



Full Length Article

Perfectionism erodes social self-esteem and generates depressive symptoms: Studying mother-daughter dyads using a daily diary design with longitudinal follow-up[☆]



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ABSTRACT

The perfectionism social disconnection model (PSDM) asserts socially prescribed perfectionism confers risk for depression by eroding social self-esteem. However, self-oriented perfectionism and other-oriented perfectionism are neglected in extant tests of the PSDM. Moreover, the PSDM attributes the source of depression to dispositional characteristics without considering interpersonal contexts. We expanded and tested the PSDM in 218 mother-daughter dyads using a daily diary design with longitudinal follow-up. Daughters completed measures of self-oriented and socially prescribed perfectionism (Wave 1), social self-esteem (Wave 2), and depression (Wave 1 and Wave 3). Mothers completed a measure of other-oriented perfectionism (Wave 1). Daughters' socially prescribed and self-oriented perfectionism, and mothers' other-oriented perfectionism, conferred vulnerability to daughters' depression by lowering daughters' social self-esteem.

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1. Introduction

Perfectionism confers risk for depressive symptoms (Dunkley, Sanislow, Grilo, & McGlashan, 2006; Shahar, Blatt, Zuroff, & Pilkonis, 2003; Smith et al., 2016). But why do perfectionists get depressed? The perfectionism social disconnection model (PSDM; Hewitt, Flett, Sherry, & Caelian, 2006) offers one compelling explanation—perfectionism impedes participating in and benefiting from close relationships, which in turn places perfectionists at risk for depressive symptoms (Sherry, Mackinnon, & Gautreau, 2016). Extant evidence supports the PSDM. Shahar, Blatt, Zuroff, Krupnick, and Sotsky (2004) studied patients receiving treatment for depression and found baseline perfectionism reduced the quality of the patient's social network, impaired the patient-therapist alliance, and slowed reductions in post-treatment depression. Similarly, Dunkley et al. (2006) reported decreased social support and increased negative social interactions accounted for the perfectionism-depressive symptom link. Likewise, other forms of

social disconnection mediate the perfectionism-depressive symptom link including interpersonal discrepancies (Sherry et al., 2013), communication styles (Barnett & Johnson, 2016), and personality dependent interpersonal stressors (Békés et al., 2015; Cox, Clara, & Enns, 2009; Flett, Besser, & Hewitt, 2014).

However, there are still major gaps in our understanding of the perfectionism-depression link. Research on the PSDM omits self-oriented and other-oriented perfectionism (e.g., Barnett & Johnson, 2016; Sherry, Law, Hewitt, Flett, & Besser, 2008). And research on perfectionism and depressive symptoms typically focus on dispositional characteristics (e.g., perfectionistic traits)—without considering interpersonal contexts (e.g., parent-offspring relationships), despite evidence that interpersonal contexts are critically important to understanding depression (Joiner & Coyne, 1999). We addressed these limitations by extending and by testing the PSDM in a sample of mother-daughter dyads using a daily diary design with longitudinal follow-up.

1.1. The perfectionism social disconnection model

Hewitt and Flett (1991) conceptualized perfectionism as a multidimensional personality trait composed of three dimensions:

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self-oriented perfectionism (demanding perfection of oneself), *other-oriented perfectionism* (demanding perfection of others), and *socially prescribed perfectionism* (perceiving others as demanding perfection). For people high on socially prescribed perfectionism a sense of being accepted by and liked by others is elusive (Mackinnon et al., 2011). And if, as Moretti and Higgins (1999) assert, we have an internal audience that includes intrapsychic representations of other people's opinions and expectations, then individuals with elevated socially prescribed perfectionism see their inner audience as disgruntled (Sherry et al., 2013). Indeed, establishing meaningful connections to others is difficult for people high on socially prescribed perfectionism, as other's love, approval, and acceptance are judged as forthcoming only if they achieve perfect outcomes (Hewitt & Flett, 1991; Hewitt et al., 2006). In sum, according to the PSDM, socially prescribed perfectionism generates feelings of being rejected and disliked by other people (i.e., low social self-esteem), which subsequently contributes to depressive symptoms (Hewitt et al., 2006). And the PSDM views socially prescribed perfectionism as the perfectionism dimension that leaves people most vulnerable to depression (Flett, Hewitt, & De Rosa, 1996; Hewitt et al., 2006). However, though clearly appropriate to accord socially prescribed perfectionism a prominent role in the PSDM, there is also an important role for self-oriented and other-oriented perfectionism in understanding perfectionists' interpersonal difficulties and depressive symptoms (Sherry et al., 2016).

1.2. Expanding the PSDM: A role for self-oriented perfectionism

Compared to socially prescribed perfectionism, self-oriented perfectionism shows weaker associations with depressive symptoms (Smith et al., 2016). But self-oriented perfectionism still confers risk for depression across a wide range of populations (Hewitt & Flett, 1993; Smith et al., 2016). And, like socially prescribed perfectionism, self-oriented perfectionism is linked to low social self-esteem among female undergraduates (Blankstein, Dunkley, & Wilson, 2008; Sherry & Hall, 2009). Indeed, theory suggests self-oriented perfectionism leads to an imbalanced life wherein self-definition trumps relatedness (Sherry et al., 2016).

