



Maladaptive coping and self-esteem as mediators between perfectionism and psychological distress[☆]

Hyun-joo Park^{a,*}, P. Paul Heppner^b, Dong-gwi Lee^c

^a Department of Education, Dongguk University, 3-26, Pil-dong, Chung-gu, Seoul 100-715, Republic of Korea

^b Department of Educational, School, and Counseling Psychology, 16 Hill Hall, University of Missouri-Columbia, Columbia, MO 65211, USA

^c Department of Psychology, Yonsei University, 134 Shinchon-dong, Seodaemun-gu, Seoul 120-749, Republic of Korea

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ABSTRACT

This study with 508 Korean college students examined the mediation effects of maladaptive coping styles and self-esteem on the links of evaluative concerns perfectionism and psychological distress. Structural equation modeling analyses supported a full mediation effect of maladaptive coping between evaluative concerns perfectionism and distress. The final model also revealed a significant path from evaluative concerns perfectionism through maladaptive coping and self-esteem to distress. Furthermore, a multi-group analysis found that male college students with evaluative concerns perfectionism tend to use maladaptive coping strategies more compared to their female counterparts. The findings provided not only external validity for the full mediation effect of coping but also evidence of more complex relations among the variables.

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1. Introduction

Perfectionism, defined as “the striving for flawlessness,” (Flett & Hewitt, 2002, p. 5) has been the focus of attention in psychology, especially after the advent of sound inventories to assess perfectionism from multidimensional perspectives (e.g., Frost Multidimensional Perfectionism Scale (F-MPS; Frost, Marten, Lahart, & Rosenblate, 1990); Hewitt and Flett Multidimensional Perfectionism Scale (HF-MPS; Hewitt & Flett, 1991)). With these measurement tools, empirical research on perfectionism increased drastically. There is a growing consensus that a distinction can be made between neurotic (maladaptive) versus normal (adaptive) perfectionism (Hamachek, 1978; Stoeber & Otto, 2006), yet it is maladaptive perfectionism that has been found to be associated with various forms of maladjustment (Flett & Hewitt, 2002).

Initially, empirical research on maladaptive perfectionism focused on direct links between perfectionism and indices of psychological adjustment, such as depression, anxiety, eating disorders, obsessive–compulsive disorder, and suicidal ideation (see Flett & Hewitt, 2002; Shafran & Mansell, 2001). In addition to such direct associations, recently, an important line of research took it a step further to identify mediators to explain underlying mechanisms

of the link between maladaptive perfectionism and distresses. Mediators refer to variables that “establish how or why one variable predicts or causes an outcome variable” (Frazier, Tix, & Barron, 2004, p. 116), providing practicing psychologists with useful information regarding intervention targets.

A review of perfectionism literature has identified two promising mediators between maladaptive perfectionism and distress: coping styles (Dunkley & Blankstein, 2000; Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Dunn, Whelton, & Sharpe, 2006) and self-esteem (Preusser, Rice, & Ashby, 1994; Rice, Ashby, & Slaney, 1998). Coping styles as a mediator is based on the postulation that “individuals with perfectionistic standards who typically make use of maladaptive coping responses will be especially prone to maladjustment” (Dunkley et al., 2000, p. 440). Self-esteem is also hypothesized as an important mediator because perfectionists with extremely high standards would rarely be satisfied with their achievements and more likely to suffer from low self-esteem constantly, which would significantly exacerbate their psychological adjustment.

Previous research has identified maladaptive coping as a solid mediator between maladaptive perfectionism and distress (Dunkley & Blankstein, 2000; Dunkley et al., 2000; Dunn et al., 2006). From the studies by Dunkley and his associates, maladaptive or avoidant coping were found to fully mediate the link between evaluative concerns or self-critical perfectionism and distress. In addition, Dunn et al. (2006) showed that avoidant coping partially mediated between maladaptive perfectionism and distress in

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* Corresponding author. Tel.: +82 2 2260 3383; fax: +82 2 2277 1274.

E-mail address: hjpark@dongguk.edu (H. Park).

Canadian university professors. Self-esteem has also been found to play a significant mediating role between perfectionism and distress (Preusser et al., 1994; Rice et al., 1998). Preusser et al. (1994) reported that self-esteem was a significant mediator between Socially Prescribed Perfectionism from the HF-MPS and depression for men and women as well as Self-Oriented Perfectionism from the HF-MPS and depression only for women. Similarly, Rice et al. (1998) identified a significant mediating role of self-esteem between maladaptive perfectionism and depression.

