

# Chronic Stress and Attenuated Improvement in Depression Over 1 Year: The Moderating Role of Perfectionism

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This study of depressed outpatients ( $N = 47$ ) examined self-criticism (SC) and personal standards (PS) dimensions of

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perfectionism as moderators of the relation between chronic stress and depression over 1 year. Participants completed personality measures (SC, PS, neuroticism, conscientiousness) at baseline (Time 1), a chronic stress interview 6 months later (Time 2), and self-report and interviewer-rated depression measures at Time 1, Time 2, and 1 year after baseline (Time 3). Hierarchical multiple regression analyses of moderator effects demonstrated that patients with higher SC or PS and higher achievement-related chronic stress had higher levels of both self- and interviewer-rated depressive symptoms at Time 3 relative to those of other patients, adjusting for the effects of Time 1 and Time 2 depression scores. SC also interacted with interpersonal chronic stress to predict attenuated improvement in both self- and interviewer-rated depression at Time 3. The broader traits of neuroticism and conscientiousness did not interact with chronic stress to predict depression at Time 3. Our results highlight the importance of targeting perfectionists'

dysfunctional characteristics (e.g., contingent self-worth, coping, interpersonal functioning) that perpetuate a chronic sense of hopelessness in the context of chronic stress in order to produce a better treatment response for these individuals.

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*Keywords:* depression; perfectionism; chronic stress; neuroticism; conscientiousness

OVER THE PAST TWO decades, perfectionism has received increasing theoretical and empirical attention as a cognitive-personality factor that plays an important role in the etiology, maintenance, and course of depression (see Blatt, 2004; Egan, Wade, & Shafran, 2011; Flett & Hewitt, 2002). Perfectionism has been found to be relatively stable over time (see Zuroff, Mongrain, & Santor, 2004) and to have a negative impact across several brief treatments of depression at termination and follow-up up to 18 months later (see Blatt & Zuroff, 2005; Kannan & Levitt, 2013, for reviews). Several studies have examined a perfectionism diathesis-stress model, which posits that the effects of life stress (e.g., failure) on depression are intensified for individuals with higher levels of perfectionistic vulnerability (see Blatt & Zuroff, 1992; Hewitt & Flett, 1993). Diathesis-stress models have focused on the role of major life events in the development of depression, but there is evidence that chronic stress is a stronger predictor of depressive symptoms than acute stress (see Hammen, 2005). Despite the obvious relevance of chronic stress to chronic depression, little research has examined when the effects of chronic stress on the maintenance of depression are likely to be maximized or minimized. The main purpose of the present study was to examine whether perfectionism moderates the relation between chronic stress and depressive symptoms over 1 year in a sample of depressed patients.

#### PERFECTIONISM DIMENSIONS AND VULNERABILITY TO STRESS

Perfectionism has come to be viewed as a multidimensional construct that has been defined, conceptualized, and measured in many ways (see Flett & Hewitt, 2002). Over the past two decades, an important development has been the identification of two higher-order dimensions of perfectionism that underlie many different perfectionism constructs and measures (see Dunkley, Blankstein, Masheb, & Grilo, 2006; Stoeber & Otto, 2006). We refer to these two higher-order dimensions as personal standards (PS) and self-criticism (SC; Dunkley, Zuroff, & Blankstein, 2003). PS involves the setting of and striving for high standards and goals for

oneself. Individuals with higher PS are theorized to internalize extremely high parental expectations of success and productivity, which becomes manifested in a tendency to engage in problem-focused coping in response to stressful situations (e.g., Dunkley, Blankstein, Halsall, Williams & Winkworth, 2000; Flett, Hewitt, Oliver, & Macdonald, 2002). On the other hand, SC reflects constant and harsh self-scrutiny, overly critical evaluations of one's own behavior, and chronic concerns about others' criticism (Dunkley et al., 2003). SC is theorized to originate in the child's experience of parental criticism in a harsh and punitive family environment, which fosters a hopelessness orientation (Flett et al., 2002). As a result, SC perfectionists are more likely to respond with maladaptive coping (e.g., avoidance) in response to stressful situations (e.g., Dunkley et al., 2003). Although studies have shown that both SC and PS are related to depressive symptoms in clinical samples, SC has exhibited a more consistent, stronger association with depressive symptoms (see Dunkley, Blankstein, Masheb, et al., 2006; Stoeber & Otto, 2006).

The general perfectionism diathesis-stress model posits that perfectionistic individuals are more vulnerable to experiencing depression when stressful events are encountered (Enns, Cox, & Clara, 2005; Flett, Hewitt, Blankstein & Mosher, 1995). Several studies have found perfectionism dimensions to interact with stress to predict depressive symptoms over time in nonclinical samples (e.g., Flett et al., 1995), as well as clinical samples (Enns & Cox, 2005; Zuroff & Blatt, 2002). The specific vulnerability model posits that different dimensions of perfectionism interact specifically with stressors that are perceived to threaten a core aspect of the self (e.g., Dunkley et al., 2003; Hewitt & Flett, 1993; Zuroff & Mongrain, 1987). In this model, both PS and SC perfectionists are hypothesized to be vulnerable to achievement-related stress because both are associated with conditional self-worth that is contingent on success and productivity (DiBartolo, Frost, Chang, LaSota, & Grills, 2004; Sturman, Flett, Hewitt, & Rudolph, 2009). For individuals with higher PS/SC, achievement-related stress could cause greater distress than for others because when experiencing failure or loss of control, they experience feelings of unworthiness, inferiority, and guilt. On the other hand, interpersonal difficulties are hypothesized to have a greater negative impact on SC perfectionists than on PS perfectionists because SC perfectionists have strong fears of negative evaluation and are emotionally reactive to stressors that imply criticism from others (Dunkley et al., 2003). SC perfectionists might not only interpret disturbances in interpersonal situations as their own failure

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