

## PERFECTIONISM AND DEPRESSION AMONG HIGH SCHOOL STUDENTS

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### Abstract

In this study, the connection between perfectionism and depression among high school students was examined. A group of 90 high school students (48 males, 42 females) completed: the Almost perfect scale-revised (Slaney, Mobley, Trippi, Ashby & Johnson, 1996) and the Beck depression Inventory (Beck, T.A., 1996). The Almost Perfect Scale-Revised (APS-R), contains three variables: High Standards, Order, and Discrepancy. The first two variables (High Standards, Order) are related to adaptive perfectionism, while the third one (Discrepancy) refers to maladaptive perfectionism.

Two hypotheses were tested: 1. high level of adaptive perfectionism is followed by reduced depression; 2. there is no difference between males and females related to perfectionism and depression among high school students. To analyze data, Pearson's correlation and t-test were employed. Results indicate that by increasing the adaptive perfectionism, depression is reduced ( $r(88) = -.24$ ,  $p < .05$ ); by increasing the maladaptive perfectionism, depression is increased ( $r(88) = .22$ ,  $p < .05$ ); analysis revealed no significant differences between genders regarding depression ( $t(88) = 1.10$ ,  $p > .05$ ) and regarding maladaptive perfectionism ( $t(88) = 1.14$ ,  $p > .05$ ), while in terms of adaptive perfectionism, the results indicated significant differences between genders ( $t(88) = 1.93$ ,  $p < .05$ ).

**Keywords:** *perfectionism, adaptive perfectionism, maladaptive perfectionism, depression, high school students.*

One of the simplest definitions for perfectionism is that it represents the tendency not to make an error in every aspect of life (Flett & Hewitt, 2002). The key characteristics of perfectionism are: exaggerated high personal standards, exaggerated concern for faults in the performance, doubt in quality of the personal performance, exaggerated emphasis of precision, order, organization. Expectations and assessments made by the parents have a significant role in the manifestation of these characteristics, whereas the exaggerated self-criticism and orientation towards mistakes makes perfectionists subjected to the development of different psychological problems (Frost, Heimberg, Holt, Mattia & Neuberg, 1990).

Perfectionism can be seen as a desirable characteristic because perfectionists set high goals which they strive to achieve, they are organized and meticulous however, they can be both demanding at the same time because they do not allow mistakes, they are rigid and anxious quite often due to the fear of making a mistake. Most recent research confirms the multidimensionality of this construct, which also includes characteristics and social aspects i.e. its adaptive and maladaptive aspects (Frost and cop., 1990; Lotar and Kamenov, 2006).

Slade & Owens (1998) state the existence of two types of perfectionism – positive (adaptive) and negative (maladaptive). Positive perfectionists are people who set high but realistic and achievable goals in life which they adjust to the situation in question, they are focused towards precise execution of the task, they are relaxed but careful when executing the task, they finish the task in time, their feelings of self-worth do not depend on the results, after achieving the goal they feel content, whereas failure leads them to disappointment and to future

efforts as well. Unlike them, negative perfectionists set unrealistic and unachievable goals, they are rigid, dedicated to avoiding any types of mistakes, they are tensed and anxious when performing the tasks, they usually postpone completion of the tasks, their feeling for self-worth depends on the results, after achieving the goal they are not satisfied with the effort invested, and are especially self-critical when they fail (Enns & Cox, 2002).

