



# Psychodynamic/Interpersonal Group Psychotherapy for Perfectionistic Behaviour



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## INTRODUCTION

There has been a great deal of attention recently on psychotherapy outcome research that focuses on treatment of specific symptoms or specific disorders.

We (Hewitt et al., 2014) suggested that by focusing solely on the symptoms of a disorder, important vulnerability factors and underlying causes may not be addressed adequately in treatment.

We described perfectionism as a multidimensional core personality vulnerability factor in a variety of forms of maladjustment (Hewitt et al., 2008). It has been concluded that perfectionism is a relevant clinical variable that underlies many disorders (see Bieling et al., 2004) and involves traits, self-presentational facets and information processing (Hewitt et al., 2014).

In this study we sought to determine whether clinically significant improvement could be obtained using a psychodynamic/interpersonal group treatment that focuses treatment of perfectionism on underlying causes and mechanisms involved in the early relational development of perfectionistic behavior (Hewitt et al., 2014).

## METHODS

### Participants

A total of 71 participants participated. Of these, 53 were in the initial treatment condition and 18 in the waitlist control condition. 60 participants fully completed the treatment and the post-treatment assessment (43 from the treatment condition and 17 from the control condition) and a total of 44 participants completed the 4-month follow-up assessment.

### Procedure

All participants completed measures of perfectionism traits, perfectionistic self-presentation, automatic perfectionistic thoughts and measures of depression, anxiety, and interpersonal problems at pre-treatment, post-treatment, and at a 4-month follow-up.

The treatment was designed specifically to address the multifaceted nature of perfectionistic behavior and was originally developed for an individual psychotherapy approach (see Hewitt et al., in press). This approach is consistent with the descriptions of other psychodynamic approaches, is informed strongly by a psychodynamic interpersonal treatment model (see Tasca, Mikail, & Hewitt, 2005) and extended to a group psychotherapy format.

### Measures

**Multidimensional Perfectionism Scale** (Hewitt & Flett, 1991). This scale assesses the three trait dimensions of perfectionism, namely self-oriented, other-oriented, and socially prescribed perfectionism.

## METHODS

**Perfectionistic Self-Presentation Scale** (Hewitt et al., 2003). This measure assesses three facets of perfectionistic self-presentation: perfectionistic self-promotion, non-display of imperfection, and nondisclosure of imperfection.

**Perfectionism Cognitions Inventory** (Flett, Hewitt et al., 1998) is a 25-item measure that assesses automatic thoughts that reflect perfectionistic themes.

**Beck Depression Inventory-II** (Beck et al., 1987). This is a 21-item measure of depression symptoms.

**Beck Anxiety Inventory** (Beck et al., 1988). This 21-item inventory assesses a variety of anxiety symptoms.

**Interaction Anxiousness Scale** (Leary, 1983). This 15 item scale assesses the affective component of social anxiety in various situations.

**Inventory of Interpersonal Problems** (Horowitz et al., 1988). This inventory measures six areas: assertiveness, sociability, intimacy, submissiveness, over responsibility, and being too controlling (Horowitz et al., 1988).

