Personality and Individual Differences 79 (2015) 123–128

Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Self-criticism as a mediator in the relationship between unhealthy perfectionism and distress

Kirsty James [a,*], Bas Verplanken [b], Katharine A. Rimes [c]

[a] Department of Clinical Psychology, University of Bath, Bath BA2 7AY, United Kingdom
[b] Department of Psychology, University of Bath, Bath BA2 7AY, United Kingdom
[c] King's College London, Institute of Psychiatry, Psychology and Neuroscience, De Crespigny Park, Denmark Hill, London SE5 8AF, United Kingdom

ARTICLE INFO

Article history:
Received 14 October 2014
Received in revised form 19 January 2015
Accepted 21 January 2015
Available online 19 February 2015

Keywords:
Perfectionism
Self-criticism
Depression
Anxiety
Stress

ABSTRACT

Unhealthy or negative perfectionism has been identified as both a risk and maintaining factor for a range of psychological difficulties. A cross-sectional online study with a predominantly student population (n = 381) investigated cognitive processes suggested to mediate the relationship between unhealthy perfectionism and distress. Hypothesised cognitive processes were assessed using questionnaires about rumination, habitual self-critical thinking, unhelpful beliefs about emotions, self-compassion and mindfulness. Factor analysis of these questionnaires suggested two distinct underlying constructs, labelled self-criticism and present-moment awareness. Higher levels of self-criticism were associated with unhealthy perfectionism and psychological distress, and partially mediated this relationship. Present-moment awareness was associated with unhealthy perfectionism but not distress. These findings are consistent with the possibility that repetitive or habitual self-critical thinking is a process through which unhealthy perfectionism may result in greater distress. Future research could investigate whether interventions targeting self-criticism may help to reduce distress in individuals with high levels of unhealthy perfectionism.

1. Introduction

The construct of perfectionism is one that is still debated, with some conceptualisations emphasising its multidimensional nature (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Multidimensional definitions often highlight adaptive and maladaptive aspects. For example, 'perfectionistic striving', characterised by setting and striving for high standards, is often viewed as adaptive, healthy or positive, whereas 'perfectionistic concern' including self-criticism, fear of failure and negative evaluation by self or others is frequently viewed as the unhealthy or negative side of perfectionism (Stoeber & Otto, 2006). Bearing similarities to 'unhealthy' or 'negative' perfectionism, 'clinical perfectionism' has been defined as the overdependence of self-worth on the pursuit and achievement of personally demanding, self-imposed standards, despite adverse consequences (Shafran, Cooper, & Fairburn, 2002). Perfectionism has been conceptualised as a transdiagnostic risk and maintaining factor for a range of psychological problems such as eating disorders and depression (Egan, Wade, & Shafran, 2011). Given the association between unhealthy perfectionism and psychological distress, further research aiming to understand both the risk and protective processes underlying this relationship is required.

1.1. Cognitive processes which may mediate the relationship between perfectionism and distress

Self-criticism is a process consistently emphasised in models of perfectionism (Blatt, 1995; Hewitt & Flett, 1991). Previous research has found evidence consistent with the suggestion that the relationship between perfectionism and depression, anxiety and eating disorder symptomatology is accounted for by self-criticism (Dunkley, Blankstein, Masheb, & Grilo, 2006). However, self-critical thinking has often been measured as a facet of a depression scale (Depressive Experiences Questionnaire; Blatt, D'Afflitti, & Quinlan, 1976) which may thus be influenced by mood. In the present study we operationalized self-criticism in the form of three constructs; a general tendency to ruminate; beliefs about the unacceptability of experiencing or expressing negative thoughts and emotions; and habitual critical self-thinking.

A growing evidence base suggests a strong association between rumination and unhealthy perfectionism, with perfectionist

* Corresponding author. Tel.: +44 0117 342 8168.
E-mail addresses: Kirsty.james@nhs.net (K. James), Katharine.rimes@kcl.ac.uk (K.A. Rimes).

http://dx.doi.org/10.1016/j.paid.2015.01.030
0191-8869/

individuals reporting higher levels of rumination than others (O'Connor, O'Connor, & Marshall, 2007). Furthermore, evidence has suggested that the tendency to ruminate, in particular a brooding ruminative response style, mediates the relationship between maladaptive perfectionism and depressive symptoms (Di Schiena, Luminet, Philippot, & Douilliez, 2012) and social anxiety (Nepon, Flett, Hewitt, & Molnar, 2011). Short and Mazmanian (2013) found that rumination mediated the relationship between socially prescribed perfectionism and negative affect in university students.

