



psychologica

Newsletter for the Ontario Association of Consultants,
Counsellors, Psychometrists and Psychotherapists

Volume 25, Number 2, Summer 2005



Loosening the 'Not' of *Perfection*

By Annette Poizner, Ed.D., RSW

When Jewel, a contemporary singer and songwriter, was interviewed on the radio about her creative process, she described the initial flash of inspiration, where a melody comes to her and she becomes charged with excitement about what this song will be. In the months that follow she midwifes the song until it is released.

Contents

- 1 Loosening the 'Not' of Perfection
- 2 President's Report
- 3 Editor's Message
- 4 Executive Director's Quick Notes
- 5 Certification News
- 7 Ethics Issues
- 10 27th Annual Conference of The OACCPP
- 11 27th Annual Conference of The OACCPP - Speakers
- 13 Bulletin Board
- 15 Who Heals Who?
- 20 Book Review

She explained that at the end of that process she is always disappointed. I paraphrase her explanation: "The song is never what I conceived it to be back at its inception. In my imagination, the songs are always better, richer, brighter than they ultimately are by the time they are released. So, if it's a good day, I say to myself, 'Well, this is what this song is meant to be.' If it's a bad day, I get depressed."

A central tension in our lives exists because of the gap between the perfect unblemished outcome we can conceive in our mind's eye and the reality - what can actually be achieved in a finite and limited world. The Jewish tradition offers a saying that "A man dies having only achieved half of his ambitions." Dennis Prager (1998) discusses this phenomenon when he describes the insatiable appetite the individual has for pleasurable experiences, including those linked to positive achievement. Prager writes, "We are completely satisfied with nothing (p. 1)." We can notice that as soon as we actualize one goal, another more ambitious one

springs up in the wake of the first, a cycle that can fuel addictions to achievement, power, status, drugs, materialism or even heightened levels of emotional intimacy. Prager purports that only understanding the insatiable appetite of the human imagination can free us from unrealistic expectations and pave the way for a happiness we can construct; one that is premised on reality, not fantasy.

These ideas have interesting application to the phenomenon of perfectionism. One could argue that having a vision of perfection can be a marvelous asset, in the same way that having an architectural blueprint well serves the task of building a house. The vision of perfection is best used to inspire and inform constructive change. Yet, many inadvertently misapply the vision, igniting a barrage of criticism of the self and others, fueling chronic disappointment in a world that never lives up to the imagined possibilities in the mind's eye. We recognize perfectionism at play in eating disorders, depressive conditions and work addictions. As well,

➔ Continued on page 16

rigid notions of perfection underpin many obsessive compulsive difficulties.

At the outset of my career, I never anticipated that I would cultivate a special interest in the problem of perfection. In fact, as an intern in a counselling center many years ago, I tried to sidestep a referral of a client who had been diagnosed with Obsessive Compulsive Disorder (OCD) since I knew that condition to be refractory to change. My dodge did not work and I am grateful for that. It was this client - intelligent, funny and struggling with rigidities - that launched my fascination with OCD. I would suggest that some of the attributes of those with this disorder make them remarkable people and, contrary to popular clinical opinion, ideal psychotherapy clients. I am inspired to share notes from the field, a scrapbook of sorts to document a perspective on perfectionism in all its forms that is inspired by Traditional Chinese Medicine and by the work of Milton H. Erickson.

A story is told about Gregory Bateson whose daughter apparently complained, "How come things get muddled so easily?" Bateson asked what she meant. To illustrate she said, "Last night I cleaned my desk to make it perfect. Today it is all muddled." Bateson asked her to show him what her desk looks like when it is perfect. She did. Bateson picked up a pen and moved it, saying "What if I move this 6 inches?" She said, "No - it's muddled again." Bateson moved the stapler. Once again, the desk was considered "muddled." Bateson now had his answer: "Honey, it's not that things get muddled so easily. You have only one way for things to be perfect."

Bateson's anecdote shows the many "nots" of perfection. That is, in the face of excessively high standards, nothing is ever good enough. Chinese medicine teaches that health is dependent on a balanced relationship between Yin and Yang - the expansive and contractive impulses in the body. In this model, we can understand the perfectionist as possessing a predominantly contractive style characterized by critical thinking and detailed mindedness. This individual shows a deficit in the realm of "expansiveness." In the language of brain dominance, the perfectionist is "left brain" dominant and needs to develop "right brain" thinking skills that include creative thinking, cultivating the capacity to comfortably feel emotions and, for some, the development of the sense of humor. The latter skills can be deemed "expansive" insofar as they allow the individual to extend outwards towards others and towards the environment in a productive way. Therapeutic techniques that help develop right brain skills include storytelling, hypnosis, dream interpretation and the use of specific language patterns that evoke lateral thinking (Watzlawick, 1978).

