



The Role of Perfectionism in Obsessive-Compulsive Disorder (OCD)

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Abstract. Obsessive-compulsive disorder (OCD) is a chronic and serious disorder, that results in functional impairments and negative life outcomes. Investigating the etiological model of OCD is a vital task to provide treatment implications. Empirical evidence suggests that perfectionism plays a key role in the development, maintenance, and treatment of OCD. The aim of this paper is to review past studies exploring the relationship between perfectionism and OCD and give some future directions in this area. Based on the findings of past research, it remains unclear how perfectionism plays a role in OCD. Although numerous evidence suggests that perfectionism is significantly correlated with OCD, there is evidence reporting some factors mediating this relationship. As a matter of fact, more evidence is needed in this area. In the future, researchers should consider testing the causality of this relationship using experimental designs and also take mediators into account in their study to have a more comprehensive understanding of the role of perfectionism in OCD, which is helpful to provide practical implications in treatments as well.

Keywords: Perfectionism, Obsessive-Compulsive Disorder (OCD)

1 Introduction

Obsessive-compulsive disorder (OCD) is a chronic and serious disorder characterized by the presence of obsessions or compulsions to prevent or reduce distress [1]. Obsessions are intrusive and recurrent thoughts, images or impulses and compulsions are repetitive mental activities or behaviors that individuals feel driven to perform [2].

OCD has a lifetime prevalence between 2 and 3 percent and is likely to cooccur with other mental illnesses such as major depressive disorders and eating disorders [3]. According to Brakoulias et al., patients with OCD have 50% lifetime chance to diagnose with major depressive disorders [4].

OCD results in substantial distress and functioning impairments such as social and emotional functioning impairments. For example, OCD in youth produces functional impairments at home and school, and OCD in adults produces impairments in work and social settings [5,6]. OCD is usually related to various poor life outcomes, having negative impacts on individuals' well-being [7].

Investigating causes of OCD has been an important task for researchers in this area due to practical implications for interventions and treatments.

Etiological model of OCD has emphasized the role of perfectionism in the development, maintenance and treatment of OCD. According to OCCWG, there are six belief domains in OCD, which can also be identified as six potential etiological factors [8]. They are Perfectionism, Responsibility, Overestimation of threat, Importance of thoughts, Control of thoughts, and Intolerance of uncertainty.

Perfectionism is a personality trait in which people set high and even unrealistic standards and tend to self-criticize once they perceive anything less than what they expect, though they usually expect more than they can afford to, hence not feeling satisfied about themselves [9]. Perfectionists always seek perfection in all aspects of life and psychologists argue that the reason for such high standards is the fear of failure [10].

Many researchers explored the role of perfectionism in OCD using different methods and found that perfectionism plays an important role in OCD, suggesting the importance of perfectionism in OCD [10].

This paper will review the past research investigating the relationship between perfectionism and obsessive-compulsive disorder first and then summarize the key findings of these studies. Finally, the strengths, limitations and future direction in this area will be discussed.

2 Literature review

Over these years, many psychologists have explored the role of perfectionism in OCD to have a better understanding of etiological model of OCD and provide implications for clinicians and psychiatrists to develop and improve interventions or treatments for patients with OCD.

Numerous evidence shows that perfectionism is significantly associated with OCD. For instance, a study showed that when compared with nonclinical controls, adult patients with OCD have significantly higher levels of perfectionism [11]. This study used Multidimensional Perfectionism Scale, which is a reliable and validated scale, to measure perfectionism and used two-round clinical interviews to reach a DSM-IV diagnosis of OCD [12]. Although the sample size of this study was relatively small (only around 40 participants were included in the nonclinical group and in the clinical group respectively), the research found that there is a link between perfectionism and OCD when there were relatively few studies exploring this relationship, providing evidence that perfectionism is a significant factor in OCD and pointing out the direction for the future research. Additionally, it gave implications on the interventions and treatments of OCD.