## RESULTS

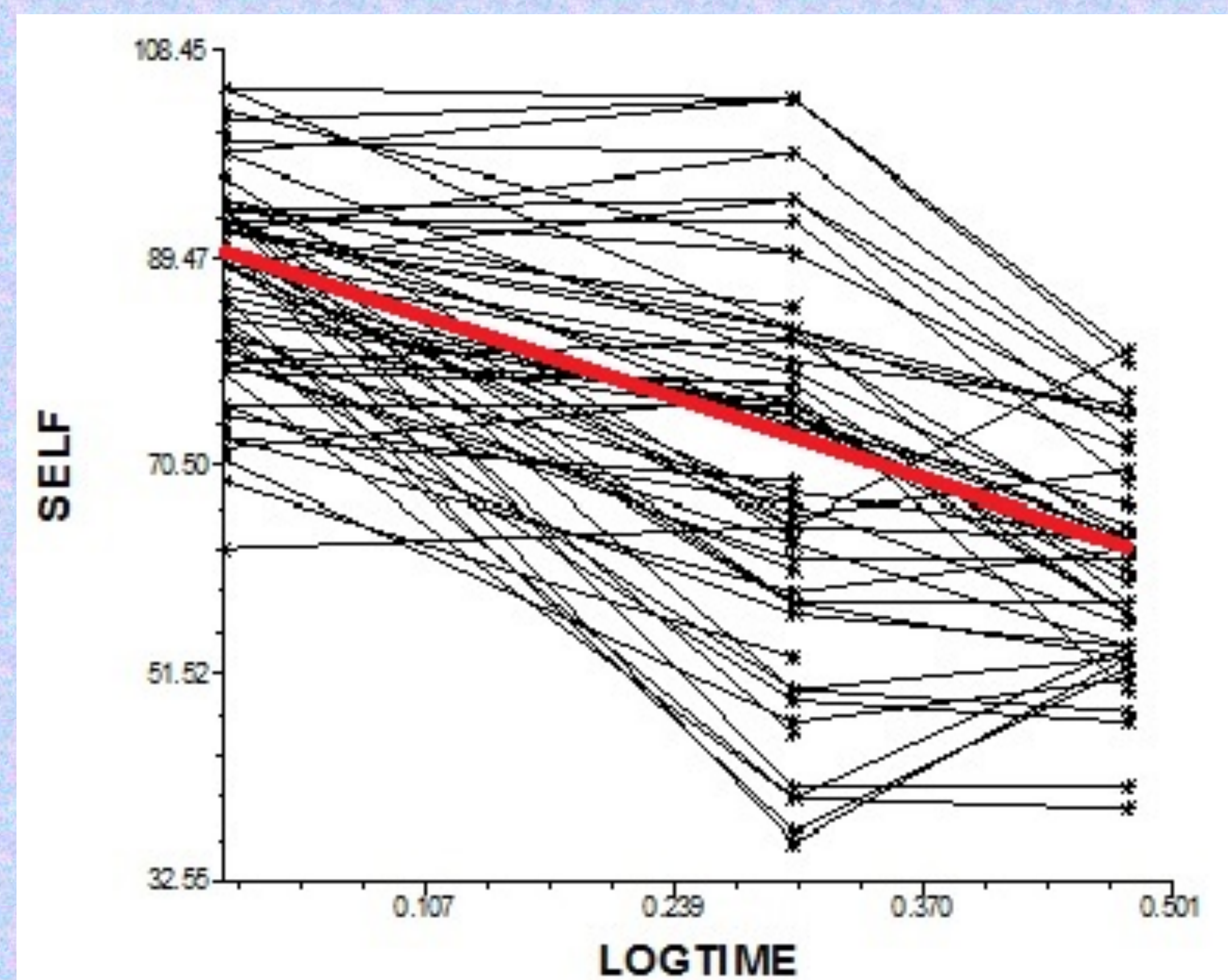
We tested whether the treatment resulted in significant change over time including follow-up. All variables showed a significant change from pre- to post- to four month post-intervention indicating a reduction in scores (Table 1 & Figure 1).

**Table 1.** Means and SD's of Pre-, Post-, and Follow Up Treatment of Perfectionism and Distress Measures.

Variable	Pre-treat n = 71	Post-treat n = 60	Follow-Up n = 44
<b>Perf Traits</b>			
Self	87.99 (9.15)	71.24 (17.69)	62.45 (10.94)
Other	72.50 (13.92)	63.26 (17.60)	60.02 (4.92)
Social	69.03 (16.38)	56.44 (17.79)	62.27 (10.20)
<b>Perf Self Presentation</b>			
Promote	52.49 (9.50)	44.36 (11.98)	42.64 (12.50)
Nondisplay	55.37 (9.32)	46.45 (11.94)	46.68 (11.76)
Nondisclose	30.31 (8.95)	24.67 (9.56)	24.04 (8.35)
<b>Perf Cogs</b>			
Perf Cogs	51.48 (18.25)	37.15 (19.37)	37.41 (23.80)
<b>Depression</b>			
Depression	17.39 (8.50)	10.83 (7.40)	9.98 (8.50)
<b>Anxiety</b>			
Anxiety	15.26 (10.25)	10.28 (7.40)	9.00 (7.87)
<b>Inter Anx</b>			
Inter Anx	47.75 (12.07)	43.52 (12.09)	41.36 (11.57)
<b>Inter Probs</b>			
Inter Probs	1.71 (0.69)	1.38 (0.63)	1.48 (0.98)

