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The relationship between socially prescribed perfectionism and depression: The mediating role of maladaptive cognitive schemas

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Abstract

Determining the mediating role of maladaptive cognitive schemas in relation between socially prescribed perfectionism and depression was proposed and tested in a model by path analysis among a nonclinical sample of 200 students. Participants completed the Hewitt and Flett Multidimensional Perfectionism Scale, Depression Anxiety Stress Scales, and Young Schema Questionnaire- short form. Results have shown that the initially hypothesized model did not have enough fitness to be confirmed. The findings show that, failure schema, relatively have indirect effect on defectiveness/shame and insufficient self control/self-discipline schemas and may play the role of mediator in relationship between socially prescribed perfectionism and depression. According to the findings, therapist should attend to factors that increase client's resistance, especially for perfectionists.

Keyword: Socially prescribed perfectionism; depression; maladaptive cognitive schemas

1. Introduction

Perfectionism is one of the most prevalent social values existing in most industrialized societies. Also perfectionism is a personality trait characterized by striving for flawlessness and setting excessively high standards for performance, accompanied by tendencies toward overly critical evaluations of one's behavior (Flett & Hewitt, 2002). In Hewitt and Flett's model (1991b), perfectionism is defined as a multidimensional phenomenon composed of self-oriented, other-oriented and socially prescribed perfectionism. *Self-oriented perfectionism* refers to the tendency for an individual to set and seek high self-standards of performance. *Other-oriented perfectionism* refers to the tendency for an individual to expect that others should or will be perfect in their performance. *Socially prescribed perfectionism* refers to the tendency for an individual to believe that others expect perfection from him or her. Findings from recent studies have tended to support the view that elevations on self-oriented and socially prescribed perfectionism are associated with greater depressive symptoms in both clinical and nonclinical populations (Hewitt & Flett, 1991a, 1993; Hewitt, Flett, & Ediger, 1996). In particular, socially prescribed perfectionism, among three types of perfectionism suggested by Hewitt and Flett (1991b), was employed in this

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study. It seems that perfectionists' cognitive styles, particularly their cognitive evaluation manner, play an important role in psychological reactions of individuals proceeding their performance. Current theories of perfectionism have suggested a variety of intervening cognitive and affective variable that may mediate the relationship between perfectionism and psychological distress. For example, perfectionists tend to have such dysfunctional cognitive emotional processes such as "should" statements (Ellis, 2002), dichotomous thinking (Lee, 2007; Mahoney & Arnkoff, 1979), overgeneralization (Lee, 2007; Burns, 1980), feelings of inferiority (Lee, 2007), shame or guilt (Hamachek, 1978) and rumination (O'Connor, O'Connor, & Marshall, 2007; Harris, Pepper, & Maack, 2008).

Cognitive-oriented therapists in particular can benefit from understanding the mediating role of effective cognitive mechanisms especially early maladaptive schemas as the latest cognitive components which influenced the information processing system of individuals. Young (1999) suggested that these maladaptive schemas which were initiated in early childhood and can be extremely dysfunctional are used as a model of processing next experiences in adulthood. He explained that maladaptive schemas and dysfunctional coping strategies through which patients making use of, are often bases of chronic symptoms of Axis I disorders; such as depression, anxiety, substances abuse and psychosomatic disorders. Several recent researches have shown that some schemas, as fear of abandonment, dependence/incompetence, defectiveness/shame, insufficient self control/self discipline, social isolation, emotional inhibition, vulnerability to harm and illness, subjugation, self sacrifice and failure are some of the predictors of depression (Petrocelli, Glaser, Calhoun, & Campbell, 2001; Welburn, Coristine, Dagg, Pontefract, & Jordan, 2002; Stopa, Thorme, Waters, & Preston, 2001; Glaser, Campbell, Calhoun, Bates, & Petrocelli, 2002; Harris & Curtin, 2002; Calvete, Estevez, Lopez, & Ruiz, 2005). Lee (2007) in a research on a sample of university students (n = 233), examined two hypothesized models in which cognitive schemas were playing role of mediator between socially prescribed perfectionism and depression and anxiety. In a hypothesized depression model, *fear of abandonment*, *defectiveness/shame*, *dependence/incompetence*, *insufficient self control/self discipline* were considered as mediating variables. The primary hypothesized model in this research did not verify. Even though, the researcher presented a revised model in which, the abandonment schema, through indirect effect on other schemas influenced depression. Therefore, the purpose of current study is re-examined Lee's model (2007) for an Iranian nonclinical sample. The hypothesized model was shown in Fig. 1.

