



Is self-critical perfectionism an antecedent of or a consequence of social anxiety, or both? A 12-month, three-wave longitudinal study



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ABSTRACT

Cross-sectional research suggests a relationship between perfectionism and social anxiety. However, research has not examined the direction of this relationship using a longitudinal design. Perfectionism may be an antecedent or consequence of social anxiety, or both. Our study tested reciprocal relations between self-critical perfectionism (i.e., intense self-rebuke, negative reactions to perceived failures, and nagging self-doubt about actions) and social anxiety. We hypothesized that self-critical perfectionism would be both an antecedent and a consequence of social anxiety. A 3-wave, 12-month longitudinal design was used to test the hypotheses. Waves were spaced 6 months apart. Participants ($N = 301$ undergraduates) completed measures in the lab at Wave 1. Online questionnaires were administered for Waves 2 and 3. Self-critical perfectionism and social anxiety both displayed strong rank-order inter-individual stability. Social anxiety predicted increases in self-critical perfectionism. However, self-critical perfectionism did not predict change in social anxiety. Self-critical perfectionism was a consequence of, but not an antecedent of, social anxiety. Results suggest treatments that reduce social anxiety may also reduce self-critical perfectionism.

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1. Introduction

Social anxiety is marked by fear of social or performance situations, especially in contexts of evaluation or with unfamiliar people. Social anxiety is distinct from shyness, depression, and specific phobia (Beidel & Turner, 2007). The present study conceptualized social anxiety as lying along a continuum of severity from mild to severe. This conceptualization is consistent with evidence suggesting social anxiety is a continuous, quantitative dimension rather than a discrete, qualitative category (Ruscio, 2010).

Theoretical accounts suggest individuals with social anxiety hold unrealistically high standards for performance in social situations, berate themselves for not meeting these standards or for displaying publicly-observable anxiety-related symptoms (e.g., sweating), and believe others judge them negatively as a result of their inadequate performance or display of anxiety (Beck & Emery, 1985; Clark, 2005; Mackinnon, Battista, Sherry, & Stewart,

2014). Consistent with these accounts, empirical research suggests perfectionism is elevated in individuals with social anxiety (Frost, Glossner, & Maxner, 2010).

Ample research suggests perfectionism is a multidimensional personality trait comprised of two key dimensions. The first dimension, self-critical perfectionism, involves nagging self-doubts about actions, negative reactions to perceived failures, and intense self-rebuke (Dunkley, Zuroff, & Blankstein, 2003). Self-critical perfectionism involves a family of traits (e.g., Clara, Cox, & Enns, 2007). At present, there is no single, definitive way to operationalize self-critical perfectionism. We operationalized self-critical perfectionism as self-criticism (Blatt, D'Afflitti, & Quinlan, 1976), concern over mistakes, and doubts about actions (Frost, Marten, Lahart, & Rosenblate, 1990). These three traits are usually included when operationalizing self-critical perfectionism (e.g., Clara et al., 2007). However, other authors have also included socially prescribed perfectionism (Dunkley et al., 2003), discrepancies, or dysfunctional perfectionistic attitudes (Dunkley, Mandel, & Ma, 2014) in operationalizing self-critical perfectionism.

The second dimension, perfectionistic strivings, involves ceaselessly striving toward excessively high, perfectionistic goals (Stoeber & Otto, 2006). Perfectionistic strivings involves a family of traits including self-oriented perfectionism (Hewitt & Flett,

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1991), high standards (Slaney, Rice, Mobley, Trippi, & Ashby, 2001), and high personal standards (Frost et al., 1990).

Our study focuses on self-critical perfectionism as it represents an empirically based synthesis of several key perfectionism models (Blatt, D’Afflitti, & Quinlan, 1976; Dunkley et al., 2003; Frost et al., 1990). Moreover, traits in this family are more strongly related to social anxiety (compared to perfectionistic strivings). In fact, research indicates traits in the perfectionistic strivings family are often unrelated or inversely related to social anxiety (Alden, Ryder, & Mellings, 2002; Shumaker & Rodebaugh, 2009). Despite widespread interest in the relationship between self-critical perfectionism and social anxiety (see Alden et al., 2002), the direction of this relationship is unclear. Three models used to explain this relationship are described next.

1.1. Vulnerability models of self-critical perfectionism and social anxiety

Vulnerability models suggest personality traits come before, and contribute to, psychopathology (Bagby, Quilty, & Ryder, 2008). According to this model, self-critical perfectionism places people at risk for increases in social anxiety over time and is considered an antecedent of social anxiety rather than a concomitant or a consequence. Extensive theory, but no direct evidence, supports this model. For instance, Heimberg, Liebowitz, Hope, and Schneier’s (1995) cognitive-behavioral theory of social anxiety suggests perfectionism makes individuals likely to expect negative social interactions and this results in social anxiety. No longitudinal studies have directly tested the vulnerability model. Some indirect evidence for the impact of perfectionism on social anxiety is provided by treatment research, however. In a 12-session treatment study of 107 patients with social anxiety, Ashbaugh et al. (2007) found pre- to post-treatment decreases in doubts about actions predicted pre- to post-treatment decreases in social phobia. However, this treatment study does not represent a direct test of the vulnerability model, as a deliberate effort was made to reduce the natural course of social anxiety.

