



Perfectionism: Its Structure, Transdiagnostic Nature, and Cognitive Behavioral Therapy

Mükemmeliyetçilik: Yapısı, Tanılar üstü Doğası ve Bilişsel Davranışçı Terapisi

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ABSTRACT

The term perfectionism is often characterized by insisting that everything should be perfect and flawless, believing in only one truth, and having difficulty transforming perspectives and thoughts. Although perfectionism is not a newly introduced concept in the literature, it has recently become one frequently aired both in research and daily life. The popularity of the concept in empirical studies stems from both its dual nature and its alleged roles in the origin, emergence, retention, and treatment of various psychological disorders. Indeed, despite the abundance of evidence that perfectionism is multifaceted within two major dimensions (perfectionist strivings and perfectionist concerns), it is still debated that the dimensions in different numbers better represent the construct. In addition, the relevant literature hosts diverse views and criticisms about which sub-dimensions the two higher-order dimensions will consist of, whether the conceptual content of a combination of these sub-dimensions is positive or negative, and how to calculate the total impact of the sub-dimensions. On the other hand, previous research consistently addressed the relationship of perfectionism with different psychopathologies and comorbidities. In this respect, it is also deemed important to discuss perfectionism in psychotherapy because even settling perfectionist traits may bring about improvements in more than one disorder associated with perfectionism. Thus, the Cognitive Behavioral Approach (CBT) conceptualized perfectionism (clinical perfectionism) and presented techniques for therapy. Moreover, the evidence is also proliferating for the efficiency of CBT for perfectionism. Therefore, in this article, the current literature on the structure, transdiagnostic nature and cognitive behavioral therapy of perfectionism has been reviewed.

Key words: Perfectionism, perfectionist concerns, perfectionist strivings, transdiagnostic factor, cognitive behavioral therapy

ÖZ

Her şeyin, kusursuz ve hatasız olması konusunda katı talepkarlık, tek bir doğrunun olduğuna inanma, bakış açısını ve düşünceleri değiştirmede güçlük gibi özelliklerle tanımlanan mükemmeliyetçilik kavramı, alanyazına yeni kazandırılan bir kavram olmamasına karşın son yıllarda hem bilimsel çalışmalarda hem de gündelik hayatta sıklıkla sözü geçen kavramlardan biridir. Kavramın özellikle bilimsel çalışmalarda revaçta oluşu, hem ikili doğasından (olumlu ve olumsuz içerikli oluşu) hem de çeşitli psikolojik sorunların kökeni, ortaya çıkışı, sürdürülmesi ve tedavisindeki olası rollerinden kaynaklanmaktadır. Nitekim, çok alt boyutlu olduğu ve iki üst boyuttan (mükemmeliyetçi çaba ve mükemmeliyetçi kaygı) oluştuğu yönündeki kanıt çokluğuna rağmen, halen bazı araştırmalarda farklı sayıdaki boyut sayısının kavramın yapısını daha iyi temsil ettiği belirtilmektedir. Yanı sıra, iki üst düzey boyutun, hangi alt düzey faktörlerden oluşacağı, bu boyutların bir araya gelmesinin kavramsal içeriğinin olumlu mu yoksa olumsuz mu olduğu ve bu boyutların toplam etkisinin nasıl hesaplanacağına yönelik farklı görüşler ve eleştiriler de mevcuttur. Mükemmeliyetçiliğin farklı psikopatolojiler ve eş tanı ile ilişkisi de pek çok çalışmada ele alınmıştır. Bu nedenle mükemmeliyetçiliği psikoterapi sürecinde ele almak önemlidir çünkü yalnız mükemmeliyetçi özelliklerin sağaltılması bile kavramın ilişkili olduğu birden fazla bozuklukta iyileşmeyi beraberinde getirebilir. Bu doğrultuda, Bilişsel Davranışçı Yaklaşım, mükemmeliyetçiliği (klinik mükemmeliyetçilik) kavramsallaştırmış ve terapi için teknikler sunmuştur. Mükemmeliyetçilik için Bilişsel Davranışçı Terapi'nin etkinliğine dair kanıtlar da gün geçtikçe artış göstermektedir. Bu nedenle bu yazıda, mükemmeliyetçiliğin yapısı, tanılar üstü doğası ve bilişsel davranışçı terapisi üzerine güncel yazın gözden geçirilmiştir.

