



A mediational model of perfectionistic automatic thoughts and psychosomatic symptoms: The roles of negative affect and daily hassles

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ABSTRACT

The current study extended research linking trait perfectionism with health symptoms by examining perfectionism from a cognitive perspective focused on perfectionistic automatic thoughts in psychosomatic symptoms. It was postulated that a cognitive preoccupation with needing to be perfect is a specific form of rumination implicated in health problems. In addition, we evaluated daily hassles and negative affect as possible mediators of the link between perfectionistic automatic thoughts and psychosomatic symptoms. A sample of 228 participants completed the Perfectionism Cognitions Inventory and measures of daily hassles, positive affect, negative affect, and psychosomatic symptoms. As expected, perfectionistic automatic thoughts were linked significantly with psychosomatic symptoms, daily hassles, and trait negative affect. Tests of mediational effects indicated that daily hassles and negative affect mediated the link between perfectionistic automatic thoughts and psychosomatic symptoms and this pattern held for both men and women. The results indicate that people with frequent thoughts about needing to be perfect are susceptible to experiencing more frequent psychosomatic symptoms and should benefit from stress reduction training and cognitive-behavioral interventions focused on reducing these thoughts.

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1. Introduction

A growing theme in the perfectionism field is the association between perfectionism and health symptoms. Associations between perfectionism and both general and specific health symptoms have been detected primarily in college and university students (e.g., Bottos & Dewey, 2004; Martin, Flett, Hewitt, Krames, & Szanto, 1996). Other research has established links between trait perfectionism and health symptoms in adults from the general population (e.g., Molnar, Reker, Culp, Sadava, & DeCourville, 2006; Saboonchi & Lundh, 2003). Additional data indicate that perfectionism can predict increases in health symptoms and negative health outcomes (Prichard, Wilson, & Yamnitz, 2007; Sumi & Kanda, 2002). The long-term implications of health problems among perfectionists were illustrated by Fry and Debats (2009). Their longitudinal study established that trait perfectionism predicted early mortality after controlling for other well-known personality predictors of health problems, such as conscientiousness and neuroticism.

Research on perfectionism and health has focused primarily on trait perfectionism as assessed by inventories that share the same name – the Multidimensional Perfectionism Scale (Frost, Marten, La-

hart, & Rosenblate, 1990; Hewitt & Flett, 1991). Unfortunately, other potentially relevant conceptualizations of perfectionism have not been investigated. The current study focused uniquely on individual differences in the frequency of ruminative, automatic thoughts reflecting the need to be perfect. Specifically, we maintain that a cognitive preoccupation with perfectionism (i.e., obsessive ruminations) sets the stage for health problems. This would be in keeping with general evidence linking negative automatic thoughts and ruminative brooding with health problems and a heightened stress response (e.g., Burg & Abrams, 2001; Key, Campbell, Bacon, & Gerin, 2008). Indeed, there is growing evidence for the *perseverative cognition hypothesis*, which is the notion that rumination prolongs the stress response, thus contributing to health problems (see Verkuil, Brosschot, Gebhardt, & Thayer, 2011).

Flett, Hewitt, Blankstein, and Gray (1998) developed the Perfectionism Cognitions Inventory (PCI) to assess automatic thoughts reflecting the need to be perfect. The PCI reflects the premise that perfectionists who sense a discrepancy between their actual self and their ideal self, or between their actual level of attainment and their exceptionally high goals will experience thoughts that reflect perfectionistic themes (e.g., I must be perfect). The PCI assesses the frequency of perfectionistic thoughts from "... a unique cognitive perspective" (Enns & Cox, 2002, p. 50). Numerous studies have confirmed that perfectionistic automatic thoughts account for unique variance in psychological distress unaccounted for by existing trait measures of perfectionism (Flett, Hewitt,

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Whelan, & Martin, 2007; Flett et al., 1998). It is also linked with deficits in cognitive-emotion regulation and cognitive self-management (see Flett et al., 2007; Rudolph, Flett, & Hewitt, 2007).

As a personality-specific form of repetitive thinking, frequent perfectionistic thoughts should play a substantial role in psychosomatic symptoms. Chronic awareness of not being perfect while still feeling compelled and needing to achieve this essential personal goal should be a chronic source of stress and distress for certain perfectionists that should be reflected eventually by a heightened experience of psychosomatic symptoms. Perfectionists who chronically experience thoughts about their needs to be perfect and shortfalls cannot disengage, either cognitively or emotionally from their unattainable goal of being perfect, so they should be quite susceptible to dysphoria and psychosomatic symptoms. Accordingly, the current study assessed the proposed association between perfectionistic automatic thoughts and psychosomatic symptoms, but also evaluated possible mechanisms that likely contribute to this proposed association with psychosomatic symptoms.

