

PERFECTIONISM COGNITIONS, RUMINATION, AND PSYCHOLOGICAL DISTRESS

Gordon L. Flett
Dara Madorsky
York University

Paul L. Hewitt
University of British Columbia

Marnin J. Heisel
York University

ABSTRACT: The current study examined the extent to which dimensions of perfectionism are associated with a ruminative response orientation and the experience of cognitive intrusions in response to stressful events. Our main goal was to test the hypothesis that individuals characterized by frequent automatic thoughts involving perfectionistic themes would also be characterized by a ruminative response orientation when distressed and they would report intrusive thoughts and images following the experience of a stressful event. A sample of 65 students completed several measures, including the Perfectionism Cognitions Inventory, the Multidimensional Perfectionism Scale, the Response Styles Questionnaire, the Impact of Events Scale, and indices of depression and anxiety. Correlational analyses confirmed that high scores on the Perfectionism Cognitions Inventory were correlated with a ruminative response orientation and the reported experience of intrusive thoughts and images following the experience of a stressful event. High levels of perfectionism cognitions, socially prescribed perfectionism, and rumination were also correlated with measures of depression and anxiety representing

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Address correspondence to Gordon L. Flett, Department of Psychology, York University, 4700 Keele Street, Toronto, Ontario, M3J 1P3, Canada; e-mail: gflett@yorku.ca.

the tripartite model. The results support the view that there is a salient cognitive aspect to perfectionism and the experience of frequent perfectionistic cognitions and related forms of rumination contribute to levels of psychological distress.

KEY WORDS: perfectionism; rumination; distraction; depression; anxiety.

Over the past decade, researchers have continued to demonstrate the destructive effects and significance of perfectionism in distressed individuals (see Blatt, 1995). Perfectionism has been associated with a wide variety of adjustment difficulties, including depression (Enns & Cox, 1999), suicide (e.g., Hewitt, Flett, & Weber, 1994), and health problems (Martin, Flett, Hewitt, Krames, & Szanto, 1996). Perfectionism has also been linked with problems in interpersonal and family functioning (e.g., Hewitt, Flett, & Mikail, 1995).

Existing measures in this area have focused primarily on the trait components of perfectionism, as assessed by such measures as the Multidimensional Perfectionism Scale created by Frost and his colleagues (Frost, Marten, Lahart, & Rosenblate, 1990) and the Multidimensional Perfectionism Scale created by Hewitt and Flett (1991). We believe that the perfectionism construct is exceedingly complex and other important aspects remain to be investigated. Recent research in our laboratory has focused on the assessment of individual differences in automatic, perfectionistic thoughts, as assessed by the Perfectionism Cognitions Inventory (Flett, Hewitt, Blankstein, & Gray, 1998). Cognitive rumination over mistakes and imperfections has been noted often in the perfectionism literature (e.g., Frost & Henderson, 1991; Frost et al., 1997; Guidano & Liotti, 1983). Regarding the Perfectionism Cognitions Inventory, Flett et al. (1998) observed that there is a need to develop specific measures of automatic thoughts that reflect personality factors associated with vulnerability to psychological distress, as a supplement to general indices of automatic thoughts, such as the Automatic Thoughts Questionnaire (Hollon & Kendall, 1980) and the Positive Automatic Thoughts Questionnaire (see Ingram, Kendall, Siegle, Guarino, & McLaughlin, 1995; Ingram & Wisnicki, 1988). The Perfectionism Cognitions Inventory is based on the premise that perfectionists who sense a discrepancy between their actual self and the ideal self, or their actual level of goal attainment and high ideals will tend to experience automatic thoughts that reflect perfectionistic themes (see Flett et al., 1998). It is believed that perfectionists with high levels of perfectionism cognitions are especially susceptible to

negative affect in the form of depression about failure to attain perfection in the past, as well as in the form of anxiety about the likelihood of failing to attain perfection in the future.

In its current form, the Perfectionism Cognitions Inventory (PCI) is a 25-item inventory of the frequency of thoughts such as "I should be perfect" and "My work should be flawless." Initial data attest to the psychometric properties of this instrument. A principal components analysis of item responses from 747 university students confirmed that the measure is unidimensional with a high level of internal consistency (Flett et al., 1998). Other research showed that the PCI was correlated significantly with multidimensional trait measures of perfectionism. Finally, Flett et al. (1998) reported that the PCI was correlated significantly with symptom indices of anxiety and depression, and it accounted for unique variance in psychological distress, even after using existing trait measures of perfectionism and general measures of negative automatic thoughts to remove variance in adjustment scores.

Many issues involving this new measure remain to be explored, especially in terms of the cognitive correlates of this measure. Thus far, the initial work indicated that high scorers on the PCI also report elevated levels of perseverative thoughts following the experience of failure, and they report more imaginal processes that involve themes of fear of failure and lack of attentional control. Moreover, high PCI scorers tend to experience more frequent thoughts with depressive themes, and they indicate that it is difficult to remove these thoughts from their minds (see Flett et al., 1998).

The primary purpose of the current study was to extend research in this area by testing the hypothesis that individuals characterized by the frequent experience of perfectionistic thoughts, as assessed by the PCI, also tend to display the ruminative response orientation that contributes to the persistence of depression, and they have a tendency to experience intrusive cognitions following the experience of stressful events. Nolen-Hoeksema and her colleagues have conducted extensive research on the respective roles of a rumination orientation versus a distraction orientation in the persistence of depression. It has been found that the presence of a rumination orientation tends to prolong bouts of depression, as the individual with this orientation reflects on his or her negative emotional state and the factors that contributed to this negative emotional state (see Lyubomirsky, Caldwell, & Nolen-Hoeksema, 1998; Nolen-Hoeksema, 1991; Nolen-Hoeksema & Morrow, 1993; Nolen-Hoeksema, Parker, & Larson, 1994). In contrast, the pres-

ence of a distraction orientation tends to reduce the length of bouts of depression, as individuals deflect their attention away from their negative emotional states (also see Just & Alloy, 1997; Roberts, Gilboa, & Gotlib, 1998; Trask & Sigmon, 1999).