Anahtar sözcükler: mükemmeliyetçilik, mükemmeliyetçi çaba, mükemmeliyetçi kaygı, tanılar üstü faktör, bilişsel davranışçı terapi

Introduction

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, (strict) perfectionism, stated as a pathological personality trait, is defined as insisting strictly that everything

should be perfect, flawless, and error-free, believing that there is a single truth, difficulty in changing perspectives and thoughts, engaging in details, organization, and sequencing (APA 2013). Although the emergence of this concept in the psychology literature is not at a recent date, it seems to be frequently

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included in recent studies. As a matter of fact, in the Web Of Science database, provided that there is “perfectionism” in the title, it is observed that there has been an increase in the number of publications related to perfectionism especially since the 2000s (see Figure 1; December 31, 2021 scan results).

There are many reasons why the perfectionism personality trait has become popular in recent years. First of all, the multidimensional nature of the concept leads to the development of different models in the attempt to capture the real representations of the structure. There are also different opinions about which factors and high-level factors the concept covers and whether it includes positive or negative features. These controversial findings on the structure of the concept may be a factor in the increase in the number of researches related to perfectionism. On the other hand, the researches conducted in recent years mention about the transdiagnostic nature of the concept and therefore, research articles reporting that different psychopathologies are approached in the treatment process are increasing day by day. All these updates lead to the emergence of the need for us to reconsider what we know about perfectionism. There are review studies in the literature addressing perfectionism (e.g. Shafran and Mansell 2001, Egan et al. 2011). However, as far as we know, there is no review that addresses both the structure of the concept and its transdiagnostic nature and conceptualization within the framework of the cognitive behavioral approach. Therefore, the purpose of this review article is to review the structure of the perfectionism concept from today’s perspective, its transdiagnostic aspect and its role in psychotherapy processes, especially within up-to-date information and research findings from the Cognitive Behavioral Approach.

Definition, Structure and Measurement of the Concept

Although it is a concept that has been included more in scientific studies in recent years, the emergence of the concept of perfectionism in the psychology literature corresponds to much earlier. Hollender (1965) is one of the first researchers to define perfectionism. The aforementioned researcher stated that the lexical definition of the concept, “the individual’s demanding a higher performance from himself/herself or others than the situation requires”, should also include the expression “not accepting anything lacking in perfection, or not being satisfied with it”, in the conceptual content. In 1980, Burns stated that perfectionist people set unrealistic high standards, adhere strictly to them, interpret the situations distortedly, and define themselves in terms of their ability to achieve their goals. In parallel with these pioneering explanations for the definition of perfectionism, attempts have also been made to measure the concept. The first step in this sense was taken by Burns in 1980. The aforementioned researcher created a 5-point Likert-type perfectionism scale consisting of 10 items. Subsequently, perfectionism was included in the inventory as a sub-dimension in the Eating Disorders Inventory, and the measurement of this sub-dimension was one of the measurements of perfectionism. In this inventory, 6 items of Likert type were created for the

measurement of perfectionism (Garner et al. 1983). The common point of these pioneering initiatives is that they treat the concept as a one-dimensional structure.