We tested a mediational model in which daily hassles and affect mediated the link between perfectionistic automatic thoughts and psychosomatic symptoms. First, in keeping with theoretical accounts that link perfectionism with stress reactivity and stress generation (see Hewitt & Flett, 1991, 2002), it follows that people experiencing frequent perfectionistic thoughts will experience psychosomatic symptoms to the extent that they are experiencing significant stress. Perfectionists exposed to stress tend to have health-related reactions (Dittner, Rimes, & Thorpe, 2011). Perfectionists with chronic rumination who experience stress should be prone to experiencing more stress-related health problems, in part, because of the perfectionist's need for control and tendency to react in a maladaptive manner to failures and setbacks (see Flett, Hewitt, Blankstein, & Mosher, 1995). Given that general research on perfectionism and depression has found stress to be a significant mediator (e.g., Dunkley & Blankstein, 2000), it follows that stress should also mediate the link between perfectionistic automatic thoughts and psychosomatic symptoms. The present work examined this possibility in students with a daily hassles measure designed specifically for students.

We also tested the roles of negative affect and positive affect as mediators. Molnar et al. (2006) summarized past work showing the consistent link between a preponderance of negative affect and health problems (e.g., Cohen & Rodriguez, 1995; Leventhal, Hansell, Diefenbach, Leventhal, & Glass, 1996) and postulated that perfectionism dimensions would be associated with health symptoms through a link with high negative affect and low positive affect. Molnar et al. (2006) found that a preponderance of high trait negative affect and low positive affect fully mediated the link between self-oriented perfectionism and health symptoms and partially mediated the link between socially prescribed perfectionism and health symptoms. This model can also be applied to the proposed model of perfectionistic automatic thoughts and psychosomatic symptoms given that the PCI is associated robustly with negative affect (see Flett et al., 1998). Consistent with Molnar et al. (2006), we focused on trait affect instead of state affect given growing evidence of the role of trait negative affect in health problems (Bleil, Gianaros, Jennings, Flory, & Manuck, 2008; Denollet, Schiffer, & Spek, 2010) and our contention that it is chronic negative affect that puts perfectionists at risk.

In summary, we hypothesized that perfectionistic automatic thoughts would be linked with experiencing more frequent psychosomatic symptoms and that both daily hassles and negative affect would mediate the link between perfectionistic automatic thoughts and psychosomatic symptoms. These associations were assessed while statistically accounting for the effects of broader personality traits related to perfectionism and psychosomatic symptoms (i.e. neuroticism, conscientiousness, and extraversion).

2. Method

2.1. Participants and procedures

A total of 228 university students (157 women, 71 men) with a mean age of 18.9 years ($SD = 2.3$) were recruited. First-year students took part in a larger project examining adjustment and general health among individuals making the transition to university. Participants were approached initially during the first 6 weeks of the fall semester and again in the month of February. The current data are from this second assessment. Participants were paid \$10 for their participation at Time 2. Overall, approximately 75% of the participants had completed high school during the previous year and about 75% of the participants were currently living at home.

2.2. Measures

The following measures were administered.

2.2.1. Perfectionism Cognitions Inventory (PCI; Flett et al., 1998)

The PCI is a 25-item measure of the frequency over the past week of automatic thoughts indicating the need to achieve perfection such as "Why cannot I be perfect?" The PCI has demonstrated high internal consistency in student and clinical samples (Flett et al., 1998, 2007). The validity of the measure is indicated by its association with conceptually relevant measures (see Flett, Greene, & Hewitt, 2004; Flett et al., 2007).

2.2.2. Ten-Item Personality Inventory (TIPI; Gosling, Rentfrow, & Swann, 2003)

The TIPI is a brief scale assessing the Big-Five personality dimensions with two items per subscale. For the purposes of the present study, we only used the dimensions of extraversion (e.g., "extraverted, enthusiastic"), conscientiousness (e.g., "dependable, self-disciplined"), and emotional stability (e.g., "calm, emotionally stable"). We reverse scored the emotional stability dimension and labeled it as "neuroticism". The TIPI demonstrated sufficient convergent and discriminant validity in a sample of 1813 university students (Gosling et al., 2003).

2.2.3. Positive Affect and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988)

The PANAS has 10 adjectives assessing trait positive affect (e.g., "excited") and trait negative affect (e.g., "upset"). Participants rated positive and negative emotions/feelings according to how much they generally (on average) experienced each of the feelings listed. Response options for this scale ranged from 1 (*not at all*) to 5 (*extremely*). Scores on the PANAS have demonstrated high test-retest reliability and acceptable convergent validity in terms of its correlations with similar measures of distress (Watson et al., 1988).

2.2.4. Inventory of College Students' Recent Life Experiences (ICSRLE; Kohn, Lafreniere, & Gurevich, 1990)

The ICSRLE is a 49-item questionnaire measuring daily life hassles among university students. Respondents rate the extent to which a particular experience has been a part of their lives over the past month. Items are scored according to a Likert scale ranging from 1 (*Not at all part of my life*) to 4 (*Very much part of my life*). Seven factors have been identified: developmental challenge (e.g., "Struggling to meet your own academic standards"); time pressure (e.g., "Too many things to do at once"); academic alienation (e.g., "Disliking your studies"); romantic problems (e.g., "Conflicts with boyfriend/girlfriend/spouse"); assorted annoyances (e.g., "Gossip

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