



Moderation effects of perfectionism and meaning in life on depression



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ABSTRACT

Maladaptive perfectionism (i.e., a perceived discrepancy between one's standards and performance) has proven to be a significant risk factor for depression. The existential model of perfectionism and depressive symptoms (EMPDS) highlights the existential component of viewing life experiences as meaningless is a significant intervening variable in the model. Drawing on the EMPDS, the present study examined the moderating role of meaning in life between discrepancy and depression in a sample of college students ($N = 339$). Moderation analyses indicated that a positive association between discrepancy and depression was stronger when perfectionists actively sought for meaning. Having a sense of meaning and purpose was not found to play a significant role in these associations. Implications for research on perfectionism and the meaning in life and future research directions are discussed.

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1. Introduction

The link between perfectionism and depression has been consistently and robustly supported by a number of studies (e.g., Chang, Hirsch, Sanna, Jeglic, & Fabian, 2011; Hewitt, Flett, & Ediger, 1996). Perfectionism has been found to be a significant vulnerability factor in depressive symptoms (Chang, 2000; Rice & Aldea, 2006). A series of large-scale psychotherapy studies based on data from the Treatment of Depression Collaborative Research Program of the National Institute of Mental Health indicated that patients' perfectionistic tendencies had tenacious and adverse effects on treatment outcomes of depression (Blatt, Quinlan, Pilkonis, & Shea, 1995). Furthermore, several mediating and moderating variables explaining the mechanisms and conditions of perfectionism and depression were examined, such as low self-esteem (Rice, Ashby, & Slaney, 1998), stressful life events (Enns & Cox, 2005), and contingent self-worth (DiBartolo, Li, & Frost, 2008).

Despite the accumulated empirical findings about perfectionism and depression, a need for more integrative models have led a group of researchers to propose and test the existential model of perfectionism and depressive symptoms (EMPDS) (Graham et al., 2010; Sherry, Sherry, Hewitt, Mushquash, & Flett, 2015). Drawing on existential theory (e.g., Frankl, 1984) and cognitive theory (Ellis, 1962), the EMPDS posits that difficulty in accepting the past serves as a key risk factor in the mechanism of how maladaptive perfectionism leads to depressive symptoms. Hypotheses derived from the EMPDS have been largely supported in the empirical studies. Graham et al. (2010) found that both

negative views of life as dissatisfying and meaningless (i.e., difficulty in accepting the past) and catastrophic thinking mediated the relationship between perfectionistic concerns and depressive symptoms. Sherry et al. (2015) extended the EMPDS by testing a moderated mediation model where the link between socially prescribed perfectionism and depression was mediated by accepting the past.

Although the EMPDS proves to be an empirically supported integrative model, there is still much to learn about the interrelations of the constructs in the model. Specifically, we concur that concepts from the existential tradition could carry particular significance for those who suffer from maladaptive perfectionism (Graham et al., 2010). Finding meaning and a sense of purpose in one's life is considered to be at the core of existential theory (Frankl, 1984) and instrumental to maintaining or enhancing one's psychological health (Chamberlain & Zika, 1988; Steger, 2009). Graham et al. (2010) suggested that maladaptive perfectionism, such as perfectionistic concerns, could be a major setback in this meaning-making process. Due to their extremely high standards and perceived inadequacy of not meeting their own standards despite their best efforts, people with maladaptive perfectionism may find it difficult to view their life experiences as meaningful and satisfying, which may lead to depressive symptoms (Graham et al., 2010; Sherry et al., 2015).

Despite the fact that the relationship between perfectionism and the sense of meaning and purpose is worthy of examination, few studies have investigated how perfectionistic tendencies are related to meaning in life. In addition, although meaning-making is an essential component of the existential theory (Frankl, 1984), the extant studies on the EMPDS operationalized the existential component only with difficulty in accepting the past (Graham et al., 2010; Sherry et al., 2015), which might be a limited representation of the existential component of the

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model. Given this gap in the literature, the present study takes a new and different approach to the EMPDS by proposing meaning in life as an intervening variable between maladaptive perfectionism and depression.

Although complexities in defining the construct of meaning in life exist (Steger, 2009), theorists and researchers also unequivocally agree that having a meaningful life is critical for human beings (Deci & Ryan, 2000; Ryff & Singer, 1998). With the emergence of positive psychology, the construct of meaning in life has received renewed attention and has been the subject of scientific inquiries (Park, Park, & Peterson, 2010; Steger, Frazier, Oishi, & Kaler, 2006). This resurgence of empirical research on meaning of life is indebted to the development of the Meaning in Life Questionnaire (MLQ; Steger et al., 2006). This rigorously constructed measure of meaning in life consists of two subscales of the Presence of Meaning and the Search for Meaning. A distinctive contribution of the MLQ is the inclusion of the Search for Meaning subscale, which has been largely neglected in the previous literature of meaning in life despite its theoretical significance (Steger, Oishi, & Kashdan, 2009; Steger et al., 2006).