Although there is a difference of opinion among theorists regarding this concept, in their research they constantly point out the connection between perfectionism and psychopathology (Jurin, Bratko & Lauri Korajlija, 2007). Most of the conducted research connects perfectionism with depression (Enns & Cox, 1999) and with anxious disorders (Flett, Hewitt, Endler & Tassone, 1994). The authors oriented towards the cognitive model used to explain depression point out perfectionism as one of the cognitive risk factors for the development of the depression (Hewitt & Flett, 1991). Perfectionists equalize self-worth with achievement therefore in case of failure they show greater self-criticism whose consequence is a negative image of oneself. Success does not bring pleasure among perfectionists, and they “justify” it to be a result of low set goals. Due to this type of thinking, the perfectionist constantly expects failure and fears it (Hewitt & Flett, 1993). According to Beck’s theory of depression, the cognitive style of the perfectionist is maintained by the cognitive triad: negative views about oneself, the world and the future, therefore perfectionists usually underestimate themselves, criticize themselves and find themselves as incapable, unattractive and worthless. Among these intrapersonal dimensions of perfectionism, the tendency for high goals that others impose on one person can also be a risk factor. That aspect of perfectionism points to insufficient self-control, expressed need to be approved by others, avoidance of negative evaluations which in case of failure leads to self-accusation as a symptom of depression (Hewitt and Flett, 1993).

Based on the results from the conducted research, two hypotheses have been established: (1.) Increase of the adaptive perfectionism is followed by the decrease of depression, whereas the increase of the maladaptive perfectionism is followed with the increase of depression (2.) High school students of different gender do not differ regarding perfectionism and depression.

## METHOD

The participants in the research were 90 high school students of second and third year in high school from Skopje, 48 males and 42 females.

In order to measure the research variables, the following instruments were used - *Almost Perfect scale-Revised* and *Beck Depression Inventory*.

APS (Almost Perfect Scale – Revised, Slaney and associates, 1997) measures **perfectionism**. It consists of 23 statements, which you answer with a 7 degree scale from – I completely disagree (1), to – I completely agree (7). The inventory consists of three variables (sub-scales): the first, represented with 7 statements refers to *personal standards* (expectations that the person has towards oneself i.e. standards that the person sets as a measurement of one’s achievements), the second, represented with 4 statements measures *orderliness* (person’s organizational and disciplinary skills, as well as its strive to maintain the order of things), and the third, represented with 12 statements measures *discrepancy* (how much the goals and standards of the persons are above their potentials to achieve and accomplish them as well as their personal feeling of discrepancy between the desired and the achieved). The first two variables – personal standards and orderliness measure the adaptive perfectionism, while the third variable –

discrepancy refers to the maladaptive perfectionism i.e. the perception that the person cannot achieve the high goals and standards it sets.

Depression is measured with the questionnaire BDI (**Beck Depression Inventory**, Aaron T. Beck). It is used to measure the intensity of the depressive symptoms and it consists of 21 statements that refer to different symptoms of depression. Each statement includes four intensities of the symptoms and the test subject chooses the one that best describes his/her conditions in the last two months including the day when the questionnaire is filled in. The sum of the results of all statements marks the level of depression in a person. The statements reflect the volume of the symptoms, from neutral to maximal expressiveness. Higher results point to a more expressive intensity of depression. The inner consistency of this questionnaire is high 0.92.

## RESULTS

The connection of the variables is confirmed with the Pearson's coefficient of correlation, whereas the t-test was used for testing the gender differences regarding the measured variables.

*Table 1- Descriptive measure for perfectionism and depression*

Variables	Gender	<i>M</i>	<i>SD</i>	<i>Range of acquired scores</i>
Adaptive perfectionism	Males	56,64	9,40	35-74
	Females	60,48	9,47	
	All	58,28	9,60	
Maladaptive perfectionism	Males	52,19	10,68	18-84
	Females	55,24	14,21	
	All	52,93	12,57	
Depression1-	Males	17,60	10,49	37
	Females	20,33	12,72	
	All	19,16	11,57	

Table 1 shows the measures of the central tendency and the variable for perfectionism (adaptive and maladaptive) and for depression, for the sample in total and in accordance with the gender of the students.

On the variable *adaptive perfectionism* the female participants have higher average scores ( $M=60,48$ ) and a larger variance of the achievements ( $SD=9,47$ ) compared to the male participants ( $M=56,64$  and  $SD=9,40$ ). Such tendency of the female participants to achieve higher scores is present on the variable *maladaptive perfectionism* ( $M=55,24$  and  $SD=14,21$  for the female participants and  $M=52,19$  and  $SD=10,68$  for the male participants), which can also be seen in *depression* ( $M=20,33$  and  $SD=12,72$  for female participants and  $M=17,60$  and  $SD=10,49$  for male participants).

