The Use of Cognitive Behavioral Therapy in the Treatment of Hewitt and Flett's Socially Prescribed Perfectionism in University Students Prior to the Onset of Depression

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Introduction

Hewitt and Flett's Multidimensional Perfectionism Scale (MPS) consists of three dimensions: self-oriented, socially prescribed, and other-oriented perfectionism. Of the three dimensions, socially prescribed perfectionism has been consistently linked to maladaptive traits. Hewitt et al. (2006) defined socially prescribed perfectionists as holding "the belief that others, or society in general, have unrealistic standards and expectations for one's own behaviors" (p. 216). As the pressure to obtain a high paying job and compete amongst college peers has become more prevalent, socially prescribed perfectionists will self-impose goals that they believe others have projected on them (Curran and Hill, 2017). Failure to achieve goals results in self-critical evaluations, which Ferguson and Rodway (1994) argued contributes to low self-esteem and depression (see Figure 1). Hewitt et al. (1995), Hewitt et al. (2006), and Klibert et al. (2014) found that socially prescribed perfectionism frequently predisposes individuals to mental disorders such as depression, eating disorders, and anxiety (see Figure 2).

Because socially prescribed perfectionism—which is considered a predominantly maladaptive dimension of perfectionism as it positively correlates with a rise in psychopathology—can predispose an individual to depression or suicide ideation, the use of cognitive behavioral treatment techniques, such as goal setting, restructuring negative cognitions, fostering social support, and facilitating the use of adaptive coping mechanisms, should be explored in the treatment of socially prescribed perfectionism to prevent the onset of depression.

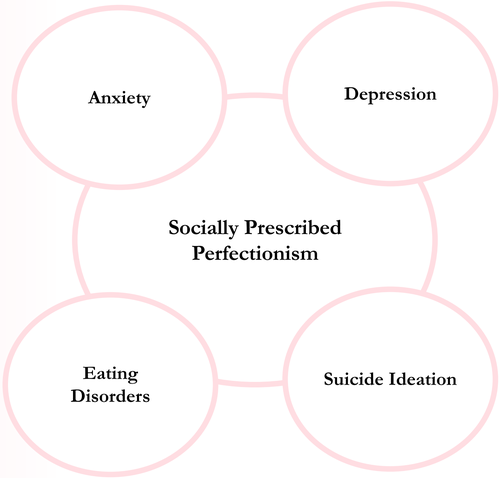

Figure 2: Socially prescribed perfectionism is predominantly maladaptive because it is associated with anxiety, eating disorders, depression, and suicide ideation.

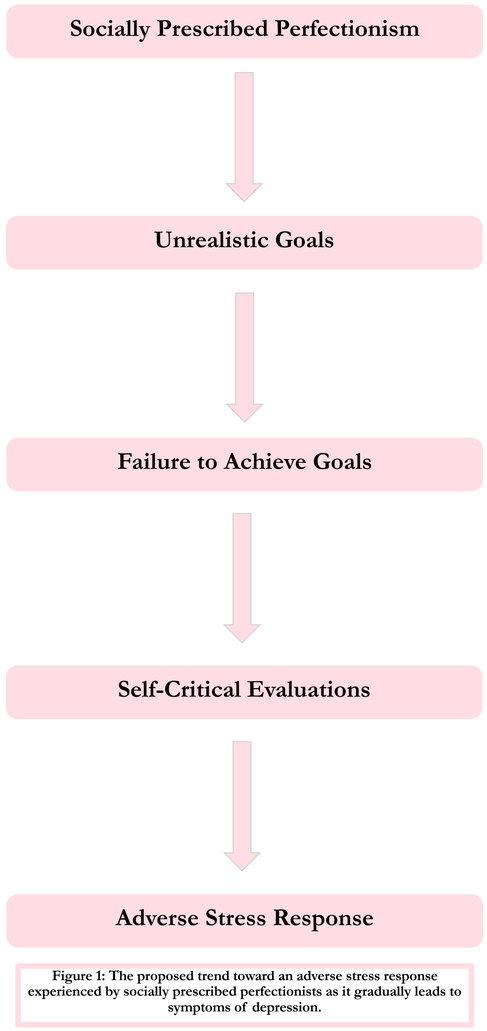

Figure 1: The proposed trend toward an adverse stress response experienced by socially prescribed perfectionists as it gradually leads to symptoms of depression.