There are also studies testing the correlation between perfectionism and OCD symptoms. Research reported that perfectionism is linked to various OCD symptoms including ordering, checking, cleaning and hoarding [6,10,13].

Soreni et al. reported that the perfectionism scores measured by a self-reported scale were positively correlated with the severity of OCD symptoms in children and adolescents, furthering evidence of the relationship between OCD symptoms and perfectionism in youth [14]. Similarly, another study found that perfectionism in youth were associated with the checking, symmetry and contamination symptom dimensions, which are all OCD symptoms [15]. These two studies added evidence that perfectionism is correlated with OCD symptoms. Moreover, these studies both selected a sample of children and adolescents with OCD, which filled the gap in this area that most research only explored the association in adults whereas very little research investigated this relationship in youth. In fact, there are possibilities that the associations are different across ages.

Evidence from studies with regression analyses supports the idea that perfectionism is correlated with OCD. Findings from empirical studies indicated that perfectionism is a significant predictor of OCD using a regression test [10]. Williams and Levinson also reported that perfectionism is both a development and a maintenance factor for OCD symptoms [7]. The results of this research were consistent with findings of previous studies and added evidence of the link between perfectionism and OCD in students aged 10 to 18.

There is evidence giving some insights for the role of perfectionism in OCD from another angle.

Zuroff et al. found that patients with high-level perfectionism had smaller therapeutic alliance than patients identified as low in perfectionism, suggesting that perfectionism is negatively correlated with treatment outcomes and has a negative impact on treatment effectiveness [16]. Also, perfectionism may impede the response of adolescents and adults to cognitive-behavior therapy (CBT), which is the most effective intervention in OCD [17]. Pinto et al. argued that it can be explained by that patients with perfectionism try too hard to have treatment perfectly and they easily give up if they think they do not make a perfect progress [18].

Although the above evidence did not explore the relationship between perfectionism and OCD directly, they provided insights that perfectionism also plays a key role in the treatment of OCD and provided practical implications for clinicians that they should consider treating perfectionism first to treat OCD.

The above studies all showed or hinted that perfectionism is significantly related to OCD. Nevertheless, there are contradictory findings for this relationship. Perfectionism may not be directly correlated with OCD.

A study found that intolerance of uncertainty fully mediated the relationship between perfectionism and the severity of OCD symptoms in young adult college students [9]. This research provided unique evidence that perfectionism may not be directly correlated with OCD and provided insights that perfectionism may not be vital in the intervention or treatment of OCD. In fact, most research in this area was cross-sectional study, which is not informative to draw a causal inference. Furthermore, they did not consider any mediators or confounders in this relationship and therefore it remains unclear whether perfectionism is an etiological factor of OCD. There are possibilities that perfectionism is actually not associated with OCD symptoms when some other factors are absent. Nonetheless, this study has some limitations, possibly influencing the study

results. The researchers did not use a clinical sample and all participants were young adult college students. Hence, the results may not be able to be generalized to clinical population and children and adolescents. More evidence is needed to support the idea that perfectionism is not associated with OCD.

In addition, another research found that self-esteem mediates the relationship between perfectionism and obsessive-compulsive symptoms, which added evidence that there are mediators influencing the relationship between perfectionism and OCD [19]. As a matter of fact, if perfectionism is not directly associated with OCD, then there is no need to concentrate on perfectionism in the treatment, and clinicians and psychiatrist need to shift their focus on factors that are directly correlated with OCD. This study included both a nonclinical sample and a clinical sample and the participants were all 18 and above, which furthers evidence that perfectionism may not be directly correlated with OCD in adults and in clinical sample.

