



Perfectionism and depressive symptoms: The effects of psychological detachment from work



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ABSTRACT

We examined the association of perfectionism with depressive symptoms and tested whether psychological detachment from work would both mediate and moderate the association. The participants were 76 primary school teachers (87% female) who responded to measures of perfectionism (Multidimensional Inventory on Perfectionism in Sports adapted for teachers), psychological detachment from work (The Recovery Experience Questionnaire), and depressive symptoms (Beck Depression Inventory-II). Perfectionism comprised both adaptive and maladaptive dimensions. Adaptive perfectionism referred to striving for perfection, whereas maladaptive perfectionism involved negative reactions to imperfection and perceived pressure to be perfect. According to our results, negative reactions to imperfection were associated with higher depressive symptoms, and lower level of psychological detachment from work played a minor mediating role in the association. There was, however, no association between negative reactions to imperfection and higher depressive symptoms when detachment from work was high. Our findings suggest that striving for perfection and perceived pressure to be perfect might not contribute to depressive symptoms in teaching. Instead, teachers experiencing negative reactions to imperfection and low psychological detachment from work could be at risk for developing depressive symptoms. Finding ways to psychologically detach from work may benefit teachers characterized by negative reactions to imperfection.

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1. Introduction

Perfectionism is a personality trait with both adaptive and maladaptive aspects (Bieling, Israeli, & Antony, 2004). Adaptive perfectionism is characterized by setting high personal standards and striving for flawlessness (Flett & Hewitt, 2002) and it is associated with the Big Five trait of conscientiousness (Dunkley, Blankstein, Zuroff, Lecce, & Hui, 2006). Maladaptive perfectionism, by contrast, encompasses negative reactions to mistakes, fear of failure, critical self-evaluations, and concerns regarding others' evaluations (Cox, Enns, & Clara, 2002; Molnar, Sadava, Flett, & Colautti, 2012). It is associated with neuroticism (Dunkley, Blankstein, et al., 2006) and is viewed as a stressor for individuals characterized by the trait (Chang, 2006; Chang, Watkins, & Banks, 2004). Consequently, several studies have highlighted the role of maladaptive perfectionism as a risk factor for various forms of

psychopathology, such as depression and depressive symptoms (Enns, Cox, & Clara, 2002; Harris, Pepper, & Maack, 2008).

It has been proposed that maladaptive perfectionism is linked to depression through various dysfunctional behaviors and cognitions (Dunkley, Sanislow, Grilo, & McGlashan, 2006; Harris et al., 2008). In the context of working life, poor psychological detachment from work could represent such a dysfunctional cognition through which perfectionism affects mental health. Psychological detachment refers to disengaging mentally from work during leisure time (Sonnentag & Krueger, 2006). It reduces strain and contributes to recovery process by implying that no further demands are placed on the same functional systems that were taxed during working hours (Sonntag & Fritz, 2007). Although evidence suggests that poor psychological detachment from work could be involved in the development of depressive symptoms (Sonntag & Fritz, 2007), it remains unclear whether adaptive and maladaptive perfectionism contribute to poor psychological detachment and whether psychological detachment, in turn, could act as a mediator of the effects of perfectionism on mental health.

In developing preventive strategies for depression, it is valuable to also consider moderating factors that may mitigate the adverse effects

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of perfectionism. Despite attempts to identify buffering factors that could protect maladaptive perfectionists from depression, there has been, thus far, little progress in detecting such factors (Ashby, Dickinson, Gnilka, & Noble, 2011; Dunkley, Solomon-Krakus, & Moroz, 2016; Zhou, Zhu, Zhang, & Cai, 2013). However, prior research on perfectionism and depression has overlooked the potential buffering effects of psychological detachment from work. Importantly, it was recently proposed that besides having mediating effects, psychological detachment from work could also be a moderator of the association between stressors and mental health outcomes (Sonnentag & Fritz, 2015). We apply this framework for the association between perfectionism and depressive symptoms by testing both the mediating and moderating effects of psychological detachment from work.

The current study examined the associations between adaptive and maladaptive aspects of perfectionism, psychological detachment from work, and depressive symptoms in a sample of primary school teachers. Compared with many other occupations, teachers report higher levels of occupational stress and show more signs of mental health problems (Johnson et al., 2005). Previously, maladaptive perfectionism has been identified as one of the factors increasing the risk of poor teacher mental health (Stoeber & Rennert, 2008). Because the trait is associated with stress sensitivity (Luyten et al., 2011), it might have severe health consequences for individuals frequently exposed to stressful situations. Exploring ways of alleviating the adverse effects of perfectionism is, consequently, critical particularly in high-stress professions such as teaching.

