



Self-critical perfectionism and depressive symptoms: Low self-esteem and experiential avoidance as mediators

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ABSTRACT

This study of community adults ($N = 210$) aimed to gain a better understanding of the links among self-critical (SC) perfectionism, self-esteem, experiential avoidance, and depressive symptoms. Participants completed self-report questionnaires assessing perfectionism dimensions, self-esteem, experiential avoidance, and depressive symptoms. Confirmatory factor analysis supported SC perfectionism, self-esteem, experiential avoidance, and depressive symptoms as distinct, but related, constructs. Structural equation modeling (SEM) demonstrated that the relation between SC perfectionism and depressive symptoms was mediated by lower self-esteem. SEM also showed that experiential avoidance independently mediated the relation between SC perfectionism and depressive symptoms, controlling for the effects of lower self-esteem. These results distinguish SC perfectionism from lower self-esteem by demonstrating that individuals with higher SC perfectionism have a unique propensity toward experiential avoidance, which, in turn, incrementally explains why they experience higher levels of depressive symptoms.

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1. Introduction

In recent decades, there has been a focus on exploring cognitive–personality factors such as perfectionism that are thought to increase vulnerability to depression (see Egan, Wade, & Shafran, 2011). Although perfectionism has been conceptualized and measured in different ways, factor analytic studies have consistently yielded two higher-order dimensions of perfectionism, which we refer to as personal standards (PS) perfectionism and self-critical (SC) perfectionism, that encompass the diverse conceptualizations of this construct (see Dunkley, Blankstein, Masheb, & Grilo, 2006). PS perfectionism involves setting and striving for excessively high goals and standards for the self. SC perfectionism involves constant and harsh self-scrutiny and critical self-evaluation of one's own behavior, and continuous worry about others' approval, criticism, and rejection (see Dunkley, Zuroff, & Blankstein, 2003). While PS perfectionism is often unrelated to depressive symptoms, SC perfectionism consistently exhibits a strong relation with depressive symptoms (e.g., Dunkley et al., 2006; Stoeber & Otto, 2006). This strong consistent relation between SC perfectionism and depressive symptoms has inspired several studies to investigate possible mediating mechanisms. The present study examined lower self-esteem and experiential avoidance as mediators of this relation.

Lower self-esteem, which represents a global negative appraisal of the self (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995), has received attention as a potential mediator in the relation between SC perfectionism and depressive symptoms. Previous clinical perspectives have linked SC perfectionism and self-esteem (Hamachek, 1978; Horney, 1950). It has been posited that self-critical evaluations of the self maintain the perceived gap between an individual's ideal self and their actual self, resulting in experiences of low self-esteem. Previous studies using structural equation modeling (SEM) found support for lower self-esteem as an important mediator that partially explained the relation between SC perfectionism and depressive symptoms in college student populations (Blankstein, Dunkley, & Wilson, 2008; Rice, Ashby, & Slaney, 1998) and in a sample of binge eating disorder patients (Dunkley & Grilo, 2007). As these previous studies supported self-esteem only as a partial mediator in the relation between SC perfectionism and depressive symptoms, research is needed to establish which other maladaptive characteristics of SC perfectionism explain its unique association with depressive symptoms.

SC perfectionism differs conceptually from low self-esteem as it involves a critical and harsh self-evaluation relating to feelings of failure to live up to one's own or others' expectations (Dunkley & Grilo, 2007). It has been posited that these unique characteristics of individuals with higher SC perfectionism may serve as motivation to avoid feelings, thoughts, or situations of failure and disappointment (Santanello & Gardner, 2007). Accordingly, experiential avoidance is one potential mediating mechanism that might further explain the relation between SC perfectionism and depressive symptoms. Experiential avoidance

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can be broadly defined as an individuals' unwillingness to remain in contact with uncomfortable internal experiences, such as distressing thoughts, feelings, and sensations, and involves attempts to avoid these experiences and situations that produce them (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). It has been suggested that individuals, particularly those with higher SC perfectionism, may engage in experiential avoidance in order to regulate feelings of low self-esteem (Santanello & Gardner, 2007). In addition, the desire to escape from unpleasant emotional states that are associated with discrepant and self-critical views of the self may independently contribute to a greater use of experiential avoidance to escape from negative self-awareness (Heatherton & Baumeister, 1991). Individuals with higher SC perfectionism are thought to adopt a helplessness orientation when faced with obstacles, which contributes to their tendency to engage in avoidant types of coping (see Dunkley et al., 2003).

Research has shown experiential avoidance to be related to various negative outcomes, including depression (e.g., Gámez et al., 2011). Findings suggest that emotional avoiders have a greater tendency toward experiences of depressive symptoms, particularly when they engage in thought suppression (Wegner & Zanakos, 1994). In fact, attempts to control or avoid internal experiences may actually increase these unwanted feelings and thoughts.

