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Perfectionism and depressive affect: the pros and cons of being a perfectionist[☆]

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Abstract

Recent research indicates that perfectionism may be best viewed as a number of distinct dimensions which are differentially related to depressive affect. The first hypothesis was that an increasing tendency for individuals to procrastinate because they fear making a mistake (i.e. passive perfectionism) would be related to higher levels of depressive affect, while an increasing tendency for individuals to strive for achievement (i.e. active perfectionism) would be unrelated to higher levels of depressive affect. The second hypothesis was that passive perfectionism, but not active perfectionism, would moderate the impact of stressful life events upon depressive affect. Both hypotheses were supported. Moreover, higher levels of organisational perfectionism may actually reduce the levels of depressive affect because higher levels of organisational perfectionism were found to correlate with lower levels of depressive affect. Overall, being a perfectionist may be beneficial as well as detrimental when considering the relationship between perfectionism and depressive affect. © 1999 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Depressive disorders have been viewed as the “common cold” of psychopathology (Rosenhan and Seligman, 1995). Moreover, there is additional evidence that the severity and frequency of depressive symptoms in Western countries is increasing because there has been a

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tenfold increase in the rates of depression diagnosed in the United States over the last 2–3 generations (Robins et al., 1984). Understandably, a major focus of research in recent years has been to specify the range of personality factors that may predispose individuals to experience high levels of depressive affect (e.g. Beck, 1967; Peterson and Seligman, 1984; Abramson et al., 1989). Perfectionism is one aspect of personality which has been viewed as a factor involved in the aetiology of depressive symptoms and a growing body of evidence supports the proposal that individuals who are highly perfectionistic also tend to display higher levels of depressive affect (see reviews by Blatt, 1995; Flett et al., 1995).

Flett et al. (1995) have noted, however, that research designed to investigate the relationship between perfectionism and depressive affect has been limited by the assumption that perfectionism is a unidimensional rather than a multidimensional construct. Frost et al. (1990) addressed the need for a multidimensional measure of perfectionism by developing the Multidimensional Perfectionism Scale (MPS). The MPS provides a global measure of perfectionism as well as ratings of perfectionism along the six dimensions of concern over mistakes (CM), personal standards (PS), parental expectations (PE), parental criticism (PC), doubts about actions (D) and organisation (O). A particular benefit of the MPS is an opportunity to investigate the possibility of differential relationships between perfectionism and depressive affect (see Flett et al., 1995; Frost et al., 1990). Given the assumption that depressive affect and suicidal preoccupation are closely related, Adkins and Parker (1996) provided evidence to indicate that differential relationships could emerge between perfectionism and depressive affect when a multidimensional measure of perfectionism was used. Adkins and Parker (1996) found, for instance, that the CM (concern over mistakes) and D (doubt about actions) subscales but not the PS (personal standards), PE (parental expectations), PC (parental criticism) or O (organisation) subscales of the MPS were related to suicidal preoccupation in a canonical correlation analysis.

Adkins and Parker (1996) examined the items in the MPS and formulated a *post-hoc* explanation for the differential relationships between perfectionism and suicidal preoccupation. The CM (concern over mistakes) and D (doubt about actions) subscales were associated with suicidal preoccupation because the two subscales measured “passive perfectionism”, while the PS (personal standards), PE (parental expectations), PC (parental criticism) and O (organisation) subscales were not associated with suicidal preoccupation because they measured “active perfectionism”. Adkins and Parker (1996, p. 539) proposed that high levels of passive perfectionism denoted “individuals who are inordinately afraid of making mistakes, who frequently second-guess their own decisions, who procrastinate, and for whom perfectionism creates impediments to action”. In contrast, Adkins and Parker (1996, p. 539) proposed that high levels of active perfectionism indicated individuals “who appear not to be predisposed to suicidal preoccupation, are those for whom perfectionistic strivings motivate rather than paralyze; for whom perfectionism spurs rather than inhibits achievement”.

The relationship between passive perfectionism and depressive affect as outlined by Adkins and Parker (1996) can also be understood within the framework provided by current theories of depression such as hopelessness theory (Abramson et al., 1989) and Beck’s theory of depression (Beck, 1967). Both theories of depression speculate that hopelessness about controlling desired or aversive outcomes is a central factor in the aetiology of depressive affect. An examination of the two theories of depression and the speculations by Adkins and Parker

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