# Perfectionism as a Predictor of Depressive Symptoms in Adults

## Xiaoyu Lin

The Affiliated High School of Fujian Normal University, Fuzhou, Fujian 350007, China.

## Abstract

**The work tested the correlation between perfectionism and depressive symptoms with groups of participants from 18 to 23 years old recruited from a psychology class in North America (N = 100). This work used the Frost Multidimensional Perfectionism Scale, which is made up of six scales, namely, Concern over Mistakes, Doubts about Actions, Organization, Personal Standards, Parental Expectations, and Parental Criticism. More specifically, the work tested whether every dimension of perfectionism is significant to the depression. The results found that depressive symptoms were positively correlated with perfectionism, while within all the six dimensions, only concern over mistakes ($\beta$ = .44, p< .001) and doubts about action ($\beta$ = .25, p=.01) were found to emerge as significant predictors of depressive symptoms.**

## Keywords

## 1. INTRODUCTION

Perfectionism is generally defined as a personality trait which pursues perfection, set excessive high standard for one's performance and have little tolerance of one's mistakes [1], and it is considered as a significant role in a wide variety of psychopathologies [2].Though it is hard to offer precise definition of perfectionism, the researchers have developed a measurement called Multidimensional Perfectionism Scale (MPS) which measures the perfectionism in six dimensions: excessive concern over making mistakes, high personal standards, the perception of high parental criticism, the perception of high parental expectations, the high standard of the quality of one's actions, and a preference for organization. Among these six dimensions, the major concern of perfectionism is widely believed to be overconcern about making mistakes.

Negative psychological outcomes are frequently thought to be the ramification of perfectionism, but seldom link to the positive psychological outcomes. For example, a wide variety of negative outcomes including depression, social phobias and social anxiety, eating disorders, obsessive–compulsive disorder, maladaptive personality characteristics, and somatic complaints have been related to perfectionistic symptoms [3]. However, Hamachek (1978) suggested that perfectionism can be divided into two forms: a negative form named "neurotic perfectionism" where individuals become too stressful about their perfectionistic standard and a positive form known as "normal perfectionism" where individuals receive positive feedback by pursuing their high goals [4]. For a long time, perfectionism is studied by one-dimensional measure and thought to be a merely negative symptom closely associated with psychopathology. Nowadays, after Hamachek making such great contributions to the development of psychology, the scholars has done thousands of examinations indicating that it is possible to distinguish two basic forms of perfectionism [1]. Thus, it is reasonable to infer that perfectionism isn't always a synonym for negativity, but can also link to positive outcomes.

Little is known about the link between perfectionism and depression, but perfectionism, problem solving, and mindfulness are actually inextricably linked with the symptom of depression. Individuals who often doubt their abilities to solve problems or be afraid to face complicated situation tend to be more sensitive to the suffering of depressive mood states[5]. Excessive concern over mistakes and doubts about actions are all negative cognitive set that could affect the depression severity. Fortunately, it has shown that they can be reduced in the presence of perceptive social problem solving capacity [6].

The setting of excessively high personal standards of one's performance is a dimension that cannot be neglected. In fact, almost all discussion about the correlation between perfectionism and depression emphasizes it as the most prominent component of the concept [2]. Besides an excessive worry about mistakes and a tendency to doubt the quality of one's work, the perception of high parental criticism is also an important dimension. Perfectionists think that their parents expect the impossible goals that they can never achieve, and when they make failures, the approval and love of their parents will fade away. Thus, not only the high standard of one's performance and overconcern about mistakes, the perception of high parental expectation is also an integral part of perfectionism [2].

Since perfectionism is also strongly associated with positive mood, people can make perfectionism beneficial by regulating their own minds. As perfectionism level rises, people are more likely to be infected with positive emotions, and unpleasant emotions are less likely to affect their psychological states; also, direct proportionality applies to the pursuit of perfection. In summary, the person who is planful and assiduous, embraces having high standards, and reflect on oneself in time and correct oneself will be more likely to endorse having healthy psychological status, pleasant mood, and a sense of accomplishment of life [3].

## 2. PURPOSE OF THE PRESENT STUDY

Given all these assumptions and limitations for discovering the association between perfectionism and depressive symptoms, the work included two specific objectives in the experiment: (a) to determine Correlations between Perfectionism and Depressive Symptoms; and (b) to determine the extent to which dimensions would be significant for measuring perfectionism.

Continuing Frost's past discoveries, this work hypothesizes that six dimensions would be involved in accounting for perfectionism. Since Individuals who often doubt their capacity to solve problems or be afraid to face complicated situation tend to be more likely to suffer from depressive mood states[5], the work assume that perfectionism and depressive symptoms would have positive correlation. According to Nezu, Frost and many other scientists, the work hypothesizes that high standard of one's performance, overconcern about mistakes and high concern of parental criticism could be obviously related to depression symptoms.