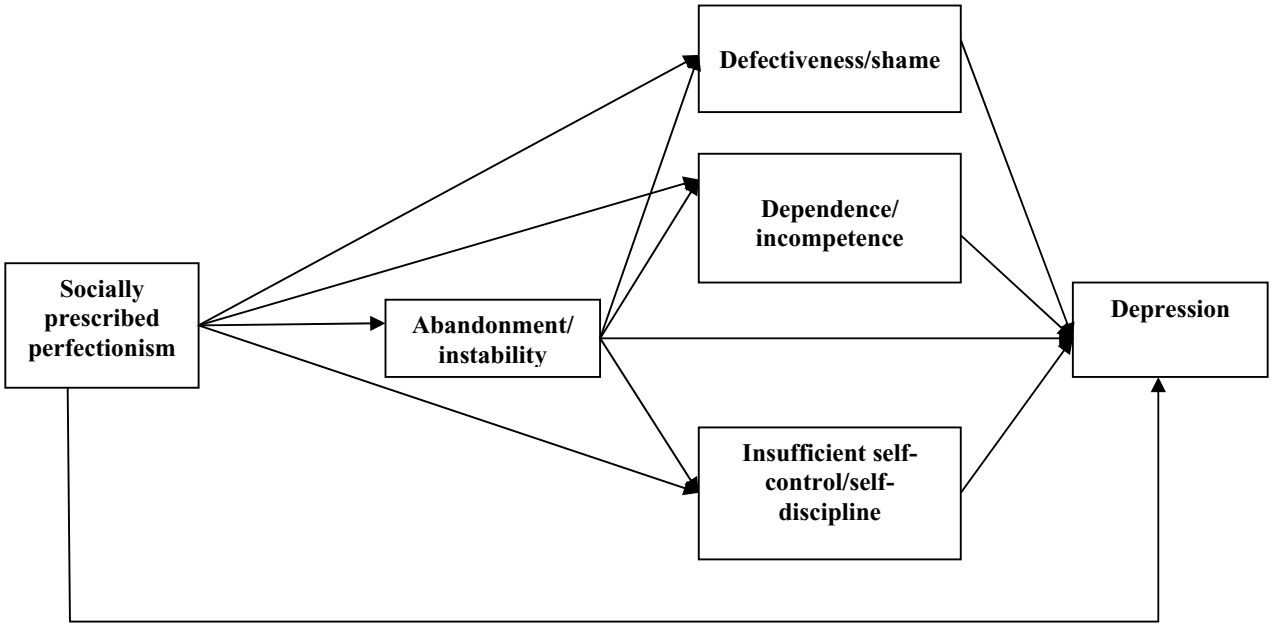

Fig. 1. A hypothesized depression model that depicts the association between socially prescribed perfectionism, maladaptive cognitive schemas, and depression.

2. Method

2.1 Participants

The participants were 200 undergraduate students (160 males and 40 females) from Master of Science and Bachelor of Science in Islamic Azad University- Fars Sciences and Researches Branch. The mean age of the participants was 20.41 years (SD = 5.59). They were chosen by stratified random sampling.

2.2 Measures

2.2.1 The Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991b).

The MPS is a 45-item scale composed of three 15-item subscales design to measure self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism. Individual MPS subscale scores range from 15 to 150. Higher scores indicate an increased level of perfectionism. A number of studies have documented the validity, stability and reliability and multidimensionality of the MPS (e.g. Enns, Cox, & Clara, 2002; Hewitt & Flett, 1991b). Studies using the MPS in college student samples have shown it to reflect three empirically distinguishable dimensions have good test-retest reliabilities over a 3- month period (.88, .85 and .75 for MPS- Self, MPS-Other, and MPS-Social scales respectively) and have contrast validity with other measures of perfectionism (Hewitt & Flett, 1991a). In this study, the socially prescribed perfectionism scale was used. The reliability coefficient for socially prescribed perfectionism in current sample was 0.65.