We examined three dimensions of perfectionism tapping into its positive and negative aspects: striving for perfection (adaptive perfectionism), negative reactions to imperfection (self-oriented maladaptive perfectionism), and perceived pressure to be perfect (socially prescribed maladaptive perfectionism). Even though adaptive perfectionism is considered as a healthy striving for excellence and is, therefore, not usually associated with depression, including it in the study enabled us to investigate the associations between psychological detachment from work and both positive and negative facets of perfectionism. We, however, hypothesized that particularly the maladaptive dimensions of perfectionism would be associated with higher levels of depressive symptoms and that the associations could be mediated and moderated by psychological detachment from work.

2. Method

2.1. Participants and procedure

Questionnaire data were collected between 2013 and 2014 from a randomized selection of primary schools in the Helsinki metropolitan area of Finland. Out of the initially selected 48 schools, 39 granted permission to conduct the study. Responses were received from 34 schools, representing 71% of the initial selection. The self-administered questionnaires were delivered to teachers' post boxes in the middle of the school term and included questions about demographics, working hours, perfectionism, psychological detachment from work, and depressive symptoms. A total of 76 primary schools teachers (66 female, 10 male), instructing grades one through six (7- to 12-year-old students) returned the questionnaires. The teachers were aged between 25 and 63 years ($M = 43.95$, $SD = 10.10$). The age distribution (33% <40 years, 34% 40–49 years, and 33% ≥50 years) and gender distribution (87% female) of the teachers were comparable to national age and gender distributions among teachers in Finland (Finnish National Board of Education, 2013). The study was carried out in accordance with the ethical principles of the University of Helsinki, and the participants provided written informed consent.

2.2. Measures

We assessed perfectionism with the Multidimensional Inventory of Perfectionism in Sports adapted to teachers and the school context

(Stoeber & Rennert, 2008). The inventory includes three dimensions of perfectionism: striving for perfection (adaptive perfectionism, five items, e.g., "At school, it is important to me to be perfect in everything I attempt"), negative reactions to imperfection (self-oriented maladaptive perfectionism, five items, e.g., "At school, I feel extremely stressed if everything doesn't go perfectly"), and perceived pressure to be perfect (socially prescribed maladaptive perfectionism, 24 items, e.g., "My students expect my performance to be perfect"). The indicator of perceived pressure to be perfect referred to overall socially prescribed maladaptive perfectionism that included pressure from colleagues, students, and the students' parents (eight items for each source of pressure, totaling to 24 items). The items were rated on a scale from 1 (never) to 6 (always). Mean scores were obtained for each dimension of perfectionism, with higher scores corresponding to greater perfectionism. Cronbach's alphas (α) for the scales ranged from 0.91 to 0.97.

Psychological detachment from work was assessed with the Recovery Experience Questionnaire (REQ; Kinnunen, Feldt, Siltaloppi, & Sonnentag, 2011; Sonnentag & Fritz, 2007). The REQ measures psychological detachment from work with four items (e.g., "During time after work, I don't think about work at all"). The items were rated on a scale ranging from 1 (totally disagree) to 5 (totally agree), and a mean score was calculated from the items. A higher score indicated a higher level of psychological detachment from work. The Cronbach's alpha for the scale was 0.82.

Depressive symptoms experienced during the past two weeks were measured with the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The 21-item scale measures self-rated depressive symptoms with four response alternatives ranging in intensity, coded from 0 to 3 (e.g., from "I don't cry any more than usual" to "I used to be able to cry, but now I can't cry even though I want to"). The answers were summed to yield a total score ranging from 0 to 63, with higher scores corresponding to higher levels of depressive symptoms. The Cronbach's alpha for the scale was 0.90.

2.3. Statistical analyses

We first calculated bivariate correlations between the study variables. Next, we used linear regression analysis to explore the associations between perfectionism, psychological detachment from work, and depressive symptoms. The dimensions of perfectionism (i.e., striving for perfection, negative reactions to imperfection, and perceived pressure to be perfect) were examined both separately and after mutual adjustment. We additionally examined which dimension of perfectionism was the strongest predictor of psychological detachment from work and depressive symptoms by examining the dimensions using relative weight analysis (Tonidandel & LeBreton, 2011). Compared with traditional indices produced by regression analysis, this method yields more accurate partitioning of variance explained among correlated predictors.

Bootstrap mediation analyses (PROCESS macro; Hayes, 2013) with 10,000 resamples was conducted to examine the mediating effect of psychological detachment from work. The method is preferred in mediation analysis because it uses resampling with replacement and does not rely on the normality of the sampling distribution. Finally, we tested for interaction effects between each dimension of perfectionism and psychological detachment from work in three separate regression models predicting depressive symptoms. The predicting variables were mean centered before testing interactions, and all models were adjusted for age, gender, and total working hours. The analyses were performed using SPSS Statistics 22.0 and STATA 13 statistical software.

3. Results

Table 1 presents descriptive statistics and correlations for the study variables. There was a significant overlap between striving for perfection and negative reactions to imperfection ($r = 0.62$), i.e., the

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