Objective

To investigate the mediators between socially prescribed perfectionism and depression so that the techniques used in cognitive behavioral treatment (CBT) might be effective in the treatment of socially prescribed perfectionism to prevent the development of depressive symptoms.

Methods

I examined the mediational relationships between perfectionism and depression, the role of perfectionism in both a clinical and non-clinical, university based sample, the use of the different proposed models of perfectionism (Frost's F-MPS, Hewitt and Flett's MPS, Slaney's APS-R), and the outcome of cognitive behavioral therapy in the treatment of perfectionism.

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Results

Based on the support of Dunkley et al. (2000), Hewitt et al. (2006), and Klibert et al. (2014) for different mediational models between socially prescribed perfectionism and depression, I propose Figure 3 as a theoretical mediational model, in which two different pathways mediate the link between socially prescribed perfectionism and depression. In the first pathway, socially prescribed perfectionism predisposes individuals to a lack of resilience (see Path 1 in Figure 3). According to Klibert et al., a lack of resiliency causes socially prescribed perfectionists "more difficulties overcoming adversity" (p. 79). As a result of low resilience, socially prescribed perfectionists will exhibit a tendency toward avoidant coping mechanisms, such as task avoidance and procrastination. Dunkley et al. proposed that avoidant coping is utilized because of low self-efficacy, fear of failure, and fear of rejection. Low self-efficacy and fear of rejection will cause perfectionists to become subjectively disconnected, which Hewitt et al. defined as "feeling rejected…perceiving others as uncaring" (p. 228). All of these mediators should contribute to the onset of depression in socially prescribed perfectionists.

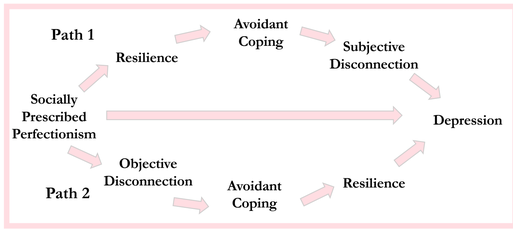

Figure 3: I propose this theoretical mediational model with social disconnection, resilience, and avoidant coping as mediators between socially prescribed perfectionism and depression.

In the second pathway, socially prescribed perfectionists are objectively disconnected, which Hewitt et al. defined as a "lack of companionship" (p. 229). Without adequate social support, socially prescribed perfectionists will not be encouraged to utilize active coping, which Noble et al. (2014) proposed was symptomatic of adaptive perfectionism. Consequently, socially prescribed perfectionists will exhibit insufficient resilience as the coping strategies used are avoidant (see Path 2 in Figure 3). Collectively, these mediators should contribute to the onset depression in socially prescribed perfectionists.

Conclusion

Given that resilience, avoidant coping, and social disconnection are mediators between socially prescribed perfectionism and depression, I propose that cognitive behavioral treatment can be effective in preventing the onset of depression in socially prescribed perfectionists (see Figure 4). While treatment should not minimize the adaptive traits of perfectionism, such as goal setting and academic focus, treatment should intervene on the maladaptive tendencies exhibited by socially prescribed perfectionists.

Treatment should facilitate adaptive goal setting and positive appraisal to decrease the frequency of self-critical evaluations and build self-efficacy (see Figure 1). By establishing adaptive goals, socially prescribed perfectionists will experience failures less frequently. Achieving goals and evaluating performances in a holistic, positive way will build self-efficacy, thereby lessening the fear of failure and rejection. Through an increase in self-efficacy, socially prescribed perfectionists will be able to improve interpersonal relationships as the fear of rejection is confronted. Treatment which cultivates satisfying interpersonal relationships will then establish adequate social support. Social support will encourage the use of active coping and allow socially prescribed perfectionists to continue positive appraisal of performances. Through adequate social support, treatment will be more successful in introducing the use of active coping because social support can positively impact coping tendencies (see Figure 3). Active coping will improve resiliency, which will contribute to the use of positive appraisal when evaluating goals and achievements.

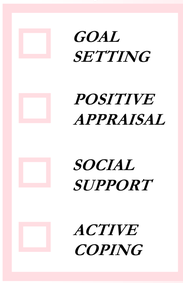

Figure 4: I propose that CBT, which focuses on goal setting, positive appraisal, social support, and active coping, could be effective in the treatment of socially prescribed perfectionism.

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