2.2.1 Depression Anxiety Stress Scales (DASS-21; Henry & Crawford, 2005)

The DASS-21 is a 21-item scale designed to measure features of depression, anxiety and stress in clinical and nonclinical populations. The measure provides separate scores for the empirically derived factors of depression, anxiety and stress. Each factor consists of 7 item measures on a 4-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Scores for each scale are calculated by summing the 7 items and multiplying by a factor of 2. Each scale has a minimum score of 0 and a maximum score of 42. Higher scores are indicative of more frequent symptoms in a given domain. Lovibond and Lovibond (1995) demonstrated good internal consistency for depression, anxiety and stress scales respectively, .91, .84, and .9. In this study, depression scale was used. The coefficient alpha for this subscale in the current sample was .79.

2.2.3 Schema Questionnaire-Short Form (SQ-SF; Young& Brown, 1994)

The YSQ-SF is a 75-item, self-report questionnaire that was designed to assess 15 unique early maladaptive schemas. The YSQ-SF is a modified version of the original 205-item Young Schema Questionnaire. The 75 items chosen for the YSQ-SF were items taken from the original YSQ to represent each of the 15 early maladaptive schemas proposed by Young. Each of the items on the YSQ-SF is rated on a six point Likert scale ranging from one ("completely untrue of me") to six ("describes me perfectly"). Total scores for each EMS scale are tallied by summing the converted numeric responses to the items on that particular EMS scale. A response ranging from four to six was converted to a one and responses ranging from one to three were converted to a zero. The higher the reported response to items on a scale indicated the greater the presence of that particular EMS. Wellbum et al. (2002) also investigated the internal consistency of the YSQ, but they utilized a clinical sample. Alpha coefficients ranged from .76 (Entitlement) to .93 (Failure), suggesting that scales on the YSQ-SF have moderately strong to strong internal consistency. The coefficient alphas in the current sample were 0.89.

3. Results

3.1 Preliminary analysis

The results from Table 1 showed that there is a significant relationship *(r = 0.44, p < 0.01)* between the predictor (socially prescribed perfectionism) and the criterion variable (depression). The correlations observed were all in positive directions.

Table 1. Bivariate Correlations for latent variables in Depression Model

Variables	SPP	D
Socially prescribed perfectionism (SPP)	1	0.44**
Fear of abandonment	0.15*	0.16*
Defectiveness/shame	0.18*	0.4**
Dependence/incompetence	0.31**	0.31**
Insufficient self control/self discipline	0.32**	0.33**
Depression (D)	0.44**	1

* $p < 0.05$, ** $p < 0.01$

3.2. Evaluation of the hypothesized model

The hypothesized model of Lee (2007) was analyzed to re-examine the mediating role of maladaptive cognitive schemas between the relationship of socially prescribed perfectionism and depression. Therefore, fit indices were evaluated for pathway analysis of the model. The outcome indicated that hypothesized model did not fit the observed data ($\chi^2[3] = 65.17$, $p < 0.0001$). First the RMSEA was 0.323. It should be less than 0.08 for an acceptable fit. Second, AGFI, NFI, and CFI, respectively were 0.338, 0.711, and 0.704, which is smaller than 0.9 for acceptable fit. Also some path coefficients were not statistically significant. The coefficient pathway is shown in Fig. 2.