Specifically, relentlessly pursuing agentic goals, at the expense of communal goals, causes people with elevated self-oriented perfectionism to miss or to ignore chances for close relationships (Hewitt et al., 2006; Sherry et al., 2016). Likewise, people high on self-oriented perfectionism are overly competitive, which manifests in a win-at-all-costs interpersonal style (Sherry et al., 2016). As such, individuals high on self-oriented perfectionism have a self-preservation orientation in which competition, beating others, and being the absolute best are paramount (Flett, Hewitt, Blankstein, & Gray, 1998; Sherry, Hewitt, Flett, Lee-Baggley, & Hall, 2007). Hence, for people high on self-oriented perfectionism, other people are seen more as potential competitors than as potential collaborators (Sherry et al., 2016).

Similarly, for individuals with high self-oriented perfectionism, their sense of self-worth is contingent on achieving perfection (Struman, Flett, Hewitt, & Rudolph, 2009). Thus, people with elevated self-oriented perfectionism seek out others' acceptance and approval by doggedly striving to meet self-imposed perfectionistic goals. However, perfection is intangible, fleeting, and rare. Thus, individuals with elevated self-oriented perfectionism experience a high frequency of perceived failures and a low frequency of perceived successes. Accordingly, after repeatedly falling short of their self-imposed perfectionistic goals, people high on self-oriented perfectionism often feel deficient in the eyes of others (Sherry et al., 2016). Drawing on Horney (1950), we can say individuals high on self-oriented perfectionism *move away* from other people due to their hyper-focus on agentic achievement, their neglect of

communal goals, and their precarious sense of self-worth (Sherry et al., 2016; Struman et al., 2009).

1.3. Expanding the PSDM: A role for other-oriented perfectionism

Whereas self-oriented perfectionists *move away from* other people, other-oriented perfectionists *move against* other people (Horney, 1950). In fact, individuals with high other-oriented perfectionism denigrate others, are continually disappointed by others, and are perpetually in conflict with others (Hewitt & Flett, 1991; Sherry et al., 2016). However, other-oriented perfectionism shows inconsistent associations with depressive symptoms (Chen, Hewitt, & Flett, 2017). And theory suggests, for people high on other-oriented perfectionism, their tendency to externalize blame buffers against depressive symptoms (Chen et al., 2017).

Even so, the recipients of perfectionistic demands appear to suffer more than the originators of perfectionistic demands (Sherry et al., 2016; Smith et al., 2017). For instance, Hewitt, Flett, and Mikail (1995) found spouses of people with high other-oriented perfectionism had greater marital distress, whereas the partner high on other-oriented perfectionism was not themselves affected. Likewise, Smith et al. (2017) reported other-oriented perfectionism in influencers (mothers, fathers, romantic partners, and friends) predicted socially prescribed perfectionism in targets, which subsequently contributed to targets' stress. Thus, although individuals with high other-oriented perfectionism do not themselves suffer greater distress, evidence indicates they distress the people closest to them (Hewitt et al., 1995; Nealis, Sherry, Sherry, Stewart, & Macneil, 2015; Smith et al., 2017). In fact, being harshly judged vis-à-vis another person's unobtainable standards may lead people to feel rejected by and disliked by others (i.e., low social self-esteem), which in turn triggers depressive symptoms (Sherry et al., 2016). And yet, although plausible, this contention is untested to date.

1.4. Testing the expanded PSDM using mother-daughter dyads

Against this background, we tested an often discussed (Blatt, 1995; Bruch, 1971; Sherry et al., 2016), but rarely studied, idea—depressive symptoms in daughters arise not only from socially prescribed perfectionism, but also self-oriented perfectionism and exposure to critical, pressuring, and demanding mothers. We focused on daughters since, from adolescence onward, women are twice as likely to be depressed (Mead, 2002). Furthermore, Blankstein et al. (2008) found perfectionistic strivings, a composite of self-oriented perfectionism and personal standards, correlated negatively with social self-esteem among female, but not male, undergraduates. Moreover, daughters appear to become perfectionistic in response to criticism, pressure, and demands from mothers (Besser & Priel, 2005; Clark & Coker, 2009; Flett, Hewitt, Oliver, & Macdonald, 2002; Flett, Hewitt, & Singer, 1995; Soenens et al., 2005). And, maternal criticism, maternal pressure, and maternal demands are tied to depressive symptoms in daughters (Gibb, Uhrlass, Grassia, Benas, & McGeary, 2009; Rosenbaum Asarnow, Tompson, Woo, & Cantwell, 2001).

1.5. The present study

We expanded and tested the PSDM to provide an integrative theoretical framework explaining why daughters' socially prescribed perfectionism, daughters' self-oriented perfectionism, and mothers' other-oriented perfectionism confer risk for depressive symptoms in daughters. Given the rank-order stability of depressive symptoms (Prenoveau et al., 2011), we hypothesized depressive symptoms would display moderately-to-strongly stable

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