Original Article

Dimensions of Perfectionism in Depressed and Anxious Patients

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Abstract

Background: Perfectionism appears to play an important role in the etiology, maintenance, and course of psychological disorders. However, very few clinical data exist to clarify the nature and the relationship between dimensions of perfectionism with depression and anxiety.

Objective: The aim of this study was to compare dimensions of perfectionism in depressed and anxious patients.

Methods: Eighty-eight consecutive referrals to the counseling centers of the University of Tehran and Iran University of Science and Technology, Tehran Iran, were included in this study in three groups: 1) depressed patients (n= 25); 2) anxious patients (n= 19); and 3) matched normal subjects (n= 44) as control. All 88 participants were asked to complete the Multidimensional Perfectionism Scale. The Beck Depression Inventory and the Beck Anxiety Inventory.

Results: It was found that depressed patients had higher levels of Self-Oriented Perfectionism than did the other two groups. It was also found that anxious patients had higher levels of Socially Prescribed Perfectionism (SPP) than did either the depressed or the normal control subjects. In addition, depressed patients reported higher levels of SPP than did normal control subjects. No significant difference was found between the three groups in terms of Other-Oriented Perfectionism.

Conclusion: Results of the present study reinforce the need to examine and conceptualize perfectionism as a potentially multidimensional construct.
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Keywords ● Perfectionism ● Depression ● Anxiety ● Multidimensional Perfectionism Scale

Introduction

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Perfectionism appears to play an important role in the etiology, maintenance, and course of clinical disorders.[1,3] Early conceptualizations suggested perfectionism to be a unidimensional concept.[4,5] Recent views have alternatively stressed that perfectionism is multidimensional in nature.[6,9] Frost and colleagues defined perfectionism as "the setting of excessively high standards for performance accompanied by overly critical self-evaluation".[6] The two most prominent measures of perfectionism cited in the extant literature are the similarly named Multidimensional Perfectionism Scales

(MPS) developed independently by Frost and colleagues,[6] and Hewitt and Flett.[8] The latter proposed three dimensions of perfectionism: 1) Self-Oriented Perfectionism (SOP) which involves a tendency to set excessively high personal standards for oneself; 2) Other-Oriented Perfectionism (OOP) which includes holding others to high standards and evaluating them critically when they fail to meet those standards; 3) Socially Prescribed Perfectionism (SPP) which concerns the belief that others are holding one to high standards and pressuring them to be perfect.

Investigations have confirmed that of these, SPP has been most consistently associated with depression,[10,14] and anxiety.[10,15,17] This study was aimed to compare the association of perfectionism, as operationalized by Hewitt's MPS with depression and anxiety.[8] This was addressed by comparing dimensions of perfectionism in depressed patients, anxious patients, and normal control subjects.

Subjects and Methods

Eighty-eight consecutive referrals to the Counseling Centers of the University of Tehran and Iran University of Science and Technology Tehran Iran were included in the study in three groups. The depressed group consisted of 25 patients which was comprised of 8 men and 17 women and were diagnosed as having major depression on the basis of the criteria,[18] and Beck Depression Inventory scores (BDI).[19] Patients were excluded from the study group if they had a concurrent anxiety disorder.

The mean age of the depressed patients was 22.5±2.1 yrs. The anxious group consisted of 19 patients, 7 men and 12 women, who were diagnosed as having an anxiety disorder on the basis of DSM-IV and Beck Anxiety Inventory (BAI),[20] with the mean age of 23.9±2.4 yrs. Normal control group consisted of 44 subjects (15 men and 29 women) and were matched for age (22.9±2.7 yrs) and gender with the depressed and anxious groups.

MPS is a 30-item self-report measure of perfectionistic tendencies with a 5-point Likert scale.[8] It measures three dimensions of perfectionism: SOP; OOP and SPP.

BDI is a 21-item self-report inventory designed to measure the severity of depressive symptomatology.[19] Each item is related on a four-point scale ranging from zero (not at all) to three (severe) with excellent internal consistency (Cronbach's alpha= 0.92) and a 1-week retest reliability coefficient of 0.75,[20] and several studies have confirmed its reliability and validity.[21]

Statistical analysis
Data are presented as Mean±SD. Analysis of the data involved both descriptive and inferential statistics including analysis of covariance, Pearson's correlation coefficient, and regression analyses.

Results

An analysis of covariance with BDI scores as dependent variable was conducted to compare depression scores among the groups (Table 1). This analysis was significant ($F_{(2,85)}$=170.66, P< 0.001), and multiple comparisons showed that depressed patients had higher BDI scores than did either the anxious patients or normal control subjects. Anxiety levels were also compared among groups in a one-way analysis of covariance. This analysis was significant ($F_{(2,85)}$=38.45, P<0.001), and multiple comparisons showed that anxious patients had higher BAI scores than did either the depressed pa-

Table 1: Mean±SD Scores of Perfectionism, Depression, and Anxiety			
Group Variable	Depressed (n= 25)	Anxious (n= 19)	Normal (n=44)
	M ± SD	M±SD	M±SD
Depression	34.8±12.1	6.7±3.2	4.5±3.0
Anxiety	13.0±2.2	25.9±12.8	10.2±3.8
SOP	37.1±8.0	30.4±7.3	31.3±8.4
OOP	30.9±7.2	29.2±6.7	31.8±5.0
SPP	35.0±5.9	40.1±4.2	25.6±5.4