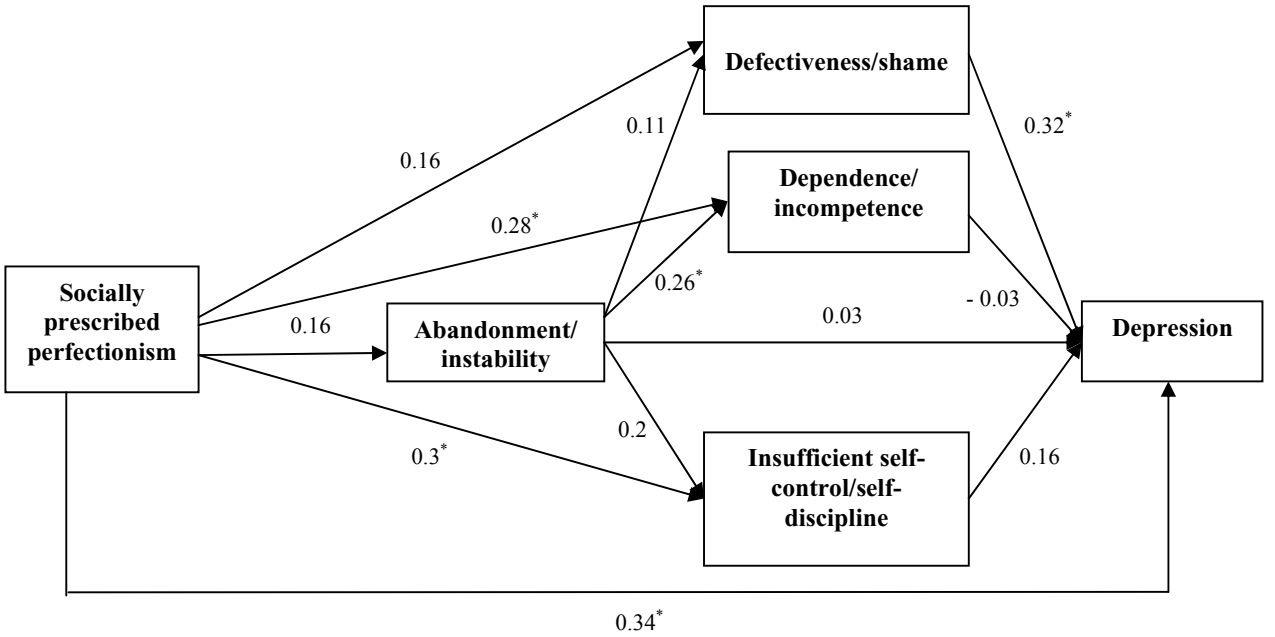

Fig. 2: Primary model and standardized path coefficients of the relationships between socially prescribed perfectionism, maladaptive cognitive schemas, and depression (*$p < 0.0001$)

In addition of Lee's revised model (2007) for depression, another model presented based on literature and observed data, in this research. Preliminary analysis indicated that there was a high correlation between *Failure* schema and predictor (socially prescribed perfectionism; $r = 0.233$, $p < 0.01$) and criterion (depression; $r = 0.338$, $p < 0.01$). In contrast with Lee's research (2007), there was not a high correlation between fear of abandonment and perfectionism and depression. On the other hand the pathway coefficients were not significantly high. The literature supported the relationship between failure schema and socially prescribed perfectionism (Conroy, Kaye, & Fifer, 2007) and depression (Calvete et al., 2005). As a result, in the second model abandonment was replaced by the failure schema and this model had a better fit indices ($\chi^2[3] = 29.018$, $p < 0.0001$). RMSEA was 0.2 which was larger than the required 0.08 for acceptable fit. Other indices include of AGFI, NFI, and CFI, respectively were, 0.65, 0.905, 0.911 which were larger than required, 0.9 except for AGFI, (Table 2). The recent model pathway coefficients were shown in Fig. 3.