The 90s is a milestone in terms of approaching towards the structure of perfectionism. Because, since 1990, the personality trait of perfectionism has begun to be considered as a multidimensional structure, rather than a one-dimensional structure. In line with it, measurement tools that measure the concept in multidimensional terms have been developed. First, Frost et al. (1990) stated that perfectionism is a six-dimensional structure: Concern over Mistakes (CM), Personal Standards (PS), Parental Expectations (PE), Parental Criticism (PC), Doubts about actions (D), and Organization (O). The sub-dimension of *excessive concern* over mistakes is related to giving negative reactions to mistakes. Individuals with high scores from this sub-dimension tend to associate mistakes with failure and believe that this failure will result in losing the respect of other individuals for them. In the *personal standards* sub-dimension, it is about determining very high standards and giving excessive importance to these high standards when individuals evaluate themselves. *Family expectations* include beliefs that their parents set very high standards, and *parental criticism* includes beliefs that an individual perceives his/her parents as extremely critical. While the tendency to feel that he/she does not fulfill his/her duties satisfactorily reflect the content of the dimension of doubts *about actions*, the dimension of *organization* implicates the preference for organization and order. Again in the early 90s, Hewitt and Flett (1991) described the three-dimensional model of perfectionism: self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism. While the *self-oriented perfectionism* sub-dimension includes processes such as the individual setting rigorous (strict) standards for him/her and self-criticism, in the *other-oriented perfectionism*, there is a situation of demanding this perfectionism from other individuals. This sub-dimension provides information for the individual to evaluate the abilities, success and failure of other individuals. *Socially prescribed perfectionism*, on the other hand, includes the perceptions and beliefs that other people who are important to the individual set unrealistic standards for themselves and put pressure on the individual to be perfect. In 2001, after Frost et al. (1990) and Hewitt and Flett (1991), Slaney et al. defined the concept under a three-dimensional structure: discrepancy, standards and order. In this model, *discrepancy* is defined as the perceived discrepancy or difference between the standards that the person has for himself/herself and his/her actual performance, while the *standards* sub-dimension measures the determination of high personal standards and the *order* sub-dimension measures the individual’s need for organization and being orderly.

As it is seen, the three models and measurement tools mentioned above are in common in terms of addressing perfectionism in a multidimensional way. Although there is a general consensus in the literature that perfectionism is a multidimensional feature and a concept that is measured with different dimensions, opinions about its structure and content vary. First of all, the question

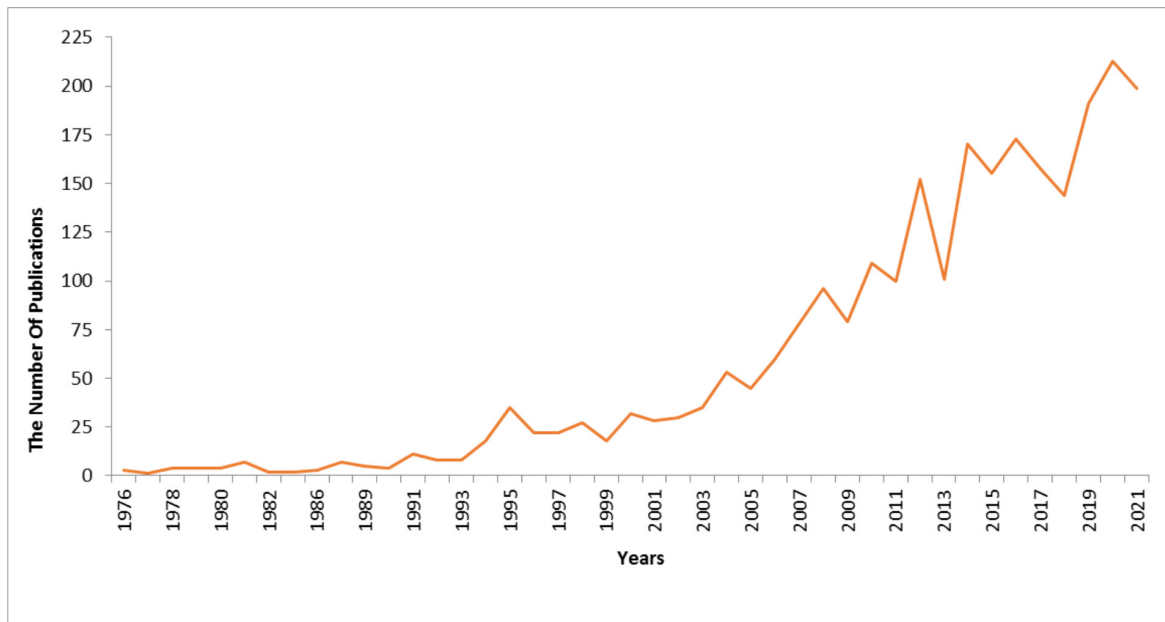


Figure 1. Web of Science database search result for the word “perfectionism” and the number of publications by year as of December 31, 2021

