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PERFECTIONISM IN OBSESSIVE–COMPULSIVE DISORDER PATIENTS

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Summary—Considerable theory and anecdotal evidence has suggested that patients with Obsessive–Compulsive Disorder (OCD) are more perfectionistic. Evidence with non-clinical populations supports this hypothesis. However, no data are available on levels of perfectionism among patients diagnosed with OCD. The present study extends findings on perfectionism and OCD by comparing perfectionism levels of OCD-diagnosed patients with those of non-patients and a group of patients diagnosed with panic disorder with agoraphobia (PDA). As predicted, patients with OCD had significantly elevated scores on Total Perfectionism, Concern Over Mistakes, and Doubts About Actions compared to non-patient controls. However, they did not differ from patients with PDA on Total Perfectionism or Concern Over Mistakes. Patients with OCD did have higher Doubts About Actions scores than those with PDA. The implications for the role of perfectionism in OCD and other anxiety disorders are discussed.

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INTRODUCTION

Perfectionism has played a prominent role in theorizing about Obsessive-Compulsive Disorder (OCD), yet little attention has been paid to it in the research literature. As early as 1903, Janet (1903; as cited in Pitman, 1987a) assigned perfectionism a central role in the first two stages of his theory of OCD. Subsequently, psychoanalytic theorists have viewed perfectionism by OCD patients as attempts to maintain control by reducing the risk of harm and insuring safety (Mallinger, 1984; Salzman, 1968; Straus, 1948). Contemporary cognitive theorists have also suggested a primary role for perfectionism in understanding OCD. McFall and Wollersheim (1979) include perfectionistic beliefs as two of the four beliefs characteristic of primary appraisal deficits in a cognitive–behavioral model of OCD. Similarly, Guidano and Liotti (1983) theorized three central assumptions underlying OCD: perfectionism (including rumination over mistakes), need for certainty, and belief in perfect solutions. Also in a cognitive vein, Pitman's (1987b) cybernetic model of OCD contained elements of perfectionism, in that tolerance for error was hypothesized to be small.

In addition to these theoretical accounts, there are clinical findings which suggest a link between perfectionism and OCD. Several studies have reported high levels of perfectionism among OCD patients, among their parents, or as noticeable childhood traits (Adams, 1973; Honjo *et al.*, 1989; Lo, 1967; Rasmussen & Tsuang, 1986; Rasmussen & Eisen, 1989). However, these reports have not been systematic, nor have they used validated measures of perfectionism.

More systematic research has been done on the link between perfectionism and OCD, but only among non-clinical or sub-clinical populations. Frost, Marten, Lahart and Rosenblate (1990) found significant correlations between Frost Multidimensional Perfectionism Scale (FMPS) subscales and scores on the Maudsley Obsessive Compulsive Inventory (Hodgson & Rachman, 1977) and the Everyday Checking Behavior Scale (Sher, Frost & Otto, 1983). In particular, the Concern Over Mistakes and Doubts About Actions dimensions of perfectionism were closely related to OCD symptoms. Frost, Steketee, Cohn and Greiss (1994) also found that among non-clinical Ss, perfectionism was associated with higher levels of OCD symptoms. Specifically, in multiple samples of Ss, sub-clinical OCD Ss scored higher on nearly all the

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dimensions of the FMPS. Other studies have reported similar findings. Rheaume, Freeston, Dugas, Letarte and Ladouceur (1995) found significant correlations between perfectionism (as measured by the FMPS) and obsessive-compulsive symptoms among non-clinical Ss. Once again, Concern Over Mistakes and Doubts About Actions were most closely related to OCD symptoms, while personal standards was only slightly correlated, and Parental Expectations and Parental Criticism were uncorrelated. Furthermore, perfectionism accounted for a significant portion of the variance in Padua Inventory scores after controlling for the influence of responsibility.