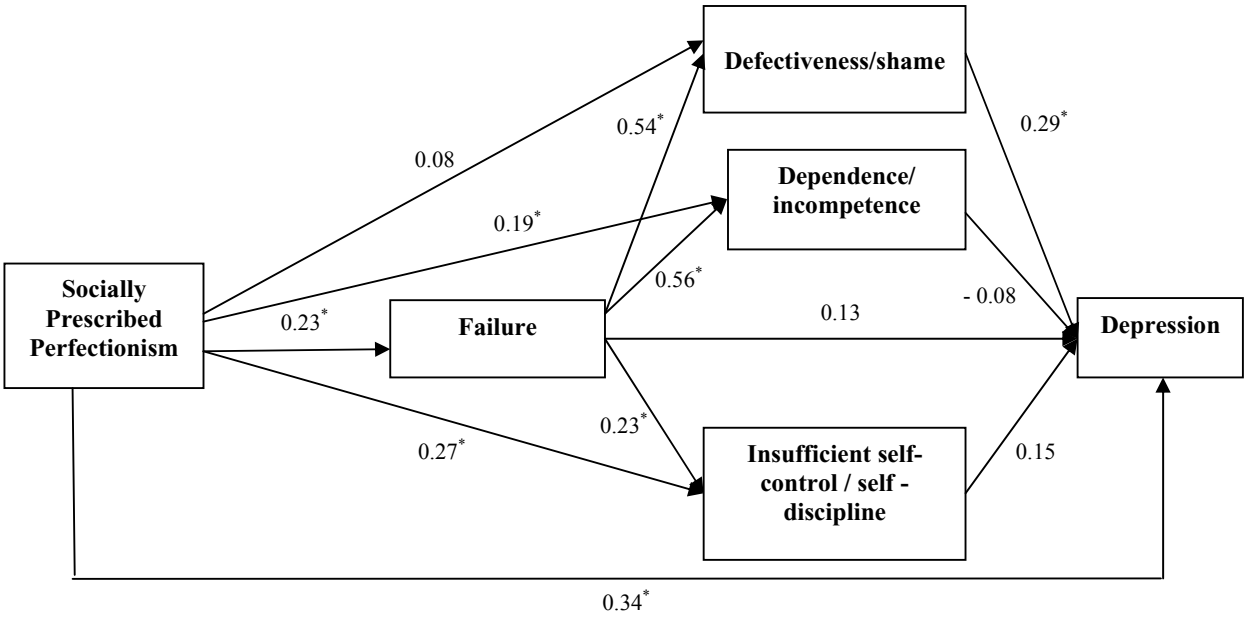

Fig. 3: Second model and standardized path coefficients of the relationships between socially prescribed perfectionism, maladaptive cognitive schemas, and depression (*P< 0.0001)

4. Conclusion

The second model in current study including paths from: 1) failure schema to defectiveness/shame, 2) failure to dependence/incompetence and 3) failure to insufficient self control. Although this model had a better fitness, the mediating role of schemas could not be confirmed because of some insignificant path coefficients and fit indices. Yet based on Conroy (2001) and Conroy, Willow and Metzler (2002) it could be concluded that failure schema specially might play the role of mediator in the socially prescribed perfectionism and depressive relationship, by an indirect effect on effectiveness/shame and insufficient self control/self discipline. Calvete et al. (2005) found that defectiveness/shame, failure and self sacrifice schemas have a positive significant relationship with depression. In addition failure schema had a positive and significant relationship with defectiveness/shame, dependence/incompetence, and insufficient self control. Conroy et al. (2007) declared that fear of failure represents an avoidance motive based on anticipatory shame and humiliation associated with failure. Conroy (2001) and Conroy et al. (2002) suggested that five specific consequences of failing that have been linked to a higher-order general fear of failure involve a) experiencing shame and embarrassment, b) having important others loss interest,

and e) upsetting important others. Conroy et al. (2007) in a research on university students found that only socially prescribed perfectionism among other aspects was strongly associated with beliefs that failure led to aversive interpersonal consequences (i.e., important others losing interest, upsetting important others).

As the result of the presented research showed, Lee (2007) also suggested that a powerful possible factor in rejection of the models is the unstable relationship between certain cognitive schemas and depression in different researches. Although, the positive relation between cognitive schemas and depression in different researches is stable, there are several specific schemas having significant relationship with depression. However, Young (1999) acknowledged that maladaptive schemas are difficult to change because they are made up of implicit beliefs and are slowly constructed as a result of the interaction between the child's innate temperament and dysfunctional experiences with significant others. Serious interpersonal problems may develop in adults whose parents used a love withdrawal style of discipline involving threats to withhold affection as a means of control (Wei, Mallinckrodt, Russell, & Abraham, 2004). Similarly, Flett and Hewitt (2002) suggested that perfectionists resist change because they tend to hold on to their standards due to the perceived benefits of these standards. These authors observed that such clients tend to strive for perfectionist goals in the treatment. Therefore, to confront the socially prescribed perfectionists with the fact that, high standard expectations of their environment in present time, causing the activation of their schemas and they in turn, resulting in dysfunction, and lack of satisfaction and healthy thinking styles in individual and motivating the anxious and depressed mood in the perfectionists could be therapeutically useful.

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