of whether the concept is a positive feature that motivates individuals to achieve their goals or a negative feature that causes them to criticize themselves cruelly even in the smallest mistakes has been discussed in many studies. The pioneering opinion on this issue was put forward by Hamachek (1978). The researcher categorized perfectionist individuals in two groups as “normal perfectionists” and “neurotic perfectionists”. While normal perfectionists enjoy pursuing their perfectionist efforts, neurotic perfectionists suffer from these efforts (cited in Stoeber and Otto 2006). The idea that perfectionism can be grouped under two high-level factors after this pioneering publication of Hamachek has been supported in many studies. However, different researchers have characterized these two factors with different concepts. Frost et al. (1993) conducted factor analysis with a total of 9 sub-dimensions of Hewitt-Flett and Frost Multidimensional Perfectionism Scales and determined two sub-dimensions: maladaptive evaluative concerns and positive striving. Terry-Short et al. (1995) stated that perfectionism can be represented by two high-level factors: positive perfectionism and negative perfectionism, and positive perfectionism consists of two categories: positive personal perfectionism and positive social perfectionism. Rice et al. (1998) also stated that perfectionism has two high-level factor structures as maladaptive and adaptive. Today, these two factors are often called *perfectionistic concerns* and *perfectionistic strivings* (Stoeber and Otto 2006, Stoeber et al. 2020). Hill (2016) stated that the concepts of perfectionistic concerns or perfectionistic strivings better reflect the idea that perfectionism has dimensions rather than forms or types. In this article, there is a preference for the use of the concepts of perfectionistic concerns and perfectionistic strivings. Perfectionistic strivings are an upper dimension characterized by excessively high personal standards and striving for excellence, while perfectionistic concerns are defined by concerning about

mistakes, fear of negative evaluations of others if not perfect, and feelings of discrepancy between one’s standards and performance (Stoeber et al. 2020).

Although the representation of perfectionism with two high-level factors is generally accepted in the literature, there are also certain points that are criticized. The first of these criticisms is for different researchers to use different combinations of sub-dimensions in the measurement of perfectionistic concerns or strivings. For example, some studies (Moretz and McKay 2009) are in accordance with the original study of measuring the dimension of perfectionistic concerns with sub-dimensions of concern over mistakes, family expectations, parental criticism, and doubts about action (Frost et al. 1993), while in some studies (Black and Reynolds 2013), this upper dimension is measured by concern over mistakes and doubts about actions sub-dimensions. The use of different combinations in research can lead to confusion for researchers to measure perfectionistic strivings or concerns. Secondly, some researchers state their doubts that the concept has a positive, healthy and harmonious aspect (see Stoeber and Otto 2006). In the literature, the dimension of perfectionistic concerns are associated with depression, anxiety, and stress (Frost et al. 1993), while the perfectionist strivings were found to be associated with positive affect (Frost et al. 1993) and self-efficacy (Stoeber et al. 2008). However, the number of studies stating that perfectionistic strivings are also associated with negative results is not to be underestimated (Bieling et al. 2004, Egan et al. 2011). In this context, it can be stated that the relationship between perfectionistic strivings and psychological distress is inconsistent. It is important to distinguish between perfectionistic strivings and perfectionistic concerns because the two upper dimensions often show different and often opposite relationships with indicators of psychological