Although previous research on mediating effects of maladaptive coping and self-esteem has provided insight into underlying mechanisms to elucidate the relationship between perfectionism and maladjustment, some further areas of investigation can be explored. First, testing the concurrent mediating effects of maladaptive coping styles and self-esteem, which has been examined separately, would extend our comprehensive understanding of the mechanism whereby perfectionism and maladjustment are connected. Second, the coping measures used in the previous research [Coping Inventory for Stressful Situations (Endler & Parker, 1990); the COPE inventory (Carver, Scheier, & Weintraub, 1989)] have been criticized because some items are confounded with distress symptoms (Stanton, Danoff-Burg, Cameron, & Ellis, 1994). Moreover, an important aspect of coping, such as the effectiveness of coping effort (Heppner, Cook, Wright, & Johnson, 1995), was not considered. Third, only depression was utilized as a criterion variable in the studies testing the mediating role of self-esteem; examining the mediating effect with other maladjustments, such as general distress and interpersonal difficulties, would provide valuable information. Lastly, a notable limitation in the perfectionism literature is that the majority of the studies were conducted within Western countries. Researchers have consistently called for the need to investigate the construct of perfectionism and to test the generalizability of the findings to other cultures, such as Asian cultures (e.g., Castro & Rice, 2003; Preusser et al., 1994). Thus, testing the mediation models in Asian culture would provide meaningful evidence for the external validity. Taken together, the present study tested the mediation effects of both maladaptive coping styles and self-esteem between evaluative concerns perfectionism and distress in Korean college students.

2. Method

2.1. Participants and procedure

Participants were 522 college students in two large universities in South Korea. Data from 508 students were used after data screening procedures. About half of the participants were males ($n = 272$, 54%), and participants' mean age was 20.56 years ($SD = 2.19$). Data collection was carried out via the Internet. The instructors explained the purpose of the study as well as participants' rights in the classes, and students who were interested in participating were informed of a World-Wide Web address where they could access the online survey. In the online survey, informed consent information was provided, and participants' consents were obtained by clicking "I agree".

2.2. Instruments

All the instruments except for the Rosenberg Self-Esteem were translated into Korean. First, the English versions were translated into Korean by the first author who was fluent both in Korean and English. Second, the third author, who is also bilingual both in Korean and English, back-translated the translated versions into English. Third, two American professors in psychology compared and reviewed the original English versions with the back-trans-

lated versions and noted any discrepancies. Fourth, based on the reviews, translation and back translation procedures were repeated until every party agreed with the equivalence of the Korean and English versions.

Frost Multidimensional Perfectionism Scale (F-MPS; Frost et al., 1990). The F-MPS is a 35-item self-assessment measure of perfectionism. Each item is rated on a 5-point Likert-type scale from "1 = strongly disagree" to "5 = strongly agree." The F-MPS consists of six subscales: Concern over Mistakes (CM), Personal Standards, Parental Expectations, Parental Criticism, Doubts about Actions (DA), and Organization. The scale was reported to have acceptable reliability and validity estimates (Enns & Cox, 2002). The current study utilized the CM and DA subscales to represent the evaluative concerns perfectionism in accordance with the previous research findings (e.g., Dunkley et al., 2000; Dunn et al., 2006). In this study, the Cronbach alphas for these two subscales were .86 (CM) and .67 (DA).

Problem-Focused Style of Coping (PF-SOC; Heppner et al., 1995). The PF-SOC is an 18-item inventory to measure individuals' problem-focused activities related to progress toward resolving problems. Items are rated on a 5-point Likert-type scale from "1 = almost never" to "5 = almost all of the time." The PF-SOC consists of Reflective style, Suppressive style, and Reactive style, reflecting different dispositional problem-resolution styles. Higher scores on each subscale indicate greater utilization of each style. The reliability and validity estimates of the PF-SOC were reported in Heppner et al. (1995). In this study, the Suppressive and the Reactive styles were selected to represent the maladaptive coping construct (Wei, Heppner, Russell, & Young, 2006). The Cronbach alpha coefficients were .75 (Suppressive) and .61 (Reactive) in this study.

Rosenberg Self-Esteem (RSE; Rosenberg, 1965). The RSE is a widely-used 10-item scale designed to assess individuals' global self-esteem. Items are rated on a 4-point Likert scale from strongly agree to strongly disagree. The psychometric properties of the RSE have been reported (Corwyn, 2000). A translated version by Chun (1974) was used. In this study, the Cronbach alpha coefficient for the RSE was .82.

Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). The BSI is a 53-item self-report symptom inventory. Each symptom is rated according to the amount of distress experienced, from 0 (not at all) to 4 (extremely). Scores are obtained on nine dimensions (e.g., depression, anxiety, somatization) and on the Global Severity Index (GSI), which is considered the best single indicator of the participants' level of distress (Derogatis, 1993). The present study utilized the GSI as an indicator of the psychological distress construct. Derogatis and Spencer (1982) reported evidence for the psychometric properties of the BSI. In this study, the Cronbach alpha for the Korean version of the BSI items was .97.

Inventory of Interpersonal Problems-Short Circumplex Form (IIP-SC; Soldz, Budman, Demby, & Merry, 1995). The IIP-SC contains 32 6-point Likert-type items (0 = not at all to 5 = extremely) and measures individuals' level of interpersonal difficulties. Acceptable internal consistency estimates of the IIP-SC have been reported (Soldz et al., 1995). In this study, the Cronbach alpha coefficient for the IIP-SC was .87.

3. Results

3.1. Measurement model

The analysis of the mediation effects followed the two-step procedure recommended by Anderson and Gerbing (1988). First, the measurement model was tested to assess the extent to which each of the four latent variables was represented by its indicators. Once

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