to identify and work with the traumas. Learning that one was not responsible for the trauma helps to reduce the shame or fear that can trigger perfectionism. Cognitive-behavioral therapy has proven to be an effective treatment. This approach focuses on the relationship between thoughts, beliefs, expectations, and interpretations and emotions. Perfectionists are usually unaware of their internal dialogue or "self-talk." For example, when others congratulate a perfectionist, he may think, "I could have done more." Keeping a log of negative messages for several days helps one recognize "the internal critic." The client learns to identify the types of cognitive distortions, dispute them, and replace them with more adaptive thoughts.

Cognitive theorists have identified several types of cognitive distortions, for example, *all-or-nothing thinking*—believing there is a right and wrong way to do everything; *filtering*—focusing on negative details and discounting the positive; and *mind reading*—assuming that one knows what others are thinking. One may identify all-or-nothing thinking by noticing how often one uses the words "never" or "always." Those who mind-read learn to ask others about their expectations, rather than making assumptions. The next step is to dispute these rigid beliefs and create more flexible self-talk. Statements such as "There are several good ways to solve this problem," "I made a mistake, but I am not a failure" help individuals to adopt more realistic attitudes.

If one community member is working on perfectionist thinking, others can offer support by sharing their own experiences of needing help or making mistakes. A sense of humor can be invaluable in keeping things in perspective. If other community members can observe their own self-talk, they will develop compassion for the member who is changing perfectionist expectations, and they may shed some of their own.

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