These two studies both indicated that perfectionism may not be directly correlated with OCD and provides several insights and implications. It is essential to investigate mediators when exploring the relationship between perfectionism and OCD. If there are factors fully mediating this relationship, then it will be much more worthy to explore the associations between mediating factors and OCD instead of the link between perfectionism and OCD for researchers in this area. Moreover, if perfectionism is not directly correlated with OCD, then clinicians and psychiatrists can have more concentration on factors directly linked with OCD because treatment on these factors first may eliminate the need to treat perfectionism.

However, studies exploring mediators or even moderators between this link are relatively few, so it remains unclear the mechanism of perfectionism in OCD and future research that can make causal inferences is needed.

3 Discussion and future direction

Evidence from different studies suggests that perfectionism plays an important role in the development, maintenance and treatment of OCD. For example, studies reported that OCD patients have higher levels of perfectionism compared with those without OCD [11]. Also, perfectionism is significantly associated with OCD symptoms like checking and ordering [13]. Some other evidence indicated that perfectionism has a detrimental effect on the treatment outcome of OCD. These studies all made great contributions to the etiological model of OCD, showing the importance of perfectionism in OCD. However, there are several limitations. One common limitation of these studies is that they were cross-sectional studies, which cannot make causal inferences on the association between perfectionism and OCD. Also, they only tested this relationship simply, but did not take mediators or even moderators into account. As a matter of fact, there is evidence showing that some factors such as intolerance of uncertainty and self-esteem are mediating the association between perfectionism and OCD, meaning that perfectionism is not correlated with OCD when these factors are absent. Additionally, most studies in this field did not consider cultural differences. The participants of these studies were almost Caucasians, though Asians and Africans were included, they only

occupied a very small part (no more than 15 percent). It is essential to conduct a study with participants from different countries all over the world. Finally, these studies all used self-reported scales to measure perfectionism. Although these scales are reliable and validated measures and are widely used in this area, they are subjective measures. More objective measures can be considered to measure perfectionism.

There are recommendations for future research. Firstly, it is vital for further research to consider more factors that may be mediating the link between perfectionism and OCD. Secondly, researchers need to investigate whether there are cultural differences in this relationship. For instance, they can do a study with participants from Asian countries. Thirdly, researchers can try to use objective measures to measure perfectionism and try to use experimental designs with well-developed interventions to test causality. However, it is relatively difficult to manipulate perfectionism since it is believed to be a personality trait. Researchers can try to develop an intervention to treat perfectionism and reduce the level of perfectionism and use experimental designs to test whether the reduction of the level of perfectionism can lead to a decrease in OCD symptoms.

4 Conclusion

Numerous evidence suggests that perfectionism is significantly associated with OCD and OCD symptoms, though there is evidence indicating some factors mediating this relationship, meaning perfectionism may not be directly correlated with OCD. As a result, it is still unclear how perfectionism plays a role in OCD yet.

In the future, researchers can consider testing whether there is a causal correlation between perfectionism and OCD using experimental designs with well-developed interventions on perfectionism to have a better understanding of the role of perfectionism. Additionally, researchers should take mediators and cultural differences into account in their further research.

5 References

1. Bhikram, T., Abi-Jaoude, E., & Sandor, P. (2017). OCD: obsessive-compulsive... disgust? The role of disgust in obsessive-compulsive disorder. *Journal of Psychiatry and Neuroscience*, 42(5), 300-306.
2. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*, 5th edition. Arlington, VA: American Psychiatric Association.
3. Ruscio, A. M., Stein, D. J., Chiu, W. T., & Kessler, R. C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15(1), 53-63.
4. Brakoulias, V., Starcevic, V., Belloch, A., Brown, C., Ferrao, Y. A., Fontenelle, L. F., ... Viswasam, K. (2017). Comorbidity, age of onset and suicidality in obsessive-compulsive disorder (OCD): An international collaboration. *Comprehensive Psychiatry*, 76, 79-86.
5. Valderhaug, R., & Ivarsson, T. (2005). Functional impairment in clinical samples of Norwegian and Swedish children and adolescents with obsessive-compulsive disorder. *European Child & Adolescent Psychiatry*, 14(3), 164-173. <https://doi.org/10.1007/s00787-005-0456-9>