Ferrari (1995) found the Perfectionistic Cognitions Inventory (PCI; Flett, Hewitt, Blankstein & Gray, 1994) to be significantly and positively correlated with scores on the Lynfield Obsessive-Compulsive Questionnaire and the Compulsive Activity Checklist among non-clinical Ss. Ferrari also found significant correlations between the PCI and the Lynfield Obsessive-Compulsive Questionnaire among a sample of people who reported having been diagnosed with obsessive-compulsive symptoms. This is the only finding in the literature that uses a clinical population. Unfortunately, however, the diagnostic status of these Ss is uncertain. Ferrari states that "it was not possible from the methods used to ascertain whether these volunteers were individuals diagnosed with obsessive-compulsive personality disorders or obsessive-compulsive personality" (p. 154). Given this uncertainty, it remains to be demonstrated that patients diagnosed with OCD will have higher levels of perfectionism than patients with other disorders or non-patients.

Several studies have reported correlations between perfectionism and specific obsessive-compulsive symptoms (i.e. checking, washing, hoarding). Gershunny and Sher (1995) found that non-clinical compulsive checkers had higher perfectionism scores on the FMPS than non-checkers. In addition, perfectionism partially mediated the relationship between OCD and task performance, as well as the subjective experience of performance among non-clinical Ss. Consistent with Salzman's theorizing, these authors hypothesized that perfectionism may lead checkers to attempt to exert more control over the events in their lives through checking rituals. Similarly, Tallis (1996) has hypothesized that there is a specific class of washing compulsions which results from perfectionism, that is, washing to achieve a 'perfect' state of cleanliness. Finally, across several different samples including students, community volunteers and self-identified compulsive hoarders, Frost and Gross (1993) found perfectionism (and most of its dimensions) to be correlated with compulsive hoarding.

In addition to figuring prominently in OCD, perfectionism is one of the diagnostic criteria for Obsessive-Compulsive Personality Disorder (OCPD). Recent evidence has challenged the idea that OCD and OCPD are closely related (Baer *et al.*, 1990), since diagnosis of OCPD occurs relatively rarely among those who meet criteria for OCD. Although OCPD may not be closely related to OCD, certain characteristics of OCPD may be so (Gibbs & Oltmanns, 1995; Pollack, 1987; Steketee, 1990). Indeed, Frost and Gross (1993) found that measures of compulsive hoarding were not related to overall measures of OCPD, but were correlated with certain OCPD symptoms, specifically perfectionism.

Despite this plethora of evidence, no systematic study has yet shown higher levels of perfectionism among patients with OCD. The first purpose of the present study was to determine whether patients with OCD have higher levels of perfectionism than non-OCD individuals using a validated measure. Based on earlier findings we expected that OCD patients would have higher scores on Total Perfectionism, Concern Over Mistakes, and Doubts About Actions.

Recent research on perfectionism has suggested that it is related to many types of psychopathology including depression (Blatt, Quinlan, Pilkonis & Shea, 1995; Hewitt & Flett, 1991), eating disorders (Bastiani, Rao, Weltzin & Kaye, 1995), and even other anxiety disorders such as social phobia (Juster *et al.*, 1996; Mor, Day, Flett & Hewitt, 1995). Juster *et al.* (1996) compared social phobia patients with community volunteers and found social phobia patients higher in Concern Over Mistakes, Doubts About Actions and Parental Criticism. The findings from these studies raise some questions about the specificity of the association between perfectionism and psychopathology. Perfectionism may be a characteristic that cuts across a wide variety of disorders and is not specific to any one or two. Alternatively, certain dimensions of perfectionism may relate to certain disorders but not others. The second purpose of this investigation was

to provide additional evidence regarding this question. While the dimensions of perfectionism, especially Concern Over Mistakes and Doubts About Actions, may be related to social phobia, depression, eating disorders, and OCD, there is some reason to think that OCD patients may have higher levels of perfectionism than patients with panic disorder and agoraphobia (PDA). Using the Personality Diagnostic Questionnaire (PDQ), Mavissakalian, Hamann and Jones (1990) found that a larger percentage of patients with OCD were judged to be perfectionistic than patients with PDA. However, this finding must be viewed with some caution since the perfectionism items from the PDQ measure are unvalidated, and the alpha levels of the study may have been too liberal given the large number of comparisons made. This study attempted to determine whether patients with OCD have higher levels of perfectionism than patients with panic disorder/agoraphobia. This information will be useful in determining the role of perfectionism in theories of OCD.

