



Self-criticism, intensity of perceived negative life events, and distress: Results from a two-wave study

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ABSTRACT

The aim of the present study was to evaluate whether changes in the maladaptive personality trait of self-criticism and changes in the interaction between this trait and the intensity of perceived negative life events predict changes in distress over a period of five months. A final sample of 207 young adults participated, responding to the Depressive Experiences Questionnaire, the Life Experiences Survey, and the Brief Symptom Inventory. Results demonstrated that changes in self-criticism predicted changes in distress over and beyond the prediction associated with assessing the intensity of perceived negative life events. Further, changes in self-criticism and perceived negative life events interacted in the prediction of changes in distress. Findings are discussed in terms of personality characteristics of self-critical individuals and of the construct of resilience.

Dysfunctional personality traits may confer a vulnerability to psychopathology (e.g., Kopala-Sibley & Zuroff, 2014; Liu & Alloy, 2010). For example, several studies have demonstrated that there is a relationship between the dysfunctional personality trait of self-criticism proposed by Blatt (2004, 2008) and depression (e.g., Kopala-Sibley, Zuroff, Hermanto, & Joyal-Desmarais, 2016; Luyten et al., 2007; Sobrinho, Campos, & Holden, 2016) or, more generally, with distress and other forms of psychopathology (Blatt, 2008; Kopala-Sibley, Zuroff, Russell, & Moskowitz, 2014). Of note, self-criticism may be linked not only to depression but also to a wide range of psychopathologies (Blatt, 2008) such as bipolar disorder (Rosenfarb, Becker, Khan, & Mintz, 1998), social anxiety (Kopala-Sibley et al., 2014), and borderline personality disorder (Levy, Edell, & McGlashan, 2007). Self-criticism, labelled by some personality researchers as self-critical perfectionism, combines characteristics of having high personal standards with high levels of self-criticism. Self-critical individuals are also prone to feelings of unworthiness, indignity, failure, and guilt and they tend to engage in harsh self-scrutiny (Blatt, 1995).

Perceived negative life events have long been systematically related to distress (e.g., Beck, Rush, Shaw, & Emery, 1979), and personality variables have been proposed as interacting with negative life events in predicting depression and distress (Blatt, 2004, 2008). Negative life events may be considered to be a proximal cause of psychopathology, in

general, and of depression, in particular. According to Blatt (2004), current depression results from the interaction between internal factors – vulnerability factors – and external factors – such as negative life events. However, self-criticism may not only be a moderating agent but can also be a proactive factor that, itself, generates negative life experiences (Shahar, Joiner, Zuroff, & Blatt, 2004). The explanatory value of negative life events in the aetiology of depression depends on the stress that is experienced by the individual because stress can have an activating effect for a pre-existing vulnerability (e.g., Mann, Watson, Haas, & Malone, 1999).

Life events do not lead to an emotional perturbation on their own; what causes this disruption is how these events are interpreted by the individual (Lazarus & Folkman, 1984; Sarason, Johnson, & Siegel, 1978). As such, different individuals can experience the same events but react in quite distinct manners. For some, these life events may constitute a risk factor and, for others, these events may not have any significant impact on psychological functioning (Lazarus & Folkman, 1984; Sarason et al., 1978). The perception that individuals have of their life experiences is a critical determining factor. However, the more negatively significant, intense, and unexpected these life events are, the greater the degree of distress that may be potentially experienced (e.g., Marshal, 2003).

Dysfunctional personality traits such as self-criticism, because it

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implies less effective forms of adaptation and coping (Blatt, 2004), may potentiate the effect of negative life events on distress; that is, these traits may moderate (e.g., Priel & Shahar, 2000) the relationship between negative life events and distress. Individuals with more accentuated dysfunctional traits are more vulnerable to reacting to negative or traumatic events (e.g., Besser & Priel, 2010, 2011).

Most earlier studies on diatheses have focused on self-criticism and depression (e.g., Blatt, 2004; Luyten and Blatt, 2016; Nietzel & Harris, 1990; Quimette & Klein, 1993). In the present 5-month, two-wave study, our focus was on general distress, not depression per se, and our specific objective was to study the relationship of self-criticism and of the intensity of perceived negative life events on this general distress. We also investigated the interaction/potentiating effect of self-criticism on the relationship between the intensity of perceived negative life events and distress. We hypothesized that the intensity of perceived negative life events would predict changes in distress over the period of five months. We further hypothesized that changes in self-criticism would predict changes in distress and that changes in the interaction between the intensity of perceived negative life events and self-criticism would predict changes in distress.

1. Material and methods

1.1. Participants and procedures

This was a two-wave study with a five-month interval between data collections (mean interval of 22 weeks). At baseline (Time 1), 347 university students were contacted, 6 of whom declined to participate. Of the remaining 341, 31 cases were removed because of non-identification (not providing initials of their name that allowed for confidentiality but still permitted for pairing with corresponding Time 2 responses) or, in a small number of cases, because of excessive missing data. The final sample at baseline thus comprised 310 persons, of whom 118 were men (38.1%) and 192 (61.9%) were women. Mean age of this sample was 20.10 years ($SD = 2.17$; range from 18 to 29).