Search for meaning can be defined as “people’s desire and efforts to establish and/or augment their understanding of the meaning, significance, and purpose of their lives” (Steger, 2009, p. 683). The views on search for meaning, compared to presence of meaning, appear to be more diverse and controversial both theoretically and empirically. Whereas seminal theorist such as Frankl (1984) considered searching for meaning as an essential and innate drive of the human mind, others saw it as a sign indicating the loss of one’s meaning in life (e.g., Baumeister, 1991). Results from previous empirical studies suggest that search for meaning is positively associated with depression, rumination, and negative affect (Park et al., 2010; Steger, Kashdan, Sullivan, & Lorentz, 2008; Steger et al., 2006), but also related with some inquisitive characteristics such as openness to experiences and drive (Steger et al., 2008).

Several researchers have investigated the role of meaning in life as moderator within the risk and protective factors framework (Brassai, Piko, & Steger, 2011; Park et al., 2010; Steger, Oishi, & Kesebir, 2011). Brassai et al. (2011) found that meaning in life served as a protective factor in some health-risk behaviors of Romanian adolescents. In other studies, search for meaning was found to moderate the relationship between presence of meaning and life satisfaction (Park et al., 2010; Steger et al., 2011). The level of life satisfaction was high among those who have already found meaning and actively search for meaning, whereas the level of life satisfaction was low among those who have not yet found meaning and actively search for meaning.

Since no previous research studied the relationship between maladaptive perfectionism, meaning in life, and depression, it would be presumptive to make a specific hypothesis of how meaning in life would interplay with maladaptive perfectionism and depression. However, given that the literature considers meaning in life as a moderator, it would be reasonable to examine if the relationship between maladaptive perfectionism and depression differs when one has a sense of meaning and purpose or when one is searching for meaning. In this study, we attempt to complement the extant EMPDS by adopting meaning in life as a moderator between maladaptive perfectionism and depression. Given the existing EMPDS only used difficulty in accepting the past representing the existential component (Graham et al., 2010; Sherry et al., 2015), results from the current study could also shed light on the role of meaning in life between maladaptive perfectionism and depression. In addition, we extended the model by adding psychological distress as an outcome variable to examine if meaning in life plays a similar role between perfectionism and psychological distress.

2. Method

2.1. Participants and procedure

This study recruited 339 college students across multiple classes at a large public university in the southeast region of the United States. Two-

thirds of the participants were females ($n = 246$, 72.6%). Participants’ ages ranged from 18 to 38 with a mean age of 20.89 years ($SD = 2.47$). The racial/ethnic composition of the participants was 207 White/European-Americans (61.1%), 47 African Americans (13.9%), 29 Latino/a Americans (8.6%), 29 Asian or Asian Americans (8.6%), and 17 Mixed Race (5.0%). The study was approved by the university’s institutional review board. Data collection was performed using Qualtrics, a secured, web-based survey tool.

2.2. Instruments

2.2.1. Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001)

The 23-item APS-R assesses perfectionism with three subscales of Discrepancy (12 items), Standards (seven items), and Order (five items). Items are rated on a 7-point Likert-type scale from “1 = strongly disagree” to “7 = strongly agree.” The Discrepancy subscale assesses individuals’ perception that they keep failing to satisfy the standards they set for themselves. The Discrepancy subscale is considered to capture the maladaptive and negative aspects of perfectionism (Rice, Richardson, & Clark, 2012; Slaney et al., 2001); hence, the present study utilized the Discrepancy subscale to measure maladaptive perfectionism. Numerous studies have provided evidences supporting the reliability and validity estimates of the APS-R (Rice & Ashby, 2007; Slaney et al., 2001). In this study, the Cronbach alphas of the three subscales of APS-R were .93 (Discrepancy), .81 (Standards), and .88 (Order).

2.2.2. Meaning in Life Questionnaire (MLQ; Steger et al., 2006)

The MLQ measures meaning in life with two subscales including the Presence of Meaning (MLQ-Presence; “My life has a clear sense of purpose.”) and the Search for Meaning (MLQ-Search; “I am always looking to find my life’s purpose.”). A total of 10 items are rated on a 7-point Likert scale from “1 = absolutely untrue” to “7 = absolutely true.” Evidences of stability and internal consistency of the MLQ were provided (Steger & Kashdan, 2007; Steger et al., 2006). Convergent and discriminant validity estimates of the measure have been provided using a multitrait-multimethod matrix (Steger et al., 2006). In this study, the Cronbach alphas of the MLQ-Presence and the MLQ-Search were .90 and .91, respectively.

2.2.3. Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977)

The CES-D contains 20 self-report items to measure depressive symptoms. Respondents are asked to rate each item on a 4-point Likert scale from “0 = rarely or none of the time” to “3 = most or all of the time.” Adequate internal consistency estimates of the CES-D were reported (Cronbach alphas over .85; Rice & Ashby, 2007; Santor & Coyne, 1997). In this study, the Cronbach alpha for the CES-D was .92.

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

The BSI is designed to measure a wide range of psychological symptoms. Fifty three items are rated on a 5-point Likert scale from “0 = not at all” to “4 = extremely” based on respondents’ report of the amount of distress experienced during the last week. Individuals’ overall levels of psychological distress can be estimated from the Global Severity Index (GSI), a composite score of the total items of the BSI. Derogatis (1993) reported estimates of the adequate reliability and validity of the BSI. In this study, the Cronbach alpha for the BSI was .97.

3. Results

3.1. Preliminary analyses

Table 1 presents means, standard deviations, and intercorrelations of the study variables. Presence of Meaning subscale of the MLQ (MLQ-Presence) was negatively associated with Discrepancy ($r = -.35$,

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