METHOD

Subjects

Subjects for the experiment were 84 patients and community controls who ranged in age from 24 to 66 yr. The OCD group contained 35 patients diagnosed with OCD who were participating in a larger study of treatment outcome. There were 9 males and 26 females in the group with a mean age of 34.2 yr. The community control group contained 35 employees from an undergraduate college. Eleven males and 24 females had a mean age of 36.4 yr. The panic/agoraphobia group contained 14 Ss diagnosed with PDA who were participating in the same treatment study as the OCD group. The mean age for this group of 2 males and 12 females was 38.7 yr. All patients with OCD and PDA were diagnosed using the Structured Clinical Interview from DSM-III-R (Spitzer, Williams, Gibbon & First, 1990). None of these patients were comorbid for any other anxiety disorder diagnosis. There were no significant age differences among the groups, $F(2,81) = 1.9$, $P > 0.05$, and no significant differences in the gender composition of the groups, $\chi^2 = 1.5$, $P > 0.05$.

Measures

Subjects completed the revised Compulsive Activity Checklist (CAC-R; Steketee & Freund, 1991) which asks Ss to rate activities (e.g. retracing steps, locking doors, etc.) according to the extent to which they interfere with daily life on a scale from 0 (no problem) to 3 (unable to complete or attempt activity). This measure has shown good internal consistency and validity (Steketee & Freund, 1991).

Subjects also completed the FMPS (Frost *et al.*, 1990), a 35-item questionnaire that assesses overall perfectionism and 5 subscales. The *Concern Over Mistakes* subscale reflects negative reactions to mistakes, interpreting mistakes as equivalent to failure, and believing that one will lose respect following failure. *Personal Standards* reflects the setting of very high standards and the excessive importance placed on these high standards for self-evaluation. The perception that ones' parents set very high standards (*Parental Expectations*) and were overly critical (*Parental Criticism*) formed two other dimensions. The *Doubts About Actions* subscale reflects the extent to which people doubt their ability to accomplish tasks.

Patients with OCD and PDA completed these measures prior to treatment.

RESULTS

Table 1 presents means and standard deviations for the 3 groups. As expected, an analysis of variance on the CAC-R scores revealed a significant effect for group, $F(2,81) = 18.5$, $P < 0.001$. Multiple comparisons among the means of the three groups using a Scheffé test ($P < 0.05$) indicated that the OCD patient group had significantly higher CAC-R scores than either the Panic Disorder/Agoraphobia group or the community controls (Table 1). The PDA group and the community controls did not differ from one another.

Table 1. Means and standard deviations for OCD, PDA and control subjects

	OCD	PDA	Control	Social Phobia*
CAC-R	19.6 (14.9) ^a	6.1 (11.8) ^b	4.0 (4.9) ^b	—
Total Perfectionism	83.5 (22.8) ^a	83.8 (23.3) ^a	66.5 (15.4) ^b	—
Concern Over Mistakes	24.3 (9.8) ^a	26.2 (10.0) ^a	18.5 (7.2) ^b	25.6 (7.5)
Doubts About Actions	14.1 (4.3) ^a	9.9 (4.6) ^b	8.1 (3.3) ^b	10.9 (3.7)
Personal Standards	22.9 (6.8)	24.8 (5.7)	22.4 (5.5)	23.1 (5.8)
Parental Expectations	12.8 (4.5)	14.1 (5.4)	11.5 (3.9)	12.7 (6.0)
Parental Criticism	9.2 (4.4) ^{a,b}	11.3 (5.4) ^b	6.9 (2.9) ^a	9.3 (3.9)

Note: In the first 3 columns, means with different superscripts are significantly different at the 0.05 level.