**Table 2 – Correlation of depression with adaptive and maladaptive perfectionism (df=88)**

Variables	Adaptive perfectionism	Maladaptive perfectionism
Depression	-0,24*	0,22*

The results (Table 2) show that there is a significant negative connection between depression and adaptive perfectionism ( $r(88) = -0.24$ ;  $p < 0.05$ ), i.e. *the increase of the adaptive perfectionism is followed with the decrease of depression*. There is a significant positive connection between depression and maladaptive perfectionism ( $r(50) = 0.22$ ;  $p < 0.05$ ), i.e. *the increase of maladaptive perfectionism is followed by the increase of depression*.

Table 3 shows the results from the testing of the difference of the arithmetic means between male and female high school students regarding the adaptive and maladaptive perfectionism. These results show that male and female high school students do not differ regarding adaptive and maladaptive perfectionism ( $t(88) = 1.14$ ,  $p > 0.05$ ), *whereas a significant difference in favor of females ( $t(88) = 1.93$ ,  $p < 0.05$ ) has been established regarding the adaptive perfectionism*. This finding leads to the conclusion that the female participants try harder when executing their activities in order to get the best out of themselves.

**Table 3 – Differences between male and female high school students regarding adaptive and maladaptive perfectionism**

Variable	Gender	M	SD	N	df	t	P
Adaptive perfectionism	Males	56,64	9,40	48	88	-1,93	<0.05
	Females	60,48	9,47	42			
Maladaptive perfectionism	Males	52,19	0,68	48	88	-1,14	>0.05
	Females	55,24	14,21	42			

**Table 4 – Differences between male and female high school students regarding depression**

Variable	Gender	M	SD	N	df	t	p
Депрессивность	Females	17,60	10,49	48	88	-1,10	>0.05
	Males	20,33	12,72	42			

The results given in Table 4 show that there is no significant difference between male and female high school students regarding depression ( $t(88) = 1,10$ ,  $p > 0.05$ ). The critical values for  $df=88$  are 1,66 and 2,37. Having in mind the results from the testing the differences for perfectionism and depression (Table 3 and 4) we can conclude that the second hypothesis that postulated that *Male and female high school students do not differ regarding perfectionism and depression, is confirmed regarding the maladaptive perfectionism and depression, whereas the hypothesis has not been confirmed regarding positive perfectionism.*

## DISCUSSION

While trying to identify the risk factors for the development of depression Slaney, Rice, Mobley, Trippi & Ashby (2001) state that the existence of positive or adaptive perfectionism cannot be regarded as a risk factor, and that a risk factor is the person's perception when he/she failed to satisfy the criteria that was set. Bieling, Israeli & Antony (2003) assuage this conclusion about the negative connection between the positive perfectionism and depression, and discuss about their somewhat positive connection.

When we discuss depression, it is much more interesting to discuss its connection to the negative perfectionism. The results from the research mainly confirm the positive connection between the negative perfectionism and depression (Enns, Cox, Sareen & Freeman 2001), but one must ask the question what causes this connection. Many professional papers and research confirm that the connection between the two stated constructs can be explained with the action of the different mediatory Variables. Therefore Lauri Korajlija (2004) with her research showed that there is an effect of the negative perfectionism on depression through anxiety, and it is .41, whereas the effect of the negative perfectionism on depression is not statistically significant.

Ashby and associates (Ashby, Rice & Martin, 2006) showed that the feeling of self respect and the feeling of shame are also mediatory variables regarding the negative perfectionism and depression. Both variables significantly lower the connection between the negative perfectionism and depression. Taking into consideration that other researchers (Rice, Ashby and Slaney, 1998) stated that self-respect is a significant mediator between depression and the maladaptive perfectionism, the educational process must take into consideration the necessity to apply strategies to encourage self-respect among students and lower their feelings of shyness.

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