Emotion Regulation Difficulties as a Moderator of the Relationship between Perfectionism and Depression in College Students

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Abstract
The present study aimed to better define the effect of emotion regulation on the relationship between perfectionism (standards) and depression. It was hypothesized that perfectionism predicts depression, and high emotion regulation difficulties would strengthen the relationship. 330 students from the Oakland University Psychology subject pool participated in a variety of questionnaires including those assessing perfectionism, emotion regulation, and depression. Results indicated a significant two-way interaction where those with low difficulties in emotion regulation experienced no difference in symptoms of depression across perfectionism but those with high difficulties in emotion regulation reported higher symptoms of depression for low perfectionism (standards) compared to high. The hypotheses were not supported, but research was extended as the study identifies emotion regulation as a moderator in the relationship between perfectionism and depression, such that improvements in emotion regulation may buffer against perfectionism standards.

*Keywords*: perfectionism, emotion regulation, depression, moderator
Introduction

Research regarding perfectionism has increased in the past several years, however it remains at the forefront of topics as the literature remains incomplete. Various views about perfectionism are endorsed, with a propensity toward a multidimensional approach (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). As a means of establishing psychometrics for the Multidimensional Perfectionism Scale, Hewitt and Flett (1991) have identified highly significant correlations between both self-oriented perfectionism and socially prescribed perfectionism with depression in three samples of students as well as a highly significant correlation between socially prescribed perfectionism and psychotic depression in adult psychiatric patients. Thus, relationships between perfectionism and depression are evident although it appears to concern only certain facets of perfectionism and not the entirety of the construct.

Further evidence for this phenomenon has been found in a study conducted by Aldea and Rice (2006). Results from their participants who completed several questionnaires regarding perfectionism, emotional dysregulation, and psychological distress designate two dimensions of perfectionism: an adaptive dimension called personal standards perfectionism and a maladaptive dimension called self-critical perfectionism. Analysis of the study indicated that emotional dysregulation mediated both dimensions of perfectionism and psychological distress. Specifically, maladaptive self-critical perfectionism mediated by emotional dysregulation was found to explain the association between perfectionism and psychological distress. Replication of this research is necessary, however, as suppression appeared to be evident in the study but may or may not have been a hindrance to the results. Nonetheless, it is logical to conclude that individuals who exhibit maladaptive perfectionistic characteristics develop ineffective emotion
regulation strategies, which cause them to become more prone to various forms of psychological distress, including depression.

More recently, a distinct longitudinal mediator has been discovered. Over a time-span of four years, tenacious stress-sadness reactivity has been shown to account for the relationship involving high self-critical perfectionism and symptoms of general depression and anhedonia (Mandel, Dunkley, & Moroz, 2015). Following, individuals that have a self-critical perfectionistic personality and endure such elevated daily stress are more vulnerable to experiencing depressive and anxious manifestations as time increases. Despite this advancement in knowledge, generalizability to clinical populations is unknown and addition of physiological methods are needed to provide a more objective measurement in conjunction with the diaries utilized, as well as further replication.

However, maladaptive perfectionists display a blunted cortisol response to stress that may be indicative of their experiences being chronic and, in essence, their bodies become “used to” the stress so they do not have to produce as much cortisol as would be hypothesized for such situations (Richardson, Rice, & Devine, 2014). This may make it difficult to distinguish appropriate levels of cortisol for individuals depending on their personalities and severity of perfectionism. Although, patterns that may be useful have surfaced in relation to adaptive perfectionists tending to have significantly lower cortisol responses and non-perfectionists being more likely to react more extremely to a stressful situation if they do not face stressful situations as chronically. Therefore, there are relationships between perfectionism, emotion regulation, and the cortisol stress response similar to the findings of previous studies that also deserve more replication in research.
Clearly, perfectionism relates to depression and emotion regulation, but more research is needed to better understand these relationships and to clarify the implications this information may have for clinicians and individuals with perfectionistic personalities alike. Success in doing so will invite innovative treatments into the field and further extend the related research in the area as such treatments are assessed and validated. The aim of the present study is to better define the effect of emotion regulation on the relationship between perfectionism (standards) and depression. It is hypothesized that perfectionism predicts depression, and high emotion regulation difficulties will strengthen this relationship.

**Methods**

**Participants**

330 students from the Oakland University Psychology Subject Pool participated in this study. Participants were taken from a larger survey endeavor and completed a variety of questionnaires online (using Survey Monkey) including those measuring perfectionism, emotion regulation, and depression. All participants who completed the survey received four research credits for their efforts. Participants had to be at least 18 years of age to be included and electronically sign an informed consent. The students’ mean age was 20.14 years and the sample consisted of 18.5% male participants, 80.3% female participants, and 1.2% participants who did not select a gender. Race for the sample was comprised of 74.8% of students identifying as White or Caucasian, 8.5% of students identifying as Black or African American, 8.5% of students identifying as Asian, .9% of students identifying as American Indian/Alaskan Native, .6% of students identifying as Native Hawaiian or other Pacific Islander, 5.2% of students identifying as other, and .3% of students choosing not to respond.
Measures

**Short Form Almost Perfect Scale – Revised (SAPS-R).** The SAPS-R is an eight-item scale measuring standards and discrepancy perfectionism on a seven-point likert scale with values ranging from one (*strongly disagree*) to seven (*strongly agree*) (Rice, Richardson, & Tueller, 2014). Standards perfectionism refers to high performance expectations and discrepancy perfectionism refers to self-critical performance evaluations. Higher value scores obtained from the scale represent higher levels of perfectionism in that individual.