If the remediative path for the perfectionist is to engender a trend toward expansiveness in the personality, we can understand why traditional insight-oriented therapy has not successfully resolved obsessive compulsive conditions. That type of therapy involves a contractive process of focusing

heightened attention on the details of the individual's life. The individual with OCD is already excessively detail oriented. That type of psychotherapy potentially heightens the exact trend in the personality that needs to be offset, a point made by Exner (1993).

The question becomes how to promote expansiveness in the personality of the individual who is not naturally inclined in this direction. Achieving that state can be extremely difficult for this individual just as the person who is chronically tense cannot easily relax. When given the obvious advice, the tense individual responds with frustration, "If I could, I would."

In my experience, it is important to confound the impulse toward contractiveness while also seeding and prescribing the opposite impulse. Several examples will illustrate. Tom (not his real name) had a long history of depression and documented his reasons for being depressed. He railed off a long list of self-criticisms and was quite scathing in his self-evaluation. At the end of his diatribe, I reviewed his list and told Tom that notwithstanding his character flaws, I was quite impressed with the degree of humility he had cultivated, a virtue that many lack. I spoke at length about the use of humility as a growth tool within spiritual disciplines and cited the way recognizing limitations is vital for personal development. I



beautiful offices available
Toronto Healing Arts Centre

Exposed brick, skylights
Homey yet professional
Well-maintained
Part-time/Full-time
Group Room available
Good parking
Reasonable rates

Home to the Healing Arts since 1983
Bloor at Christie Subway
call 416-535-8777



gave Tom a homework assignment, asking him to get a 'humility' notebook and each day to journal about a different character flaw he possesses. Tom came in the next week with his journal. We discussed Tom's negative attributes again, but then I asked Tom to list those benign qualities he possesses which do not inspire his negativity. Tom could not identify traits that were either neutral or mildly positive at which point I became concerned and actually challenged him. I noted that insofar as he was a law-abiding citizen without a nefarious past, Tom had to have some average qualities. I wondered aloud whether his scathing comments were actually a sign of massive arrogance. If he had done nothing particularly destructive in society, he had to be fairly average despite his flaws. I wondered whether his negative self-critiquing was an expression of an arrogant need to be special, in which case he may have exaggerated his negative traits in an effort to feel outstanding as a person. Tom became defensive. I challenged him to add more entries to his humility journal over the next week, recording neutral or even mildly positive traits he possesses so as to prove to both of us that he is both realistic and truly humble versus needing to be special in a sinister way. Tom did his homework which introduced more "expansiveness" and less severity in his assessment of himself and ultimately in his relationship with himself.

In another example, I told a perfectionist who suffered terribly when she made even the smallest of mistakes that she needed to learn how to tolerate making errors lest she never venture into new activities or areas. I prescribed homework. She was to make one mistake daily but of a scope that would

be easy to endure. One day she would dial a phone number and deliberately misdial the correct number. The next day she could call her friend and mention the busyness of her Thursday, when in fact the actual day was Wednesday. When corrected by others for her little mistakes she was to respond sweetly, "I'm sorry. I must have made a mistake." Introducing a learning process that would help her acquire a tolerance for mistake making helped this client loosen up and lighten up and contributed to the overall improvements she made in therapy.

Another client was highly committed to principled, honorable behavior but was also prone to compulsions regarding the best way to do things. In one example, when she did her laundry each week she always thoroughly cleaned the washing machines with cleanser, fearing germs because the machines were also used by other tenants in the building. This ritual was quite time-consuming. I explained to this client, who I will call Cheryl, that some aspects of her rituals were compulsive and would be hard to change while other aspects were merely habit and could be changed. For example, I asked whether she favored certain machines in the laundry area over others. She explained that she tended to use the machines in one corner of the room. I asked her to preserve her ritual, but to use the machines at the other end of the room. She did this and easily made a few other adjustments to the part of her ritual which were merely habit. One day, she was scheduled to have an appointment with me. She ran down to put in a load of laundry and realized she had forgotten the cleanser and rubber gloves upstairs. Time did not permit her to go back

☛ Continued on page 18

Add "Published Author" to your C.V.!

Reach a targeted audience of almost 1800 of your peers by contributing to the OACCPP Psychologica magazine. As a contributor to Psychologica, your biographical and contact information is included with every contribution. Generate speaking engagements, find others interested in your specific area of practice, find writing partners, and find more recognition within the Association.

You do not have to be a completely polished writer to contribute. Psychologica staff is available to help you along the way.

Opportunities to Contribute:

Feature Article ~ Secondary Article ~ Book Review ~
Business Bytes ~ Client's Corner ~ Letter to the Editor ~
Members Muse ~ Columns ~ Bulletin Board

Detailed guidelines are available in the Members area of the website (www.oaccpp.ca) under Psychologica. The guidelines have been modified in length requirements and other areas, so please check out the updated version.

