STUDENTS

From next month, students will be set free from the ghetto of their single page. We will be welcoming contributions from students throughout the publication, in particular as part of three new formats: careers, methods, and teaching and learning. Send your submissions to psychologist@bps.org.uk, or discuss your ideas with the editor on jon.sutton@bps.org.uk.



The tyranny of shoulds

HE stereotypical student sleeps till midday, leaves dishes in the sink for days on end, and is in far greater danger of playing too hard than working too hard. But for many students the drive to achieve academic perfection can lead to low self-esteem, anxiety, depression or even suicide. Statistics indicate that approximately 20 per cent of students presenting at university counselling centres in 2005/6 cited academic pressures as their reason for attending.

Perfectionism can be thought of as a multifaceted disposition: Flett *et al.* (1991) identified self-orientated perfectionism (SOP), other orientated perfectionism (OOP) and socially prescribed perfectionism (SPP).

Self-orientated perfectionists set extremely high standards for themselves, and may be very self-critical. SOP can have both positive and negative consequences. Hamacheck (1978) reasoned that 'normal' perfectionists derive pleasure from their labours and feel free to be less precise; this can lead to resourcefulness and positive learning strategies. 'Neurotic' perfectionists pursue excellence to an unhealthy extreme, resulting in lowered self-esteem, procrastination, anxiety or even suicide.

Socially prescribed perfectionism arises when an individual perceives significant others as having very high expectations of them, and to be accepted they must meet these expectations. SPP is often considered to be more negative than SOP: researchers such as Frost *et al.* (1990) have shown SPP to increase vulnerability to low self-esteem, shyness, anxiety, depression and suicide.

It is likely that perfectionism has its roots in developmental experiences. Burns (1980) takes a social learning perspective, suggesting that perfectionism stems from interactions with perfectionistic parents. It has also been argued that perfectionism is a product of the education system, as children are expected to 'perform' in exams early on in development. Some teachers may also be inadvertently precipitating unhealthy perfectionism by reserving praise only for impeccable work and behaviour (Barrow & Moore, 1983). Sorotzkin (1985) describes a cognitive

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style in which the individual feels compelled to achieve perfection in all areas of life as 'the tyranny of shoulds'.

Despite research documenting the detrimental effects of perfectionism, it is maintained through beliefs such as 'perfectionism leads to success'. In fact, when taking individuals with similar intellect and talent, evidence suggests that perfectionists perform less well than nonperfectionists. Another myth is that 'perfectionists get things done efficiently and effectively', while in reality perfectionists often have problems with procrastination and low productivity (Stober & Joorman, 2001).

Increasingly, universities are providing counselling services to help students cope with the difficulties associated with perfectionism. However, perfectionism can be difficult to treat, as most individuals present with conditions such as anxiety and depression, unaware of what is at the root of their problems.

Treatment models based on psychodynamic and cognitive behaviour therapy have been developed to treat the negative aspects of perfectionism. The cognitive-behavioural approach typically involves challenging 'negative automatic thoughts'; such thoughts may include fears about failure or unrealistic expectations of the self (Ferguson & Rodway, 1994). Psychodynamic therapy focuses on the underlying mechanisms of perfectionism, often by addressing perception of unrealistic parental expectations (Frost et al., 1990). Although such treatment methods are used most regularly in clinical settings, both therapeutic models can be adapted for use by university counselling services.

However, university funding being as it is, a lack of resources and long waiting lists are the harsh reality for many university counselling services. There are, however, a number of techniques that can be used as effective self-help. Firstly one should acknowledge what the 'ideal' outcome would be, and then decide what a more achievable, realistic and 'good enough' goal would be. For example, you may ideally get a starred first, but a 2:1 would still be a great achievement and would enable you to have a successful career. The second stage is to plan how to achieve a realistic outcome by dividing the task into manageable steps (e.g. 'I will aim to complete a rough draft of my essay by the weekend'). It is important not to be too rigid with your plan: you should constantly evaluate how realistic you are being and adjust your plan accordingly.

It is also helpful for perfectionists to focus on the process of learning, rather than just the end result. Recognising that many positive things can only be learnt through making mistakes is also important. This outlook will enable the perfectionist to get through such mistakes and move on.

The perfectionistic student may not be recognised, and although experiencing much anguish, may be seen merely as a high achiever. However, when exemplary grades fail to satisfy, the perfectionist may become increasingly distressed. Although they may often consider it secondary to academic support, supervisors and tutors need to be watchful for students at risk of perfectionism and its damaging effects.

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