## 3. METHOD

### 3.1. Participants

One hundred participants were included in the present study. Thirty one were males and 69 were females. Age ranged from 18 to 23 years of age, with a mean age of 20.

### 3.2. Measures

Perfectionism.

This work used the Frost Multidimensional Perfectionism Scale. It is made up of six scales, namely, Concern over Mistakes, Doubts about Actions, Personal Standards, Parental

Expectations, Parental Criticism, and Organization. Higher scores on these scales indicate greater perfectionism on each dimension.

Depressive symptoms.

The work used the Beck Depression Inventory. Higher scores on the scale indicate greater depressive symptoms.

### 3.3. Procedures

All participants were recruited from a psychology class attending a university in North America.

**Table 1.** Correlations Between Perfectionism and Depressive Symptoms

|  | Depressive Symptoms | M | SD |
|---|---|---|---|
| Concern Over Mistakes | .57*** | 25.07 | 7.17 |
| Personal Standards | .33** | 25.18 | 4.72 |
| Parental Expectation | .11 | 16.31 | 3.82 |
| Parental Criticism | .27** | 8.91 | 3.39 |
| Doubts about Acti | .47*** | 10.97 | 3.59 |
| Organization | .11 | 23.19 | 5.25 |
| M 8.68 |  |  |  |
| SD 8.04 | . |  |  |

Note. N =100.

**p< .01.***p < .001

**Table 2.** Results of Hierarchical Regression Analyses Showing Amount of Variance in Depressive SymptomsAccounted for by Perfectionism in College Students, Controlling for Demographic Variables

| Outcome and Predicto | β | R2 | ΔR2 | F | p |
|---|---|---|---|---|---|
| Dependent Variable |  |  |  |  |  |
| Step 1: Demographic Variables | 00 | -- | .15 |  | n.s. |
| Age | -.03 |  |  |  |  |
| Sex | -.05 |  |  |  |  |
| Step 2: Perfectionism | .39 | .39 | 9.33 |  | <.001 |
| Concern Over Mistakes | .44*** |  |  |  |  |
| Personal Standards | .05 |  |  |  |  |
| Parental Expectations | -.21 |  |  |  |  |
| Parental Criticism | .10 |  |  |  |  |
| Doubts about Actions | .25* |  |  |  |  |
| Organization | -.00 |  |  |  |  |

Note. N = 100.

*p< .05. ***p< .001.

### 3.4. Results

Correlations, means, and standard deviations for study measures are presented in Table 1. As the table shows, depressive symptoms were found to be positively correlated with CM (r = .57, p< .001), PS (r = .33, p< .01), PC (r = .27, p< .01.), and DOA (r = .47, p< .001). However, depressive symptoms was not significantly correlated with PE (r= .11,n.s.) and OR (r = .11, n.s.).

### 3.5. Perfectionism as a Predictor of Depressive Symptoms

To determine if perfectionism is an important predictor of depressive symptoms, the work conducted a regression analysis in which it put all six dimensions of perfectionism in the prediction equation. Results of this analysis are presented in Table 2.

Demographic Variablesin Step 1 were found to account for a .3% significant amount of variance in depressive symptoms, F(2, 93) = .15, p=.86.

When perfectionism was entered (as a set) in Step 2, it was found to account for a 39.0% additional unique variance in depressive symptoms, F(6, 87) = 9.33, p <.001.

Within the set, only concern over mistakes (β = .44, p< .001) and doubts about action (β = .25, p=.01) were found to emerge as significant predictors of depressive symptoms.

## 4. DISCUSSION

The work studied if perfectionism could effectively predict the depressive symptoms. The main reason for conducting the study was to determine the correlations between Perfectionism and Depressive Symptoms and to determine the extent to which dimensions would be significant for measuring perfectionism. According to the previous studies, it is reasonable to suspect that depressive symptoms were positively correlated with perfectionism, since individuals who often doubt their capacity to solve problems or be afraid to face complicated situation tend to be more likely to suffer from depressive mood states [5]. Further more, this work hypothesize that high standard of one's performance, overconcern about mistakes and high concern of parental criticism could be obviously related to depression symptoms based on the findings in the past. The result of the research is consistent with the previous hypothesis. However, not all six dimensions are examined to be effective predictors of depression. Based on the statistics, only concern over mistakes (β = .44, p< .001) and doubts about action (β = .25, p=.01) were found to emerge as significant predictors of depressive symptoms. The results may suggest that perfectionism's orientation toward depression focuses more on self-doubt and the lack of self-confidence. External influences may be a weaker guide to depression than one might think. Also, this work further considers the role of a lack of confidence and excessive hesitation in depression. Perhaps not only in perfectionism, other psychological symptoms which involve the self-doubt and excessive fear of failure could also be significant predictors of depressionism.