Santanello and Gardner (2007) examined experiential avoidance, which reflects a broader dispositional conceptualization of avoidance as compared with other constructs that focus on one specific aspect of avoidance (e.g. avoidant coping). They found that experiential avoidance partially mediated the relationship between maladaptive perfectionism and worry. A number of other studies have shown that avoidant coping mediates the relation between SC perfectionism and depressive symptomatology (e.g., Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Dunkley et al., 2003; Noble, Ashby, & Gnlika, 2014). Therefore, there is clear evidence that individuals with higher SC perfectionism have a tendency toward avoidance, which can augment and maintain their negative affect and depressive symptoms.

The main goal of the present study was to gain a better understanding of the links among SC perfectionism, self-esteem, experiential avoidance, and depressive symptoms in a sample of community adults. Fig. 1 presents the hypothesized mediational model of the relation between SC perfectionism and depressive symptoms as follows: (1) SC perfectionism would be related to both lower self-esteem and experiential avoidance; (2) lower self-esteem would be related to experiential avoidance; and (3) lower self-esteem and experiential avoidance would be related to depressive symptoms. We expected that both lower self-esteem and experiential avoidance would mediate the relation between SC perfectionism and depressive symptoms. Finally, it was hypothesized that experiential avoidance would emerge as a unique characteristic associated with SC perfectionism that further explains why SC perfectionism is consistently related to depressive symptoms over and above lower self-esteem.

2. Method

2.1. Participants

Participants included 210 English- and French-speaking community adults holding paid employment, who were recruited through newspaper, bulletin, and internet advertisements in order to obtain a representative community sample from a bilingual North American city. Of the 210 participants, 125 participants (40 male, 85 female) completed the English version of the questionnaires, whereas 85 participants (34 male, 51 female) completed the French version of the questionnaires. The results of a T test revealed no significant difference in average age between English-speaking ($M = 39.02$, $SD = 14.91$) and French-speaking ($M = 40.65$, $SD = 12.60$) participants. Similar proportions of English-speaking (79%) and French-speaking (80%) participants had graduated from college or university. A larger proportion of French-speaking participants (85%) than English-speaking participants (58%) were of European descent. On the other hand, larger proportions of English-speaking participants were of Asian (14%), East Indian (6%), and Aboriginal (2%) descent, whereas there were not any French-speaking participants of these ethnicities. There were similarly small proportions of English- and French-speaking participants of South American (7%, 6%), African (4%, 5%), Middle Eastern (5%, 2%), multi-ethnic (3%, 1%), and other (1%, 1%) descent.

2.2. Procedure

Participants completed a package of questionnaires during a 1.5 to 2-hour lab session assessing measures of perfectionism, self-esteem, experiential avoidance, and depressive symptoms. Participants were compensated \$25 to complete the questionnaires.

2.3. Measures

2.3.1. SC and PS perfectionism

SC and PS perfectionism latent factors were obtained using combinations of indicators from the 35-item Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990), 45-item Hewitt and Flett Multidimensional Perfectionism Scale (HMPS; Hewitt & Flett, 1991), and 23-item Revised Almost Perfect Scale (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Based on previous factor analytic studies (e.g., Dunkley, Blankstein, & Berg, 2012; Stoeber & Otto, 2006), FMPS concern over mistakes, HMPS socially prescribed perfectionism, and APS-R discrepancy subscales were used as indicators of the latent factor of SC perfectionism. PS perfectionism was indicated by the FMPS personal standards, HMPS self-oriented perfectionism, and APS-R high standards subscales. The PS perfectionism latent variable was included in supplementary measurement model analyses. The reliability and validity of the FMPS (Frost et al., 1990), HMPS (Hewitt & Flett,

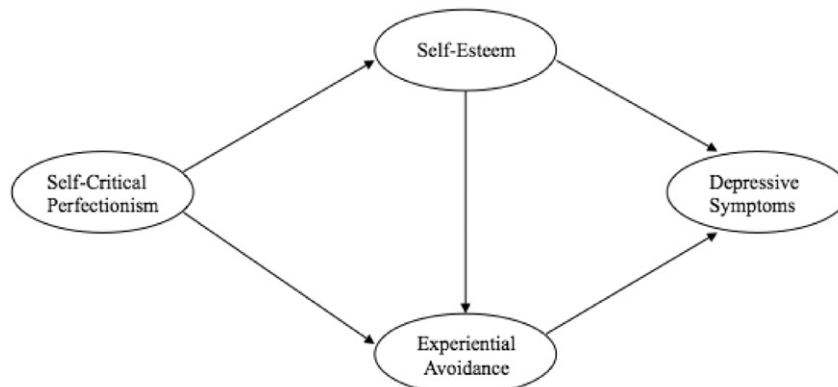


Fig. 1. Hypothesized structural model relating self-critical perfectionism, self-esteem, experiential avoidance, and depressive symptoms.

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