1.2. Complication/scar models of self-critical perfectionism and social anxiety

In complication/scar models, psychopathology is thought to come before and contribute to changes in personality (Bagby et al., 2008). This model posits psychopathology results in transient changes in personality that diminish if symptoms are alleviated (a complication effect) or to permanent changes in personality that remain even after symptoms remit (a scar effect). We focus on a complication model as our research design does not permit tests of long-term changes. According to this model, self-critical perfectionism is a consequence of social anxiety rather than an antecedent or a concomitant. Clark’s (2005) cognitive theory of social anxiety suggests people with social anxiety develop self-criticism and unrealistic expectations over time (e.g., lofty standards for performance, conditional beliefs concerning the consequences of less-than-perfect performance, and unconditional self-critical beliefs).

1.3. Reciprocal relations models of self-critical perfectionism and social anxiety

Reciprocal relations models combine the vulnerability and the complication model into a single model where psychopathology and personality traits are reciprocally related. This model views self-critical perfectionism and social anxiety as interrelated variables where changes in self-critical perfectionism are related to changes in social anxiety and vice versa. Despite clear interest in the link between self-critical perfectionism and social anxiety

(e.g., Ashbaugh et al., 2007; Levinson et al., 2013), a reciprocal relations model has yet to be tested. Knowing if self-critical perfectionism is a vulnerability for social anxiety, a complication of social anxiety, or both is important to accurately conceptualizing, researching, preventing, assessing, and treating socially anxious perfectionists. However, there are presently no empirical tests of directionality or temporal precedence when it comes to the perfectionism-social anxiety link.

1.4. Advancing research on self-critical perfectionism and social anxiety

Methodological improvements are needed to advance understanding of the relationship between perfectionism and social anxiety. Most research suggesting associations between perfectionism and social anxiety uses cross-sectional designs (e.g., Levinson et al., 2013), which are ill-suited to testing issues of directionality, stability, and change over time. Multi-wave longitudinal data are needed to test reciprocal relations. Our study uses a 12-month, three-wave longitudinal design that tests the interplay between self-critical perfectionism and social anxiety over time. The present study also combines a multi-wave longitudinal design with a cross-lagged analysis, thereby permitting stronger causal inferences. This approach allows us to rule out competing explanations (e.g., testing if the link between self-critical perfectionism and social anxiety is explained by the stability of self-critical perfectionism). Finally, most research on perfectionism and social anxiety is based on manifest variables (e.g., Ashbaugh et al., 2007). However, evidence suggests latent variables (such as those used in our study) provide more accurate estimates of model parameters and help to differentiate meaningful change from measurement error (Kline, 2005). In sum, our study represents a needed contribution and one of the most rigorous tests to date of the link between perfectionism and social anxiety.

1.5. Objectives and hypotheses

Our goal is to clarify the relationship between self-critical perfectionism and social anxiety by testing the reciprocal relations model (see Fig. 1). Evidence suggests self-critical perfectionism and social anxiety are strongly stable (Gros, Simms, Antony, & McCabe, 2012; McGrath et al., 2012). Thus, we first hypothesized the autoregressive paths for self-critical perfectionism (e.g., Wave

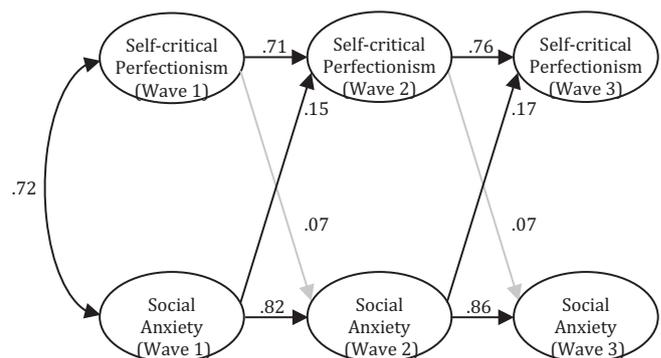


Fig. 1. Hypothesized reciprocal relations model showing cross-lagged analyses. Ovals represent latent variables. Horizontal arrows represent autoregressive paths; diagonal arrows represent cross-lagged paths. Double-headed black arrows represent significant correlations ($p < .05$); single-headed black arrows represent significant paths ($p < .05$); single-headed gray arrows represent non-significant paths ($p > .05$). Path coefficients are standardized. Unstandardized path coefficients were constrained to equality; standardized path coefficients may vary slightly.

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