*From Juster *et al.* (1996).

According to an analysis of variance of the FMPS, the groups showed significant differences on the predicted dimensions of perfectionism. There was a significant groups effect for Total Perfectionism, $F(2,75) = 7.0$, $P < 0.01$. Multiple comparisons (Scheffé) of the means of the three groups indicated that the OCD and PDA patient groups scored significantly higher than the community controls, but did not differ from one another (Table 1). Means and standard deviations for social phobia patients from the Juster *et al.* (1996) study are included in Table 1 for comparison.

A similar result was found for the Concern Over Mistakes dimension where a significant group effect was evident, $F(2,80) = 5.4$, $P < 0.01$. Patients with OCD and PDA had higher scores ($P_s < 0.05$) than controls but did not differ from one another.

The Doubts About Actions subscale showed a different pattern. There was a significant effect for group, $F(2,80) = 20.9$, $P < 0.01$, but patients with OCD had significantly higher scores than those with PDA, who did not differ from community controls. The OCD group scores were also significantly higher than the community controls.

There was a significant group effect on Parental Criticism, $F(2,78) = 6.4$, $P < 0.01$. Multiple comparisons indicated that the PDA group scored higher than community controls, but the OCD group did not. No significant differences emerged on the Personal Standards, $F(2,78) = 0.68$, $P > 0.05$, or the Parental Expectations, $F(2,78) = 1.8$, $P > 0.05$, subscales.

DISCUSSION

These findings are consistent with reports in the literature suggesting that there is a relationship between OCD and perfectionism. OCD patients scored higher in perfectionism than community controls on the Total Perfectionism score and on the 2 predicted dimensions of perfectionism, Concern Over Mistakes and Doubts About Actions. However, the findings also indicated that perfectionism was not specific to OCD, but occurred in panic/agoraphobia patients as well. The PDA patients differed from controls on the Total Perfectionism measure, Concern Over Mistakes, and Parental Criticism. Comparison of these data with those of Juster *et al.* (1996) suggest that high levels of Concern Over Mistakes, Doubts About Actions and Parental Criticism characterize social phobia patients as well. Thus, our findings do not confirm excessive perfectionism in OCD compared to other anxiety disorders. In light of the findings of this study, the Juster *et al.* (1996) study, and other recent studies (Bastiani *et al.*, 1995; Hewitt & Flett, 1991; Mor *et al.*, 1995), it is possible that perfectionism is a necessary condition for the development of many forms of psychopathology, but does not determine the exact nature of the disorder. Rheaume *et al.* (1995) suggest that perfectionism may be a "necessary but insufficient trait for development of OCD" (p. 793). Whether perfectionism is a necessary ingredient for the development of psychopathology remains to be shown, however. The fact that elevated levels of perfectionism are seen across a wide variety of disorders indicates that it is a construct worthy of more research.

It is possible that certain features of perfectionism exist which distinguish OCD patients from other anxiety disorder patients. In the present samples, the Doubts About Actions dimension of perfectionism was the only one which distinguished OCD from PDA patients. Additionally, Doubts About Actions scores of OCD *Ss* in this study were higher than Doubts About Actions scores of social phobia *Ss* in the Juster *et al.* (1996) study. Doubting of the quality of one's

actions has been a hallmark of OCD and indeed, may reflect symptoms of patients with checking rituals. It may also characterize other anxiety disorders as well (e.g. GAD). Rheaume *et al.* (1995) suggest that a different definition of perfectionism may be warranted with respect to OCD. Instead of Concern Over Mistakes, they suggest that a core belief that perfection is possible may characterize OCD patients. Others have proposed a similar hypothesis with respect to OCD symptoms (Frost & Hartl, 1996; Guidano & Liotti, 1983; McFall & Wollersheim, 1979). Further research is necessary to examine this possibility.

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