Interested? Contact Elizabeth Beveridge, Copy Editor, at psychologica@oaccpp.ca

NEW!!

OACCPP Web Contacts
Please note the change in
OACCPP's website address to
<http://www.oaccpp.ca>

Therefore the e-mail contact addresses have also changed to:

General Information	oaccpp@oaccpp.ca
Executive Director	director@oaccpp.ca
President	president@oaccpp.ca
Web Site Support	sitesupport@oaccpp.ca
Membership	membership@oaccpp.ca
Ethics	ethics@oaccpp.ca
Public Relations	pubrelations@oaccpp.ca
Public Policy/HPRAC	pubpolicy@oaccpp.ca
Professional Development	development@oaccpp.ca
Professional Conduct	conduct@oaccpp.ca
Certification	certification@oaccpp.ca
Psychologica	psychologica@oaccpp.ca

and get them, so she skipped the ritual and came to our appointment, bringing the news of the first day doing laundry without cleaning the machines. In fact, she never cleaned those machines again. Introducing slight change in her contractive pattern allowed more expansiveness that ultimately gave way to better balance in the personality, allowing for the cessation of the tiring ritual.

In some cases, contraction can be confounded by adding more contraction. A client had cultivated a compulsive habit of lying owing to a critical father who had always deemed him wrong. As a child, Joe (not his real name) would lie about the smallest things as a means of staving off criticism. If he told his dad that he had played baseball, dad would put down that game and Joe would be untouched by the criticism since he had actually been playing football. By adulthood, the compulsive lying was costing friendships and relationships. Joe came for therapy hoping to change his rigid habit. I told Joe that with a long history of lying I could not realistically offer him a strategy for quick change. Instead, I asked him to add one additional step to his compulsion. Each time he felt compelled to lie, he should wait a fraction of a second and silently recite two lines that I would write down for him. Once he said these lines to himself, he was to proceed with the lie. I handed him a piece of paper on which I had written, "I'm not good enough so I have to lie. And that's a lie." Joe came in the next week and announced that he had avoided lying that week. That homework assignment ignited a different kind of contractive response - righteous anger - prompting him to rebel against the part that fueled the lies.

With other clients, I have worked more overtly to immediately introduce more expansiveness into their way of relating in the world. One client tended toward self-consciousness at social gatherings and endured them painfully as he spent these evenings comparing his attributes and accomplishments with those of others in attendance. In an effort to change the direction of his inner eye, I asked Steve (not his real name) to do the following homework. When he started to ruminate and feel upset at a party that was coming up, he was to ask himself the following question: How can I be of service? He might start cleaning plates and disposing of garbage which would be of benefit to the hostess. Or, he could look around the room and find an individual standing alone, perhaps someone with less comfort at the party, and engage him or her in conversation. I suggested that one nice interaction might redeem the evening for someone shy. Steve performed the assignment and began to ask the question at other moments, moving him out of contractive self-criticism and towards an expansive stance of giving to others.

Another client, Sue, was extremely obsessive, preoccupied with the possibility that she might have terminal cancer. Her doctor said she was in excellent health. I performed a projective assessment which reveals the issues that underpin particular mental-health complaints. In her case, the core problem was psychological immaturity. She had been a pampered child and many psychological skills were poorly

developed. Her unconscious mind was gripped with anxiety, knowing something was wrong with her that made her inferior in some ways compared to her peers in grade 12. The unconscious mind glommed on to the metaphor of illness as a way of discouraging her successful launch as a young adult because it was convinced she was ill-equipped to move towards independence. Looking at the projectives, I also saw that Sue was destined to be a nurturing person and so I suggested we needed to help her cultivate her own giving nature.

The therapy was brief. I explained that Sue would have to learn how to be a giver in small graduated steps lest she be overwhelmed by the project. Her first homework assignment had her opening doors for strangers as she went about her day. She found that task easy so we raised the bar. Sue had many social anxieties but in order to learn how to be a giver I asked her to notice individuals who were standing alone at an upcoming party and to strike up conversation in an effort to help those people feel socially involved. She was to focus less on her own nervous feelings, placing her attention instead on the experience of others.

Within a number of weeks, and with the help of hypnosis and a few other therapeutic tactics, Sue's ruminations faded out and she was excitedly planning a career in teaching, having realized that she wanted to help children. Her contractive obsessive thoughts about cancer ceased entirely. Contraction gave way toward expansiveness. Sue had come alive to the task of giving, demonstrating that giving, an important form of expansiveness, has a curative power that can help mend serious psychiatric conditions.