Another form of negative self-focused cognition that has been found to be associated with unhealthy perfectionism is the belief that experiencing or expressing negative thoughts and emotions is unacceptable and will lead to negative evaluation by others (Rimes & Chalder, 2010). Indeed, such beliefs could be viewed as a form of negative or unhealthy perfectionism focused on emotional distress. Such beliefs have in turn been suggested to play a role in the development and maintenance of psychological and somatic symptoms (Surawy, Hackmann, Hawton, & Sharpe, 1995). Such beliefs are associated with attempts to suppress distressing emotions (Spokas, Luterek, & Heimberg, 2009), which may result in an unintended increase in distress (Trinder & Salkovskis, 1994). However, no previous studies have investigated whether beliefs about the unacceptability of negative emotions may mediate the relationship between unhealthy perfectionism and distress.

Finally, whereas beliefs about the unacceptability of thoughts and emotions may be considered as "cognitive content", our third facet of self-criticism pertains to the process of self-critical thinking (Verplanken, Friborg, Wang, Trafimow, & Woolf, 2007). Negative self-thinking as "mental habit" has been identified as a vulnerability factor with respect to psychological distress such as low self-esteem, depression (Verplanken et al., 2007), and anxiety (Verplanken, 2012).

1.2. Protective processes in the relationship between perfectionism and distress

Research has also started exploring potentially helpful psychological processes, which may act as protective factors and decrease the possibility that unhealthy perfectionism will lead to distress. Mindfulness has recently been hypothesised as one such protective factor. This is described as a process of deliberately and non-judgmentally attending to present moment experiences without distraction or reaction, even when they are unpleasant (Baer, 2003). The concept has been formulated as both a dispositional characteristic and a skill that can be learned and practiced, and is associated with decreased distress (Short & Mazmanian, 2013). Lundh (2004) hypothesised that perfectionism becomes unhealthy when striving for high standards becomes a demand and individuals demonstrate an inability to accept things as they are at present, which is a core component of mindfulness. Furthermore, it has been argued that mindfulness may serve as a protective factor in the perfectionism–distress relationship by providing skills to interrupt repetitive unhelpful thinking patterns, such as rumination (Short & Mazmanian, 2013).

Argus and Thompson (2008) found that mindful awareness fully mediated the positive association between maladaptive perfectionism and depression severity in inpatients experiencing clinical depression. Furthermore, Short and Mazmanian (2013) found that rumination mediated the relationship between socially prescribed perfectionism and negative affect in students who were low in mindfulness but not those high in mindfulness.

However, mindfulness is often conceptualised as a multi-faceted construct, including observing one's ongoing experience, describing thoughts and feelings, acting with awareness rather than being easily distracted, non-judging and non-reactivity to distressing thoughts and feelings (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Short and Mazmanian (2013) found that acting with awareness rather than becoming distracted and non-judging of inner experience were most strongly related to distress. No previous studies have investigated different components of mindfulness as mediators in the unhealthy perfectionism–distress relationship.

Self-compassion is often viewed as a key component within mindfulness (Kuyken et al., 2010) but is gaining increasing research attention within its own right (Neff, 2003a, 2003b). Self-compassion has been found to predict emotional and cognitive reactions to negative everyday events and, when imagining distressing social events, buffer against negative self-feelings (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Although limited, existing research has found that self-compassion is associated with lower levels of psychological distress and rumination and that those students high in self-compassion show lower levels of perfectionism (Neff, 2003a). Self-compassion has not been previously investigated as a mediator in the relationship between unhealthy perfectionism and distress. In addition, the overlap between self-compassion and mindfulness means that it would be useful to examine these factors together to help us understand whether they make unique contributions in buffering the impact of perfectionism on distress.

1.3. The present study

In summary, previous studies suggest that unhealthy perfectionism is associated with higher levels of habitual self-critical thinking, rumination and unhelpful beliefs about emotions and lower levels of self-compassion and mindfulness. Each of these have been proposed as potential processes by which unhealthy perfectionism can contribute to psychological distress, although beliefs about emotions and self-compassion have not previously been investigated as potential mediators. However, these potential mediators are overlapping constructs. It could be argued that self-focused negatively evaluative cognition is a core aspect of habitual self-criticism, rumination and beliefs that negative emotions are unacceptable. Conversely, individuals high on self-compassion are likely to be lower on self-criticism, although the constructs are not simply inverses of each other (Neff, 2003a). The construct of mindfulness is more complex, with some aspects of self-evaluative cognitions but other aspects that are more about observing, describing and non-reacting to experiences. In the present study, these different psychological processes were first entered into a factor analysis to identify underlying factors, before mediational analyses were undertaken. It is hypothesised that the key mediator between unhealthy perfectionism and distress would be negative thinking about the self. It was further hypothesised that the non-judging component of the mindfulness construct would load inversely on the self-critical thinking factor, while the other mindfulness components and self-compassion were included as potential independent protective factors.

2. Method

2.1. Design

A cross-sectional, questionnaire-based design was utilised. The study protocol obtained ethics approval from the Department of Psychology, University of Bath (Reference: 12-124).

2.2. Participants

An opportunity sample of participants were recruited ($n = 381$) via electronic online advertisements. These adverts were on sites