adjustment and dissonance. In particular, when the relationship between perfectionistic strivings and perfectionistic concerns are controlled or statistically taken into account, the relationships between perfectionistic concerns and negative psychological outcomes tend to be stronger, while the relationships between perfectionistic strivings and positive psychological outcomes tend to be stronger (Hill et al. 2010). At this point, while examining the relationship between perfectionistic strivings and positive or negative psychological outcomes, the attempt to statistically control the effect of perfectionistic concerns reveal different opinions among researchers. Some researchers (Hill 2014) have noted that the aforementioned situation may lead to undesirable consequences such as the loss of the meaning of the conceptual perfectionistic strivings and false/uninterpretable relationships to be formed. Some researchers (Stoeber and Gaudreau 2017) stated that perfectionistic strivings can be seen without perfectionistic concerns as much as it can be seen with perfectionistic concerns, and that perfectionistic strivings can be achieved even after statistical control of perfectionistic concerns. In other words, they suggested that statistical control of perfectionistic concerns would not cause to the loss of the meaning of conceptual perfectionistic concerns. Thirdly, the problem of common variance/overlap between perfectionistic concerns and strivings raises questions about the meaning of factor structure and dimensions of perfectionism (Stoeber and Gaudreau 2017). Direct modeling of shared and unshared variance between the two factors can help to better understand the common and unique components of perfectionism (Howell et al. 2020). Therefore, bifactor modeling studies were carried out to examine the effect of general perfectionism variance on the structure of perfectionism. These studies present results that support the general factor of perfectionism and suggest that the bifactor model represents the structure of perfectionism in the best way and that the use of an overall factor score is justified (Howell et al. 2020, Smith and Saklofske 2017). From this point of view, the importance of the need for examining perfectionistic strivings and perfectionistic concerns factors carefully was emphasized as the bifactor models tested to test the structure of the concept reveal a dominant general factor that represents perfectionism (Smith and Saklofske 2017). Fourthly, if some sub-dimensions of a single scale belong to perfectionistic concerns and other sub-dimensions belong to perfectionistic strivings dimensions, what is the total score effect of the scale and how should it be interpreted? That is, if the perfectionistic strivings dimension shows an adaptive effect, while the perfectionistic concerns dimension shows a maladaptive effect, then is the combined effect of perfectionistic strivings and perfectionistic concerns adaptive or maladaptive? Or does the effect of the two dimensions neutralize each other and the combined effect correspond to zero? (Stoeber et al. 2020). The approach in this regard proposes not to combine different dimensions of perfectionism in a single dimension of perfectionism, but to examine the combined effect of different dimensions of perfectionism (with a 2x2 regression approach). This approach defines four combinations: *non-perfectionism* (low perfectionistic strivings + low perfectionistic concerns),

perfectionistic strivings alone (high perfectionist strivings + low perfectionistic concerns), *perfectionistic concerns alone* (low perfectionist strivings + high perfectionistic concerns), and *mixed perfectionism* (high perfectionistic strivings + high perfectionistic concerns). The difference between mixed perfectionism and non-perfectionism describes conceptually combined effect (Gaudreau and Thompson 2010). When the literature is examined based on this approach, it is seen that there is an maladaptive or adaptive combined effect in some studies, and the combined effect is equal to zero in some studies (see (Stoeber et al. 2020). Finally, Hill (2016) stated that categorizing scale dimensions as indicators of perfectionistic strivings or concerns may be statistically significant, but conceptual significance may not be so clear. For example, although there are empirical findings that the sub-dimensions of other-oriented perfectionism and organization are an indicator of perfectionistic strivings, its conceptual suitability is controversial.

In the literature, some researchers have also made different suggestions by stating that the representation of perfectionism structure with these two dimensions is insufficient. Some researchers (Kim et al. 2015) added the organization dimension along with perfectionistic concerns and perfectionistic strivings, and stated that adding the organization dimension as a separate factor in addition to the two upper dimensions represented perfectionism better. The Big Three Perfectionism Scale, which has also been developed in recent years, is a self-report tool that deals with perfectionism in a three-dimensional and ten sub-dimensional model, and perfectionism has been represented as a three-dimensional structure in this model (Smith et al. 2016).

As it is seen, the multidimensional nature of the concept leads to the emergence of different models in the attempt to capture the real representations of the structure. Controversial findings regarding the identification of high-level factors of the concept, the naming of these factors, and the relationship (positive or negative) between these factors and psychological concepts are also frequently included in the literature.

Transdiagnostic Nature of Perfectionism

In the literature, discussions on whether perfectionism has a positive or negative content have been going on for many years. This is due to the fact that perfectionism gives both a supportive power that can motivate individuals and an inhibitor personality tendency that will inhibit their performance. However, the general impression shows that perfectionism has a negative effect and the negative edge of the perfectionist sword is sharper than the other (Stoeber et al. 2020). In a way that supports this view, there is increasing evidence for the relationship of the concept with different psychological distress and processes. The transdiagnostic approach is an approach that emphasizes common factors that are effective in the emergence, maintenance and treatment of psychiatric disorders rather than approaches based on disorder (Harvey et al. 2004). Perfectionism is also included in the literature as a *transdiagnostic* factor since it is a concept that has an effect on the emergence, maintenance and

treatment of different psychopathologies (Egan et al. 2011).