## RESULTS

**Figure 1.** Illustration of Change in Self-oriented Perfectionism at Pre-, Post-, and Follow up.



Because of the logtime modeling for change, the results indicate a precipitous reduction in scores from pre- to post-treatment, and these scores showed a continued reduction but at a less accelerated rate from post-treatment to four months post-treatment (Figure 1).

**Table 2.** Means, SD's and t- and F-tests of Perfectionism and Distress Measures for Treatment vs Control Groups.

Variable	PreTreat		PostTreat	
	Treatment	Control	Treatment	Control
Self	87.1(9.3)	88.0(10.2) <sup>ns</sup>	70.7(17.1)	85.3(11.4) <sup>***</sup>
Other	72.0(14.3)	75.5(11.1) <sup>ns</sup>	61.7(17.4)	70.8(14.0)
Social	65.1(17.4)	75.2(14.7) <sup>ns</sup>	52.6(14.8)	71.8(15.0) <sup>***</sup>
Promote	51.2(10.1)	55.5(9.2) <sup>ns</sup>	43.1(12.2)	55.0(8.8) <sup>***</sup>
NonDispl	53.5(10.6)	58.9(6.1) <sup>ns</sup>	44.8(12.6)	54.6(7.8)
NonDiscl	29.0(9.4)	31.8(8.9) <sup>ns</sup>	21.7(7.7)	31.4(10.2) <sup>***</sup>
Perf Cogs	50.1(16.4)	50.0(22.7) <sup>ns</sup>	36.9(17.6)	52.0(20.9) <sup>***</sup>
Depression	18.0(8.5)	15.3(8.8) <sup>ns</sup>	9.2(5.7)	13.9(9.4) <sup>***</sup>
Anxiety	15.4(11.0)	16.8(9.8) <sup>ns</sup>	8.8(6.0)	10.2(6.1)
Inter Anx	45.8(11.5)	49.4(11.4) <sup>ns</sup>	41.3(11.3)	47.5(13.0)
Inter Prob	1.6(0.6)	1.7(0.5) <sup>ns</sup>	1.3(0.6)	1.7(0.6) <sup>***</sup>

## RESULTS

We also compared changes in perfectionism, distress, and interpersonal problems between treatment and control groups (Table 2). All variables were reduced significantly by treatment with the exception of other-oriented, nondisplay, and the two measures of anxiety in comparison to control groups.

We also assessed whether changes in perfectionism components were associated with change in each of the distress variables. Change in perfectionism scales, as a group, accounted for 31% of the variance in change in depression, 41% of variance in change in anxiety, 57.5% of the variance in the change of interpersonal anxiety, and 48% of the variance in change in interpersonal problems.

## DISCUSSION

The current work provides evidence that a psychodynamically oriented group treatment that focuses specifically on perfectionistic behavior does have a significant effect on reducing perfectionistic behavior and on the attendant distress associated with perfectionism. These findings were evident both at post-treatment and at follow up suggesting that this form of treatment may be particularly effective in reducing perfectionism as well as symptoms of psychological distress.

The findings also suggest that the treatment continues to have a positive effect post-treatment consistent with psychodynamic models of treatment. Also treatments that focus specifically on reducing perfectionistic behavior, by addressing the psychodynamic and interpersonal underpinnings of perfectionism, may produce changes in perfectionism and that these changes, in turn, may result in changes in depression and interpersonal problems.

Lastly, the findings provide evidence that the treatment produces changes in perfectionistic behaviour, depression, anxiety, and interpersonal problems in comparison to a wait list control group.

Overall, this study provides compelling evidence for the importance of focusing treatment on the underlying personality mechanisms and that changes in these mechanisms can reduce personality vulnerability factors and both symptoms and interpersonal difficulties.

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