The finding helps us to identify the factors that measure or predict depression and apply them to real-world psychological diagnoses. But since perfectionism can result in both positive and negative outcome, it is also important to distinguish between what perfectionism predicts. Otherwise, the scientists could fail to conduct further research, which means they would not select the positive or negative perfectionism as an element in the examination and lead to the confounding. And in clinical medicine, the possibility of the doctors to misdiagnose depression based on symptoms of perfectionism would increases dramatically, which may make the patients panic or increase their tendency to depression. Perfectionisms are currently divided into two different types, that different scientists named them differently—— positive striving and maladaptive evaluative concerns[7], positive and negative perfectionism [8], adaptive and

maladaptive perfectionism [9], healthy and unhealthy perfectionism [10], and conscientious and self-evaluative perfectionism [11]. Although there is a slight difference among this taxonomy, the concept that perfectionism has both beneficial and harmful influence toward human's psychological status has been gradually accepted by academic circles. As a result, psychologists can focus more accurately on these two dimensions when studying the relationship between depression and perfectionism and its clinical application and the confounding in future study might be reduced to some extent.

The further study could focus on the method to measure the specific degree to which each dimension predicted depression and positive outcomes, and to examine whether low perfectionism degree indicates the healthy psychological status. As this study employed Frost Multidimensional Perfectionism Scale, it was essentially a correlated study. Due to this, causal inferences must be made prudently. It has not yet been verified whether depression severity has impact on perfectionism, or whether low perfectionism degree indicates a psychological well-being. Thus, the researchers could change the six dimensions and repeat the test, in order to justify the accurate the factor that can predict depression. The use of depression and perfectionism in clinical medicine is also limited. For the sake of human mentally health, it is reasonable to encourage scholars to study how to channel positive perfectionism rather than allowing it to gradually become a risk factor for people's health since perfectionism may be the motivation of study and work. Psychologists and therapists also need to study whether doctors need to check for perfectionism and intervene when patients show depressive tendencies.

The results of the study specify the predictors of depression to some extent, which could effectively promote the development of the detection and clinical treatment of depression. Consistent with our previous assumption, concern over mistakes and doubts about action are both predictors of depression(especially concern over mistakes), as concern over mistakes has long been seen as a leading indicator of perfectionism. When patients show the symptoms of perfectionism, the doctors should rise the attention to their mental health but avoiding overreacting. For the family and school education, the educator should not lead young people to worry too much about making mistake and offer proper guidance when it is needed. Since the other four dimensions are not considered to be significant predictors of depression, it can be logically to guess that these four dimensions might be the symptoms of positive perfectionism or the predictors of other psychological problems or family education plays an important role in positive perfectionism -- children's high expectations of their parents criticism made up more than half of the remaining dimensions.

## 5. SOME LIMITATIONS OF THE PRESENT STUDY

In the study, by examining the psychological status of one hundred American college students, the result shows the correlation between perfectionism and depressive symptoms. But the sample size was actually not large enough to detect small effects, and the work did not repeat the research in different country and ages (people under 18 years old and above 60 years old). Different cultural backgrounds and length of life experience could affect individual's perceptions of perfectionism and sensitivity to depression. The health status of samples may also be a confounding of the research. If the subjects were already depressed or had other mental health problems, their level of perfectionism would not be an indicator of its association with depression. According to these limitations, more investigations are needed to be done.

## 6. CONCLUSION

The perfectionism is often thought to correlate with negative outcomes, scilicet depression symptoms. In order to find the correlation between perfectionism and depression, the work uses the Frost Multidimensional Perfectionism Scale to test the level of perfectionism within six

dimensions: Concern over Mistakes, Doubts about Actions, Organization, Personal Standards, Parental Expectations, and Parental Criticism. The results found that depressive symptoms were positively correlated with perfectionism, while within all the six dimensions, only concern over mistakes ($\beta$ = .44, p< .001) and doubts about action ($\beta$ = .25, p=.01) were found to emerge as significant predictors of depressive symptoms. The results of this study can well inspire teachers' psychological guidance for students and psychological doctors' clinical treatment.

In summary, the perfectionism and depression still have many mysteries to be solved. This work has already found some of outcomes that perfectionism could bring, but the measurement of the association between perfectionism and depression is still not clear, which is as same as the indication of the low level of perfectionism. It is beneficial for scientists to discover deeper about the perfectionism and depression since it not only has value for researchers, but also has implications for psychological counselor or psychologists in school, clinical, and work settings.

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