For abbreviations see text.

tients or normal control subjects.
Group differences in the perfectionism dimensions were examined by conducting a multivariate analysis of covariance with group status as independent and the MPS subscales scores as dependent variables. Analysis of covariance indicated that the three groups differed on SOP ($F_{(2,85)}$=5.40, P<0.006), and on SPP ($F_{(2,85)}$=56.93, P<0.001), but not for OOP ($F_{(2,85)}$=1.41, P<0.08). Multiple comparisons revealed that depressed patients had higher mean levels of SOP than did the other two groups, while anxious patients had higher mean levels of SOP than did the other two groups. The results also revealed that depressed patients had higher levels of SPP than of normal control subjects.

Table2: Correlations Among Perfectionism Dimensions, Depression and Anxiety					
Variable	SOP	OOP	SPP	Depression	Anxiety
SOP	–				
OOP	0.06	–			
SPP	0.40***	-0.12*	–		
Depression	0.38***	0.02	0.33**	–	
Anxiety	0.11	-0.08	0.57***	0.04	–

For abbreviations see text. * P< 0.05; ** P< 0.01; *** P< 0.001

Table 2 presents collapsed among values across groups. It can be seen that SOP was associated significantly with depression and SPP was associated significantly with anxiety and depression.

Regression analyses were conducted to provide further information with regard to the unique contribution of the perfectionism dimensions to depression and anxiety. A multiple regression with depression as the dependent variable produced an R^2 of 0.18 (P<0.001) and showed that SOP and SPP were significant predictors of depression (Table 3). SOP and SPP predicted depression with beta scores of 0.33 and 0.29, respectively, and explained 18% of the variance in depression. A multiple regression with anxiety as the dependent variable produced an R^2 of 0.25 (P<0.001) and showed that only SPP was a significant predictor of anxiety. SPP predicted anxiety with beta score of 0.56 and explained 25% of the variance in anxiety. OOP was not a significant predictor in any of these analyses (Table 3).

Table 3: Regression Analyses of Perfectionism Dimensions Predicting Depression and Anxiety *			
Depression	β	t	P
SOP	0.33	4.22	0.001
OOP	0.01	0.10	NS
SPP	0.29	3.91	0.01
Anxiety			
SOP	0.04	0.65	NS
OOP	0.02	0.39	NS
SPP	0.56	6.79	0.001

For abbreviations see text.
β = Beta Standardized Regression Coefficient;
t= t value; **P**= Probability of F test

Discussion

The purpose of this study was to compare dimensions of perfectionism in depressed and anxious patients, and as well as normal control subjects. The results revealed that the depressed patients were differentiated from the other subjects by a higher level of SOP. This finding is consistent with the results of other investigators using samples of psychiatric and community participants.[8,10,14] One possible explanation for this result is that SOP tendencies to be overly concerned about their mistakes and to have serious doubts about the quality of their own performance.[6] This would increase not only the frequency of failure,[22] but also the personal impact and meaning of failure experiences.[13] Because SOP tends to equate self-worth with performance,[23] their falling short of self-imposed standards on a consistent basis may promote chronic deficits in self-esteem and self-evaluation. This suggests that such individuals may generate their own failures and stressors, which make them particularly prone to depressive episodes.[13] It is also possible that disparity between self standards and the quality of performance has increased the depression.[24]

The results revealed that both anxious and depressed patients had higher levels of SOP than did normal control subjects. Consistent with the results of previous investigations,[8,10,17] these data indicate that SPP was a feature of depression and anxiety. Regression analyses reflected considerable variance that accounted for the association between SPP and depression (18%) and anxiety (25%). These analyses reflected less variance involved in depression than anxiety in association with SPP and the foregoing psychological disorders. It appears that SPP may be particularly important in predicting the severity of anxiety rather than depression. The relatively higher levels of SPP in the anxiety group compared to depressed patients suggest that patients with anxiety disorders perceive others as having high expectations. Perhaps anxiety disorders are generally associated with an underlying need to control events in order to prevent unexpected danger. It is possible that this need for control is related to SPP. The fact that individuals in depressed group reported considerable levels of SPP relative to normal control subjects, suggests that SPP may also be a feature of depression as well.

Our results further revealed that OOP was not related to depression or to anxiety. This finding is consistent with the results of other studies.[13] However, OOP has shown to correlate with the measures of antisocial, histrionic, and narcissistic personality disorders.[14] The findings of this study seem to have important implications for the treatment of depression and anxiety disorders. Specific dimensions of perfectionism associated with depression and

anxiety disorders, call for clinicians to address the relevant types of perfectionism in treatment using cognitive and behavioral strategies.[25]

There are some limitations to this study that deserve attention. The data collected in this study came from self-reported measures and ought to be replicated with behavioral measures. The study utilized a correlational design and, therefore, it was not possible to determine causal relationships among the variables. The generalization of our findings is limited by relatively the small sample size and psychometric infancy of the MPS.

In conclusion, results of the present study emphasize the need to examine and conceptualize perfectionism as a potentially multidimensional construct. This study was replicated and extended finding of other researchers investigating dimensions of perfectionism in clinical depression and anxiety.

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