One hundred and two of the students did not participate at Time 2 and data for one participant were removed because of an excessive number of missing items. Thus, the final sample for Time 2 included 207 participants. The 103 participants that did not continue to participate did not differ significantly from the final sample of 207 on either gender, $\chi^2(1, N = 310) = 0.89$, *ns*, or age, $t(308) = 1.88$, *ns*. This final sample consisted of 75 (36.2%) men and 132 (63.8%) women. Mean age was 19.90 years ($SD = 1.85$; range from 18 to 29) and participants were within the first five years of university enrolment ($M = 2.27$, $SD = 0.93$).

During class time, potential participants were invited by the researchers to take part in a study of personality, life events, distress, and suicide ideation. Persons agreeing to participate signed an informed consent form where the confidentiality of the responses was assured and, then, they completed the research protocol. Participants were then asked to respond again to the questionnaires five months later. The order of questionnaire presentation was randomized. This study was approved by the University research ethics committee.

1.2. Measures

1.2.1. Socio-demographic questionnaire

The socio-demographic questionnaire collected information regarding age, gender, course year and topic, and employment status.

1.2.2. Depressive Experiences Questionnaire (DEQ; Blatt, D’Afflitti, & Quinlan, 1976, 1979)

This questionnaire assesses two types of depressive experiences, that is, two personality dimensions or traits (Blatt, 2008; Blatt et al., 1976; Blatt & Zuroff, 1992). The DEQ includes 66 items responded to on 7-point Likert ratings, varying from 1 “totally disagree” to 7 “totally

agree.” A 4 is a neutral midpoint. The questionnaire generates scores on factors based on a principal components analysis of the item responses of U.S. college students (Blatt et al., 1976, 1979). Factor I is named “Dependency”. The items with the greatest factor weights on this first factor comprise interpersonal relationships, including content about being abandoned or rejected and feeling lonely, and helpless. Factor II, labelled “Self-criticism”, involves items regarding concern about feeling an inner emptiness, hopelessness, guilt, insecurity, dissatisfaction, and feelings of not meeting expectations and goals (e.g., “There are times when I feel “empty” inside”). Although these two main factors are consistent with the two dimensions of depression and personality described by Blatt (e.g., Blatt & Blass, 1990; Luyten & Blatt, 2013), factor analysis has also indicated the presence of a third factor, “Efficacy” (Blatt et al., 1976). It involves items concerning trust in one’s own abilities and resources, ability to take on responsibilities, feelings of independence, pride, satisfaction, and inner strength. In assessing reliability, Cronbach’s alpha values for DEQ scale scores were adequate in both the original (Blatt et al., 1979) and replication (Zuroff, Quinlan, & Blatt, 1990) studies. In the present research, we used the factor scale of Self-criticism. For the Portuguese version (Campos, 2016) of the DEQ, previous data were collected for samples of 1545 community adults and 488 university students. For Cronbach’s alpha in the community sample, the value was 0.79. For university students, Cronbach’s alpha was 0.78. In the present research, Cronbach’s alpha values for the Self-criticism scale scores were 0.77 and 0.80 for Time 1 and Time 2, respectively.

1.2.3. Brief Symptom Inventory (BSI; Derogatis, 1993)

The BSI is a 53-item, self-report inventory that measures the extent to which each symptom has affected the respondent in the previous seven days. Higher values indicate a greater level of distress. The BSI assesses nine dimensions of psychopathology — somatization, obsessions-compulsions, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Answering involves Likert ratings, varying from 0 “never” to 4 “very many times”. Item examples include: “Feeling alone” and “Feeling sad”. The BSI can also provide three global distress indexes: The Global Severity Index (GSI), the Positive Symptoms Total (PST), and the Positive Symptom Distress Index (PSDI). The PSDI measures the severity or intensity of the presented symptoms. The test manual indicates that for a sample of American psychiatric patients, the internal consistency as assessed by Cronbach’s alpha varied between 0.71 and 0.85 and, and the test-retest reliability for a two-week interval varied between 0.68 and 0.91 for scores on the different symptom scales. Psychometric investigations with the Portuguese version of the inventory (Canavarro, 1999, 2007) have indicated that it has adequate scale score internal consistency, with Cronbach’s alpha values varying between 0.62 and 0.80 for scores on the nine psychopathology dimensions. In the present study, the overall level of distress in terms of symptom intensity was measured using the PSDI. In calculating Cronbach’s alpha reliability, a value of 0.97 was obtained at each of Time 1 and Time 2.

1.2.4. Life Experiences Survey (LES; Sarason et al., 1978)

The Life Experiences Survey is a 57-item, self-report measure that assesses the perceived impact of a set of life events that occur in a given time-frame. It enables the respondent to indicate whether certain events have been experienced or not, as well as measuring their impact. The LES presents the added value of not assigning positive or negative connotations to life events. Rather, it is the respondent that assesses the more or less negative or positive impact of each event (Sarason et al., 1978). This questionnaire is divided into two parts. The first part consists of 47 items pertaining to common life events and three open-ended items in which the person may refer to other life events experienced over that period of time that do not correspond to any of the 47 items in the questionnaire. The second part consists of 10 specific life events related to university students’ academic life. The answer to each

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