

Adult ADHD and Perfectionistic Thoughts

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“When I was in school the teachers told me ‘practice makes perfect’; then they told me ‘nobody’s perfect’ so I stopped practicing.” Steven Wright, comedian

In past blogs, I have shared some of the developments in research on the role of cognitions and beliefs in the experience of adults with ADHD. Insights into these mindsets can inform treatment, particularly psychosocial treatments and other non-medical approaches adapted to the needs of adults with ADHD.

A surprising finding in one of the studies was that perfectionism emerged as the most frequently endorsed cognitive distortion in a clinical sample of adults with ADHD.¹ Perfectionism is typically associated with holding unrealistic performance standards that may lead to maladaptive reactions when those standards are not met. These standards may be objective, such as a grade or a ranking (or at least doing better than “rival”), but subjective standards can be as pernicious to one’s sense of self and competence.

This finding in an adult ADHD clinical sample was initially surprising until reconciling it with clinical experiences with those seeking cognitive behavior therapy. A distinction can be made between *front-end* and *back-end* perfectionism, which goes beyond the study data but has clinical utility in understanding why it was so widely endorsed in this sample of adults with ADHD, though based on clinically-informed conjecture.²

Back-end perfectionism can be viewed as having extremely high, rigid standards for quality, details, and/or performance, akin to the classic definition of perfectionism above. This outlook leads to difficulties completing and submitting projects because they are not impeccable or a vague, nonspecific sense that they could still be better. Assignments or projects are late because of problems letting go of a desire to devote more time and effort well beyond that required to produce a high-quality product in order to produce a flawless one, perhaps focusing on trivial matters. Back-end perfection has sometimes arisen in cases of adults with ADHD who were granted extensions on work or school projects after falling behind on them. After making progress toward completion, these individuals faced difficulties wrapping up the tardy projects as the revised deadline neared. Inquiry about their task-related thoughts revealed an assumption that “My project must now meet an even higher standard due to having extra time to work on it.” No surprise, this self-imposed (and indeterminate) penalty only raised the stakes for the task and made it more difficult to persist and submit the final version. There is often a hint of guilt and shame associated with the very need for an extension in the first place, with the penalty perhaps a way to repay spent social capital, perhaps.

Front-end perfectionism, on the other hand, seems to be the more common variety in adult ADHD. This perfectionistic mindset manifests as rigid standards or preconditions that must be met in order to engage in a task or endeavor in the first place (e.g., “If circumstances are right, then I can perform the task”), but there also exists a corresponding and self-distrusting conditional belief (e.g., “If circumstances are not just right, then I cannot perform the task”). Clients with ADHD often describe putting off tasks because conditions (internal or external) are somehow not sufficient (e.g., “I’m not in the mood”; “I’m too tired”; “I got off to a late start”; “The library looks full”). In fact, there is some truth in these concerns, as adults with ADHD are more prone to surrounding distractions and a myriad of dissuading factors that others can more easily ignore; however, front-end perfection runs the risk of being overgeneralized and prompting maladaptive escape and avoidance. Insidiously, this and other “insufficiency” mindsets observed in adults with ADHD do not reflect the absence of one’s sense of capability for most tasks but rather that “I know I can do this ... but I do not trust that I can make myself do it *right now*.”

For either type of perfectionism (but particularly the front-end variety), the cognitive shift in CBT that works in concert with behavior change is finding ways to break down and frame tasks, particularly steps for task initiation, such that they are seen and believed to be “doable”. This might manifest as challenging the notion that a tardy project will held to a higher standard due to an extension to prompt re-engagement with it for a client facing back-end perfectionism. Modifying assumptions about the onboarding conditions for an endeavor in a case of front-end perfectionism might include the reframe that an individual has *enough* or *sufficient* energy and focus to initiate a task for a discrete time, even if they are not at their best. Anticipation of discomfort with task initiation is reframed as likely to be short-lived, bearable, and as an investment in getting rid of those feelings by engaging the task at hand, such as wading into a swimming pool. These modified outlooks address the extreme view in perfectionism that “everything must be perfect or else I cannot do the task at all” to establish a more adaptive, wider middle ground to promote good functioning.

Such outlooks combine with the core features of ADHD to interfere with seemingly straightforward to-do plans and larger endeavors to create the pain points in the lives of clients. Adults with ADHD will coming up with a reasonable, actionable plan for a task and, later, after procrastinating and avoiding it all day, then wondering why and how they did not get to it, again, seeing it as a reasonable task through the lens of hindsight. Of course, both foresight and hindsight are a safe distance from the point of performance, the critical pivot point for coping with ADHD.

The main target and the main outcome measure of psychosocial treatments, at least in my view, are the life difficulties in the lives of clients and the use of the various coping strategies for managing ADHD in order to improve life functioning, respectively. Attending to the thoughts and mindsets of adults with ADHD about these factors offers a crucial ligament between planning and actually implementing these skills.

References

- ¹ Strohmeier, C., Rosenfield, B., DiTomasso, R.A., & Ramsay, J. R. (2016). Assessment of the relationship between cognitive distortions, adult ADHD, anxiety, depression, and hopelessness. *Psychiatry Research*, 238, 153-158. doi: 10.1016/j.psychres.2016.02.034
- ² Ramsay, J. R. (in press). *Rethinking adult ADHD: Helping clients turn intentions into actions*. Washington, DC: American Psychological Association.