Another way of introducing more expansiveness into the system is by addressing dietary and nutritional issues in therapy. Helping clients nourish themselves more effectively is life-enhancing and promotes expansiveness. Further, Christensen (1996) notes that subclinical deficiencies of various nutrients are often the root cause of contractive symptoms such as anxiety, depression and even anorexia. As well, interesting clients in nutrition can be therapeutic in other ways. One young anorexic with OCD had been scrupulous about counting calories to maintain himself at the lowest permissible weight so as to avoid hospitalization. Through the course of therapy, I discussed nutrition and he cultivated an interest in it. Within six months, he gained 25 pounds and acquired a degree of expertise in the nutritional effects of various foods and supplements. In this case, the detail orientation that had fueled destructive dieting was now applied to a wholesome interest. He provided nutritional guidance to his friends, family and also to me.

It must be noted that 'loosening' the 'not' of perfection paradoxically also entails a certain amount of 'tightening'. That is, people who are chronically contractive will be indulgently undisciplined in certain realms. For example, perfectionists who make exhaustive lists and then scrutinize their every action with a critical eye demonstrate a strong degree of

contractiveness but will likely indulge in procrastination and distraction quite frequently, an expression of their lack of discipline. In therapy, it is important to help these clients recalibrate so that they loosen their overtly restrictive frameworks while also becoming more accountable relative to areas where they are lax and overindulgent.

Ultimately, what is the key to loosening the 'not' of perfection? Perhaps it is insight we can share about the difference between perfection and perfecting. Dennis Prager (1998) coined the phrase "The Missing Tile Syndrome" to describe the following human tendency: you walk into a cathedral with an elaborate mosaic work of art covering the ceiling. Artistically, it is breathtaking. Yet, the first place your eye falls is on the one missing tile. One facet of human nature is oriented toward the 'not' of perfection - what's not there; what's not good; what's missing. We have to strengthen another part of our nature which is oriented towards building and improving. This faculty helps us narrow the gap between reality and perfection, ever mindful of the fact that perfection is by definition unattainable, leaving us the task to improve reality the best we can. This building process involves an expansive mentality: "I have a purpose here. I can make things better." To activate this part of the self, we merely have to loosen the 'not'. Doing so avails courage, optimism and spirit, building blocks with which so much can be accomplished.

Recommended Reading

Steinberg, Francis & Whiteside, Richard (1999). *Whispers from the East: Applying the Principles of Eastern Healing to Psychotherapy*. Phoenix, Arizona: Zeig, Tucker & Co., Inc.

Zeig, Jeffrey (1985). *Experiencing Erickson: An introduction to the Man and His Work*. New York: Brunner/Mazel, Publishers.

References

Christensen, Larry (1996). *Diet-Behavior Relationships: Focus on Depression*. Washington, DC: American Psychological Association.

Exner, John (1993). *The Rorschach: A Comprehensive System, Volume 1 (third edition)*. New York: John Wiley & Sons, Inc.

Prager, Dennis (1998). *Happiness is a Serious Problem: A Human Nature Repair Manual*. New York: HarperCollins Publishers, Inc.

Watzlawick, Paul (1978). *The Language of Change: Elements of Therapeutic Communication*. New York: W. W. Norton & Company, Inc.

Annette Poizner, Ed.D., R.S.W., is a psychotherapist in private practice who specializes in treating Obsessive Compulsive Disorder and other anxiety related conditions characterized by rigidity. She co-founded and sits on the Board of Directors of the Milton H. Erickson Institute of Toronto. Her areas of expertise include projective assessment, hypnosis and brief psychotherapy. For additional articles about this work, please visit www.annettopoizner.com. She can be reached at (416) 280-6442.

**Place your ad for the
Fall 2005 Issue**

**Call Tom McFadden
(905) 331-5659**

Psychologica Newsletter Advertising Rates

Professional, service and product advertisements may be submitted at the following costs (GST is not applicable):

Ad Size	Member rate (per issue)	Non-Member rate (per issue)
Full page	\$250	\$325
Half page	\$175	\$225
Quarter page	\$150	\$175
1/8 page	\$ 115	\$135
Business Card	\$90	\$115

The Editorial Staff of Psychologica reserves the right to refuse any advertising that is judged to be contrary to the mandate of the newsletter. Although every effort is made to screen all advertisements, Psychologica does not, by including the advertising take responsibility for quality of merchandise or effectiveness of service contained in the advertisement. Caveat emptor.

Issue Deadlines

Ad Copy must be received on or before March 10th for the Spring issue; June 10th for the Summer issue or October 10th for the Fall/Winter issue. Payment by cheque or credit card must be submitted with ad copy to: OACCPP c/o 212-2110 Cleaver Avenue, Burlington ON L7M 3Z3.

Enquiries should be directed to Tom McFadden, Executive Director at (905) 331-5659, (416) 298-7333; or email to tmcfadden@sympatico.ca or submitted by fax to (905) 331-5661.