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## Perfectionism, silencing the self, and depression <sup>☆</sup>

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### Abstract

The current study examined the associations among dimensions of perfectionism, silencing the self, and depression. A sample of 202 participants completed the Multidimensional Perfectionism Scale, the Silencing The Self Scale, and a depression measure. The results indicated that both self-oriented and socially prescribed perfectionism were associated with dimensions of silencing the self with a stronger link between socially prescribed perfectionism and silencing the self. Both socially prescribed perfectionism and dimensions of silencing the self were associated significantly with depression. Statistical tests of moderator effects indicated that socially prescribed perfectionism and silencing the self interacted to predict elevated levels of depression. In addition, mediational analyses indicated that self-silencing was a partial mediator of the link between socially prescribed perfectionism and depression. The practical and theoretical implications of these findings are discussed.

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*Keywords:* Perfectionism; Self-silencing; Coping; Depression

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## 1. Introduction

A focus on the attainment of high standards is a continuing theme in research on personality and depression. Extensive research has explored the role of individual differences in perfectionism (Cox & Enns, 2003; Flett, Besser, Davis, & Hewitt, 2003; Hewitt & Flett, 1991). This research indicates that certain perfectionism dimensions may be associated not only with concurrent depressive symptoms, but also with the chronicity of depressive symptoms (Cox & Enns, 2003; Hewitt, Flett, Ediger, Norton, & Flynn, 1999). Research with the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) has focused on three dimensions – self-oriented perfectionism (i.e., exceeding high personal standards), other-oriented perfectionism (i.e., demanding perfection from others), and socially prescribed perfectionism (i.e., a pressure to be perfect imposed on the self). Socially prescribed perfectionism has shown a consistent association with depression (see Flett & Hewitt, 2002).

Another highly relevant perspective for understanding depression involves individual differences in self-silencing. Jack (1991) proposed the construct of self-silencing to account for the preponderance of depression among females. However, subsequent research has shown that self-silencing is relevant for both females and males (Thompson, 1995). People high in self-silencing are self-sacrificing individuals who keep their distress to themselves in an attempt to maintain or improve interpersonal relationships. Their distress often takes the form of unexpressed anger (see Jack, 1999b, 2001). People high in self-silencing conceal their true feelings out of desires to maintain relationships and obtain the approval of significant others.

A link between perfectionism and self-silencing follows from Jack's (1999a) observation that the standards used for self-evaluation are central to an understanding of self-silencing behaviour. Jack suggested that a sense of inferiority and self-reproach stems from the idealistic standards that the self-silencer uses to judge the self. The standards themselves have a social aspect because they reflect social dictates and a sense of being obliged to act in a socially approved of manner and to achieve prescribed goals. Unfortunately, for the self-silencing individual, this focus on ideals and being perfect as the accepted standard should make them susceptible to dysphoria when they perceive a substantial gap between the actual self and the goal of being perfect.

Jack (1999a) provided a series of compelling case examples of distressed people who clearly exhibited perfectionistic characteristics and self-silencing. These people appear to suffer from the “tyranny of the shoulds” described by Horney (1950) and by Ellis (2002) as part of their descriptions of perfectionism. For instance, Jack (1999a) documented the case of Carol, a physician who described the perfectionistic pressures inherent in the “Supermom syndrome”. Carol responded to these pressures by silencing the self and trying to appear perfect to others.

Our analysis of the various perfectionism dimensions indicates that self-silencing is most relevant to socially prescribed perfectionism, given that socially prescribed perfectionists are focused on obtaining approval and avoiding the disapproval of others (Hewitt & Flett, 1991, 2004). Although some individuals reject this pressure to be perfect, developmental analyses emphasize that most people with high socially prescribed perfectionism seek to please others, including parental figures, by trying to live up to expectations (Flett, Hewitt, Oliver, & Macdonald, 2002). Also, socially prescribed perfectionism is similar to self-silencing it too is associated with passive, indirect responses to problems and conflicts (Hewitt & Flett, 2002). Unfortunately,

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