Perhaps the first of the psychological distress, of which relationship with perfectionism is frequently discussed, is obsessive-compulsive disorder (OCD). Descriptive and causal relationships between perfectionism and OCD are frequently discussed in both theoretical explanations and empirical studies. The concept was defined by the Obsessive-Compulsive Cognitions Working Group (1997) as one of the six faulty beliefs domains on obsessive-compulsive disorder. In the researches conducted (eg. Antony et al. 1998), individuals diagnosed with OCD and individuals not diagnosed with OCD were compared in terms of perfectionism and its sub-dimensions, and it was found that individuals diagnosed with OCD scored higher in terms of concern over mistakes and doubts about actions sub-dimensions compared to individuals not diagnosed with OCD. Relational studies show that there is a significant relationship between the level of perfectionism and the level of OCD symptom subtypes such as cleaning, control and rituals (e.g. Yorulmaz et al. 2006, Wu and Cortesi 2009). Perfectionism is also a factor that significantly explains both the symptoms of holistic OCD and some subtypes (Rhéaume et al. 1995, Rice and Pence 2006).

The relationship between depression and anxiety disorders and perfectionism also contributes to the transdiagnostic literature. Studies have shown that in normal samples (Rice et al. 1998, Black and Reynolds 2013) and samples diagnosed with major depressive disorder (Hewitt and Flett 1991), there were significant relationships between perfectionism and depression levels. In addition, it is stated that the sample group diagnosed with major depressive disorder has significantly higher scores in perfectionism total score or some sub-dimension scores compared to the healthy controls (Enns et al. 2001). While it is supported by studies that perfectionism creates an inclination to increase in depression (eg Hewitt et al. 1996), it was stated in a meta-analysis study (Smith et al. 2016) that perfectionism dimensions are a part of the pre-illness personalities of individuals prone to depressive symptoms. Studies have determined that perfectionism and/or its sub-dimensions are also related with anxiety disorders. It has been stated in the literature that the sub-dimensions of excessive concern over mistakes and doubts about actions are associated with social anxiety disorder (Juster et al. 1996) and panic disorder (Antony et al. 1998). In a meta-analysis study (Smith et al. 2018), it was found that the sub-dimensions of excessive concern over mistakes and doubts about actions predicted increased anxiety at follow-up anxiety, even after controlling for baseline anxiety. This finding indicates that people who have excessive concern over mistakes and intense doubts about their actions tend to experience anxiety.

In terms of eating disorders, having high scores in the sub-dimensions of excessive concern over mistakes and doubts about actions was found to be strongly related to eating disorders (Bulik et al. 2003). In fact, Fairburn et al. (2003) emphasized that perfectionism is one of the four factors that play a maintaining role for all eating disorders. In addition, there is an increasing number of evidences that the concept is associated with many

psychological outcomes such as suicidal ideation (Hewitt et al. 1998) and academic procrastination (Flett et al. 1992).

In summary, Egan et al. (2011) showed that perfectionism in different disorders is at a similar level and pointed out that it may be a transdiagnostic risk factor and maintaining factor. In this context, perfectionism is also a transdiagnostic factor revealed by research that it creates a common inclination in different disorders (eg. Kaçar-Başaran and Arkar, 2022). Therefore, it is also seen as an important factor for understanding comorbidity and the importance of addressing it in psychotherapies is emphasized.