6. Pinto, A., Dargani, N., Wheaton, M. G., Cervoni, C., Rees, C. S., & Egan, S. J. (2017). Perfectionism in obsessive-compulsive disorder and related disorders: What should treating clinicians know? *Journal of Obsessive-Compulsive and Related Disorders*, 12, 102–108. <https://doi.org/10.1016/j.joer.2017.01.001>
7. Williams, B. M., & Levinson, C. A. (2021). Intolerance of uncertainty and maladaptive perfectionism as maintenance factors for eating disorders and obsessive-compulsive disorder symptoms. *European Eating Disorders Review*, 29(1), 101–111. <https://doi.org/10.1002/erv.2807>
8. OCCWG (1997). Cognitive assessment of obsessive-compulsive disorder. *Behaviour Research and Therapy*, 35(7), 667–681
9. Reuther, E.T., Davis III, T. E., Rudy, B. M., Jenkins, W. S., Whiting, S. E., & May, A. C. (2013). Intolerance of uncertainty as a mediator of the relationship between perfectionism and obsessive-compulsive symptom severity. *Depression and Anxiety*, 30(8), 773–777. <https://doi.org/10.1002/da.22100>
10. Sarafraz, M. R., Hemmati, S., & Asadi-Lari, H. (2020). The Relationship between Perfectionism and Obsessive Compulsive Disorder (OCD): Self-Regulation Processes as Moderator. *International Journal of School Health (Online)*, 7(2), 30–36. <https://doi.org/10.30476/intjsh.2020.85824.1062>
11. Antony, M. M., Purdon, C. L., Huta, V., & Swinson, R. P. (1998). Dimensions of perfectionism across the anxiety disorders. *Behaviour research and therapy*, 36(12), 1143–1154.
12. Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive therapy and research*, 14(5), 449–468.
13. Wu, K. D., & Cortesi, G. T. (2009). Relations between perfectionism and obsessive-compulsive symptoms: Examination of specificity among the dimensions. *Journal of Anxiety Disorder*, 23(3), 393–400.
14. Soreni, N., Streiner, D., McCabe, R., Bullard, C., Swinson, R., Greco, A., & Szatmari, P. (2014). Dimensions of perfectionism in children and adolescents with obsessive-compulsive disorder. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(2), 136.
15. Park, J. M., Storch, E. A., Pinto, A., & Lewin, A. B. (2016). Obsessive-compulsive personality traits in youth with obsessive-compulsive disorder. *Child Psychiatry & Human Development*, 47(2), 281–290.
16. Zuroff, D. C., Blatt, S. J., Sotsky, S. M., Krupnick, J. L., Martin, D. J., & Simmens, S. (2000). Relation of therapeutic alliance and perfectionism to outcome in brief out-patient treatment of depression. *Journal of Consulting and Clinical Psychology*, 68, 114–124.
17. Jacobs, R. H., Silva, S. G., Reinecke, M. A., Curry, J. F., Ginsburg, G. S., Kratochvil, C. J., & March, J. S. (2009). Dysfunctional attitudes scale perfectionism: A predictor and partial mediator of acute treatment outcome among clinically depressed adolescents. *Journal of Clinical Child & Adolescent Psychology*, 38(6), 803–813.
18. Pinto, A., Liebowitz, M. R., Foa, E. B., & Simpson, H. B. (2011). Obsessive compulsive personality disorder as a predictor of exposure and ritual prevention outcome for obsessive compulsive disorder. *Behavior Research and Therapy*, 49, 453–458.
19. Miegel, F., Moritz, S., Wagener, F., Cludius, B., & Jelinek, L. (2020). Self-esteem mediates the relationship between perfectionism and obsessive-compulsive symptoms. *Personality and Individual Differences*, 167, 110239.

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