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The relationship between maladaptive perfectionism and depressive symptoms: The mediating role of rumination

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Abstract

Maladaptive perfectionism is associated with both rumination and depressive symptoms (Frost, Marten, Lahart, & Rosenblate, 1990). In the current study we tested whether rumination, as well as the rumination components of reflective pondering and brooding, mediates the relationship between maladaptive perfectionism and depressive symptoms. College students ($N = 96$) completed the Multidimensional Perfectionism Scale-Frost (Frost et al., 1990) and retrospectively reported levels of rumination on the Response Styles Questionnaire (Nolen-Hoeksema, 1991) and depressive symptoms on the Beck Depression Inventory II (Beck, Steer, & Brown, 1996) following a disappointing exam. Consistent with our model, rumination mediated the relationship between maladaptive perfectionism and depressive symptoms. Brooding, a component of rumination, also mediated this relationship whereas reflective pondering was a partial mediator. Results support a model whereby students who score high on maladaptive perfectionism report higher depressive symptoms through a mechanism of rumination.

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Keywords: Perfectionism; Rumination; Depressive symptoms; Brooding

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1. Introduction

Perfectionism is associated with increased depressive symptoms (e.g., Enns & Cox, 1999; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) and predicts the development of later episodes of major depression (Hewitt, Flett, & Ediger, 1996). In this study we tested whether rumination, which is associated with both perfectionism and depressive symptoms, is a possible mediator of this relationship (Flett, Madorsky, Hewitt, & Heisel, 2002). According to this model, perfectionistic individuals are more likely to ruminate about mistakes, thereby increasing their depressive symptoms.

Perfectionism has been conceptualized in a variety of ways (Enns & Cox, 2002), but is often viewed as a broad construct with multiple facets. One commonly used measure of perfectionism, the Multidimensional Perfectionism Scale-Frost (MPS; Frost et al., 1990), is used to assess six dimensions of perfectionism: Concern over Mistakes (CM), Personal Standards (PS), Parental Expectations (PE), Parental Criticism (PC), Doubts about Action (DA), and Organization (O). Factor analytic studies of the MPS-Frost alone or in combination with other perfectionism scales have consistently found two factors (e.g., Cox, Enns, & Clara, 2002; Frost et al., 1993). Although authors have used different labels for these factors, they regularly find one factor associated with setting high standards and striving toward those goals, often called “positive striving” or “adaptive perfectionism” (Dunkley, Blankstein, Masheb, & Grilo, 2006). The PS and O subscales of the MPS-Frost have been found to load on factors of adaptive perfectionism (Enns & Cox, 1999). Multiple studies have found that positive striving is not associated or only weakly associated with subsequent depressive symptoms (e.g., Antony, Purdon, Huta, & Swinson, 1998; Enns & Cox, 1999; Stöber, 1998) and is associated with conscientiousness (e.g., Campbell & Di Paula, 2002; Enns & Cox, 2002) and coping (Blankstein & Dunkley, 2002). Some authors have even referred to the positive striving component as Adaptive Perfectionism (Enns & Cox, 1999; Slaney, Rice, & Ashby, 2002) or Positive Perfectionism (Slade & Owens, 1998), although others contend that no form of perfectionism is adaptive (Blatt, 1995; Flett & Hewitt, 2006).

The second factor is characterized by being overly critical of one’s own behavior and concerned about others’ criticism and expectations, often called “excessive evaluation concerns” or “maladaptive perfectionism” (Dunkley et al., 2006). The relationship between perfectionism and depression appears to be due to the excessive evaluative component of perfectionism, which includes the CM and DA subscales of the MPS-Frost (e.g., Sherry, Hewitt, Flett, & Harvey, 2003). CM and DA have been found to have the largest correlations with depressive symptoms and have been shown to interact with negative life events to predict depressive symptoms five months later (Enns, Cox, & Clara, 2005). When combined into a single scale, CM and DA correlate with symptoms of depression and anxiety (Stöber, 1998). Maladaptive perfectionism has been shown to be associated with major depression (e.g., Hewitt et al., 1996), obsessive compulsive disorder, social phobia and panic disorder (Antony et al., 1998), and may be a factor in comorbidity of psychopathology (Bieling, Summerfeldt, Israeli, & Antony, 2004).

Several mediators and moderators have been proposed to more thoroughly examine the relationship between maladaptive perfectionism and depressive symptoms. Support has been found for mediating roles of self-criticism (Dunkley et al., 2006), self-esteem (Flett, Hewitt, Blankstein, & O’Brien, 1991), maladaptive defense styles (Flett, Besser, & Hewitt, 2005), and maladaptive coping styles (Dunkley, Zuroff, & Blankstien, 2003). Moderators of the relationship between

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