Perfectionism in the Framework of Cognitive Behavioral Approach

By its transdiagnostic nature, perfectionism is of great importance for clinical practice, as it is inherently associated with many psychiatric disorders and mental problems. Addressing perfectionism in psychotherapies is important in terms of affecting all problems related to the concept. Indeed, since perfectionism is associated with comorbidity, it has been suggested that targeting perfectionism can be a good starting point, especially in the treatment of individuals with comorbidity (Bieling et al. 2004). In addition, in interventions involving behavioral methods such as perfectionism and exposure, the weaker therapeutic alliance may also negatively affect the treatment process by leading to undesirable situations such as not responding to treatment or discontinuing treatment (Egan et al. 2014a). The assessment and treatment of perfectionism is important, as there is an effective personality inclination in both the treatment process, clinical course and comorbidity conditions. Therefore, Shafran et al. (2002) proposed a conceptualization of cognitive-behavioral perfectionism that could guide therapists in their assessment and treatment. Within the framework of this conceptualization, Shafran et al. (2002) defined clinical perfectionism as “despite negative results, exhibiting an excess in self-assessment based on personally demanded and self-imposed standards on at least one certain subject “. This definition includes continuous effort to achieve self-imposed standards and determining his or her own value in line with these standards despite the negative effects. That is, individual’s self-evaluation based on meeting his or her standards. The fact that the individual strives to reach these standards and make self-criticism and negative self-evaluation in cases of failure to meet these standards despite the negative results he/she creates are indicators of clinical perfectionism (Shafran et al. 2002).

There is a handbook (Egan et al. 2014a) addressing the treatment process (Cognitive Behavioral Therapy; CBT) of perfectionism on the basis of the Cognitive Behavioral Approach . On the basis of this approach, different treatment techniques are used. In the initial stage of treatment, clinicians are recommended to evaluate the *motivation to change* of perfectionist individuals primarily. Thus, associating perfectionism with positive outcomes such as achieving success, getting approval, and ensuring the continuity of works may cause individuals to have difficulty in terms of the

will to change. In this context, addressing the motivation for change involves focusing on the importance of change and also on the self-confidence of clients (Egan et al. 2014a, Egan and Shafran 2018). One of the techniques recommended in this handbook is self-monitoring. *Self-monitoring* can be used as a treatment technique that increases individuals' insight into the problem by enabling them to monitor and record their thoughts, behaviors, and emotions associated with perfectionism. This technique supports the clients with the help of understanding the reasons why they are pushing themselves so hard and cannot stop striving for success (Egan et al. 2014a, Egan and Shafran 2018). Another technique used is *psychoeducation*. Many of the perfectionist individuals may have certain beliefs about perfectionism, such as "If you want it hard enough, you can do anything you want.", "To be good at something, you have to dedicate your whole life to it." In this regard, clinicians can use the psychoeducation method by making attempts to enable clients to think about situations where these beliefs may not be true (Egan et al. 2014a, Egan and Shafran 2018). *Survey* is another method that enables individuals with perfectionist cognitions to gather information from their environment in order to cope with their specific beliefs. For example, a client who is a teacher may have the belief that "In order for parents not to complain, I must prepare a report that I give each child at least five hours." The therapist can ask this client to investigate and check out information from his or her friends such as how much time they spend on a report, how many times they rearrange a report (Egan and Shafran 2018). *Behavioral experimentation* is another technique frequently used in Cognitive Behavioral Therapy. For individuals with a high level of perfectionism, behavioral experiments in the CBT are an important way of enabling clients to challenge their non-functional beliefs that cause them to maintain perfectionism and to change their behavior and create more useful beliefs instead of these behaviors. In the behavioral experiment, first of all, the degree of believing in this belief of the client for non-functional beliefs is determined and an experimental task is given. Estimates of the client are listed for the results after this task. Then, this behavioral task is performed by the client and after the task, the situations foreseen/predicted by the client are reviewed and the degree of the client's belief in this belief is scored again (an evaluation between 0-100) and the results are discussed together (Egan and Shafran 2018). In perfectionist individuals, cognitive errors such as selective abstraction, thinking all-or-nothing style, must-thinking style can also be seen. For these, methods such as creating thought records, making use of vertical continuity lines, positive evidence being more than negative evidence can be used (for detailed information, see Egan et al. 2014a). Finally, the issue of *Procrastination and Time Management* in perfectionist individuals can also be addressed and *relapse prevention* study can be conducted (Egan et al. 2014a, Egan and Shafran 2018).