**Difficulties in Emotion Regulation (DERS).** The DERS is a 36-item scale measuring emotion regulation on a five-point likert scale with values ranging from one (*almost never*) to five (*almost always*) (Gratz & Roemer, 2004). Emotion regulation encompasses modulation of emotional arousal, awareness, understanding and acceptance of emotions, and the ability to act as desired despite an individual’s emotional state. Higher value scores on this scale represent greater emotion regulation difficulties, or poor emotion regulation, in that individual.

**Beck Depression Inventory (BDI).** The BDI is a 21-item scale measuring the severity of an individual’s depression with a four-to-five-point scale with values ranging from zero (*neutral severity*) to three (*maximum severity*) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Many evaluations contain two alternative statements at that particular level with the same weight and denoted by the letters “a” and “b” preceded by the appropriate number. Each item correlates to a specific behavioral manifestation of depression, for example: mood, self-accusations, social withdrawal, loss of appetite, and loss of libido. Higher value scores on this scale represent greater depression in that individual.
Results

Correlations between perfectionism and depression as well as between emotion regulation difficulties and depression were significant, but the relationship between perfectionism and emotion regulation difficulties was not significant (see Table 1). This replicates previous studies that perfectionism and depression are related. The results from regression analysis indicate a significant two-way interaction, $F(1, 263)=46.512, p=.000, R^2=.339$ (see Figure 1). Simple slope analyses revealed for those with low difficulties in emotion regulation there was no difference in symptoms of depression across perfectionism (standards; $\beta=-.045, t=-.557, p=.578$). Contrastingly, those with high difficulties in emotion regulation reported higher symptoms of depression when perfectionism (standards) were low compared to high, $\beta=-.351, t=-4.296, p=.000$. These results contradict the hypotheses because although perfectionism may predict depression, high emotion regulation difficulties combined with high standards actually buffer against depressive symptoms in an individual rather than increasing those symptoms.

Discussion

This study extends previous findings on the relationships between perfectionism, emotion regulation difficulties and depression; however, the hypotheses were not supported. Specifically, high emotion regulation difficulties did not strengthen the relationship between perfectionism and depression, but appeared to be related in a reduction in symptoms. Perhaps this is due to the correlational nature of the study in that those with lower perfectionistic standards are higher in depression possibly because of overlap in related constructs (e.g., helplessness, reduced motivation). The concept of standards perfectionism itself may also be involved in overlap of related constructs (e.g. goal-orientation, resilience) that attribute to its ability to reduce
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symptoms of depression even when an individual tends to lack control over their emotions. However, the current study does identify emotion regulation as a moderator in the relationship between perfectionism and depression, such that improvements in emotion regulation have the potential to buffer against perfectionism standards.

Limitations exist in the current study. The sample is considered a limitation as it used only students, was predominantly female, and predominantly white. It is unclear if the results of this study are generalizable to other populations, particularly those in a clinical setting where they may be most applicable, but also to others such as minorities, males, older adults, and those who are not students. Students may be more prone to perfectionism but also typically can handle college coursework and so may provide an anomaly that may account for the surprising results obtained in this study that might not be replicated in other populations. Another limitation is that the correlational design of the study must be interpreted with caution because it cannot necessarily imply causation and it does not provide measures that are more objective. A final limitation is that this study was completed in conjunction with a larger survey endeavor and participants may have experienced fatigue that affected their ability to complete the measures incorporated adequately.

Despite these limitations, the findings provide interesting insight regarding the relationship between perfectionism, emotion regulation and depression. If replicated, this knowledge is useful to clinicians and individuals attempting to better manage these areas and may show hope for those who have depression but desire to make and meet expectations in their life. For instance, if a counselor identifies an individual with high depression, high difficulties in emotion regulation, and low standards perfectionism, perhaps the counselor can help the
individual gain skills related to having high standards that could in turn help them achieve goals and consequently diminish their depressive symptoms over time.

Future research should extend the current study to further understand the relationship between low perfectionism standards, high emotion regulation difficulties, and higher symptoms of depression. Further research may also benefit by adding a cortisol response measurement to determine whether a relationship with stress exists and introducing other constructs such as anxiety, goal-orientation, etc. Objective measurements of perfectionism and depression could also be included in a clinical setting by monitoring such manifestations during a session or observing symptoms in a natural environment if deemed therapeutically acceptable. Discernibly, replication of this study using other populations would also be beneficial to the understanding of the relationships between perfectionism, emotion regulation, and depression and have the potential to shape the way these constructs are addressed in conjunction with one another.
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References


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Table 1. Descriptive statistics and bivariate correlations for study variables.

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<tbody>
<tr>
<td>1. Perfectionism</td>
<td>–</td>
<td></td>
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<tr>
<td>2. Emotion Regulation Difficulties</td>
<td>0.028</td>
<td>–</td>
<td></td>
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<td>3. Depression Symptoms</td>
<td>0.125***</td>
<td>0.175***</td>
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Mean                24.91  88.92  10.13
Standard Deviation  4.67   23.41  8.26

Notes: ***p < .001

Figure 1. Interaction Between Perfectionism (Standards) and Emotion Regulation on Depression