CBT interventions focused on perfectionism rather than a specific psychological disorder have been developed to reduce symptoms of perfectionism, anxiety, depression, and eating disorder in a variety of populations, and the effectiveness of these interventions has been demonstrated in an increasing number of studies. Some

of these studies were conducted in non-clinical samples, while others were conducted with clinical samples. In a study conducted in a non-clinical sample (Arpin-Cribbie et al. 2012), it has been stated that CBT provides significant reductions in perfectionism, perfectionist cognition, negative automatic thoughts, depressive mood, and anxiety sensitivity for internet-based perfectionism. In the studies conducted in the clinical sample, comparisons were generally made with waiting lists as the control group. For example, in a randomized controlled study conducted in a sample group diagnosed with anxiety disorders and depression (Riley et al. 2007), it was found that CBT for perfectionism was more effective in reducing clinical perfectionism compared to the waiting list condition. Unlike this research, in a study comparing two different formats of CBT for perfectionism (Egan et al. 2014b), researchers compared face-to-face CBT and self-help-based CBT conditions. According to the results, while there were significant decreases in the measurements made for the level of perfectionism in both groups, a significant increase was found in the self-esteem score as well as significant decreases in the measurements made for the level of depression, anxiety and stress in the face-to-face individual CBT condition. In addition to individual CBT programs for perfectionism, there are research findings showing that group-based CBT programs are effective in the sample diagnosed with anxiety, depression and OCD (Handley et al. 2015).

In summary, the effectiveness of CBT for perfectionism has been demonstrated in numerous studies covering different sample groups and different formats of therapy, and the number of these studies is increasing. In parallel, meta-analysis studies are also included in the literature. A meta-analysis study, the majority of which consisted of CBT research for Perfectionism, published in 2019 (Suh et al. 2019), reported that perfectionism interventions were effective in reducing the level of perfectionism, depression, and anxiety. In the same study, it was also found that there was no difference between face-to-face and online treatment programs in terms of effectiveness. Two recent meta-analysis studies published in 2021 (Galloway et al. 2021, Robinson and Wade 2021) showed that after the treatment, CBT for perfectionism resulted in a decrease in symptoms of perfectionism, depression, anxiety and eating disorders compared to the control groups and also it emphasized the need for research on this subject.

Conclusion

Perfectionism is an old but not outdated concept in the psychology literature, frequently included in studies conducted especially in recent years. Under the reasons why the concept does not lose its up-to-dateness, we can see that there are controversial findings about its definition and structure, its transdiagnostic nature and the effect of its relationship with comorbidity. It may also be a factor that it is a focus in psychotherapies, especially in Cognitive Behavioral Approach-based interventions, with the increasing importance of having a transdiagnostic nature. There is still no consensus on the structure of the concept of perfectionism, which was defined as a one-dimensional structure in the 1980s and stated to have a multidimensional structure since the 1990s.

Although it has been stated that it has a two-factor structure defined by perfectionistic concerns and perfectionistic strivings upper dimensions until recent years, current studies indicate that the concept can be represented by the bifactor model. Especially the studies to be carried out in this field will contribute to the literature on the structure of the concept.

Is perfectionism a positive or a negative trait? Is it a good and motivating trait? Or is it a personality tendency involving maladaptation? Discussions continue in the literature on this subject, however, the general view points out that the negative side of the concept take precedence over it. As a result, its relationship with many psychopathologies has been revealed by research. However, while the number of studies examining the relationship between the concept and psychopathologies and perfectionism with a single diagnosis is quite high, the number of studies investigating this relationship with more than one diagnostic group is relatively low. Designing studies in which different diagnostic groups are examined together (eg. Kaçar-Başaran and Arkar 2022) are important in terms of making diagnostic specific or transdiagnostic qualifications for the concept, and it is recommended that future research should take this gap into account.

In parallel with its increasing importance, research addressing the role of perfectionism in psychotherapies also shows an increase. Within the scope of the Cognitive Behavioral Approach, perfectionism ("clinical perfectionism") has been conceptualized and the Cognitive Behavioral Therapy program for perfectionism was also developed. The effectiveness of Cognitive Behavioral Treatment was tested in the non-clinical sample and in different diagnostic groups. However, there are relatively few comparative studies comparing CBT with different therapeutic approaches. Comparative research to be designed will fill the gap in this field.

As a result, it is important to review the current research findings on perfectionism in order to ensure that the concept is handled from an up-to-date perspective and to guide the design of future research through these up-to-date discussions. In this sense, it is thought that this review study meets an important need in the literature.

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