An association between perfectionism cognitions and rumination about negative emotions should be expected to some extent since both constructs emphasize the experience of cognitive perseveration. However, an association between frequent perfectionism cognitions and both the ruminative response orientation and the tendency to experience intrusive cognitions involving stressful events would also be in keeping with our general view that the ideal self functions as a self-schema that is involved in the cognitive processing and subsequent recall of information with perfectionistic content (see Hewitt & Genest, 1990). According to Hewitt and Genest (1990), the ideal self is likely to encode and process information which indicates that perfection has not been obtained. The initial experience of depression, emotion-focused attention, and cognitive intrusions following the experience of negative life events would all serve as salient cues that highlight the fact that perfection has not been attained and this could facilitate the experience of perfectionistic thoughts.

In the case of perfectionism cognitions, a link with the ruminative orientation might also be expected because the Perfectionism Cognitions Inventory has also been shown to be associated strongly with performance difficulties (see Flett et al., 1998). Similarly, the ruminative orientation is often associated with performance difficulties and an inability to initiate instrumental activities (see Morrow & Nolen-Hoeksema, 1990).

Both the Perfectionism Cognitions Inventory and the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) were included in this research so that we could examine whether the ruminative orientation is specific to the Perfectionism Cognitions Inventory, or is associated more generally with the trait dimensions of perfectionism. Measures of psychological distress from the tripartite model of anxiety and depression were also included in this study (see Watson, Clark, & Carey, 1988). The tripartite model is based on the premise that there is a general distress factor that is common to both anxiety and depression and this accounts, in part, for the positive association between anxiety and depression, but it is also possible to identify an anxious arousal factor that is specific to anxiety, and an anhedonia factor that is specific to depression. A measure assessing the tripartite model was included in this study for two reasons. First, the inclusion of these measures enabled us to examine the extent to which rumination is associ-

ated not only with depression but also with anxiety. Second, we conducted partial correlational analyses to determine whether the Perfectionism Cognitions Inventory would still be associated with psychological distress after taking into account its anticipated association with the measure of ruminative response orientation.

METHOD

Participants

The sample consisted of 65 undergraduate students (53 women, 12 men) from York University. A total of 30 students were volunteers from a third year course on abnormal psychology while the other 35 students were volunteers from an introductory course in psychology. The mean age of the participants was 21.26 years ($SD = 3.06$).

Measures and Procedures

Participants were asked to volunteer for a study on personality and adjustment. If they agreed to be in the study, participants completed the following measures.

The Perfectionism Cognitions Inventory. Participants completed the 25 PCI items. The PCI instructions were patterned after the measures of automatic thoughts. Note that the 25 items which comprised the final version of the PCI were selected on the basis of extensive item analyses, including ratings of the appropriateness of scale content by perfectionism researchers (see Flett et al., 1998).

The Response Styles Questionnaire. A 20-item abbreviated version of the Response Styles Questionnaire (RSQ) was used in the current study (see Butler & Nolen-Hoeksema, 1994). The abbreviated RSQ has 10 items that measures rumination and 10 items that measure distraction. The items were selected based on an analysis of item endorsement frequencies and item-total correlations when the items were administered to college students. Butler and Nolen-Hoeksema (1994) reported that the respective alphas for these abbreviated subscales were .88 for rumination and .80 for distraction. Also, a factor analysis found that all of the rumination items loaded .30 or higher on the rumination factor and all of the distraction items loaded .29 or higher on the distraction factor, and no item loaded significantly on the factor it was not intended to measure.

The Impact of Event Scale. The Impact of Event Scale (IES; Horowitz, Wilner, and Alvarez, 1979) is a 15-item measure of intrusive and avoidant experiences after a stressful event. Intrusive responses were measured by such items as “I thought about it when I didn’t mean to” and avoidant responses were measured by such items as “I stayed away from reminders of it.” Participants were asked to complete the IES with respect to the most significant negative event that had been experienced over the past 3 months. The three month timeframe was selected to provide enough of an interval to enable significant events to occur, but it was not so lengthy as to tax the memory of each participant. Extensive evidence attesting to the reliability and validity of these measures is summarized in Horowitz, Field, and Classen (1993).

It should be noted that the Impact of Events Scale is intended primarily for use after an individual has experienced an extremely traumatic event. However, a recent psychometric analysis of the use of the scale in a sample of students led McDonald (1997) to conclude that intrusion and avoidance, as assessed by this measure, are natural responses to a wide range of stressful events and the scale can be used to evaluate responses to less intense stressful events. Other research attests to the reliability of the subscales when administered to a student sample (see Archer, Ireland, Amos, Broad, & Currid, 1998).

The Mood and Anxiety Symptom Questionnaire. The short version of the Mood and Anxiety Symptom Questionnaire (MASQ; Watson & Clark, 1991) is a 62-item measure stemming from the tripartite model (see Watson et al., 1988). The MASQ provides two general distress factors that are common to both anxiety and depression (referred to as general distress: anxiety and general distress: depression). It also measures an anxious arousal factor with symptoms of somatic tension and hyperarousal that are specific to anxiety, and an anhedonic depression factor with items involving loss of interest and an absence of positive affect that are specific to depression. Initial research indicates that the various subscales have adequate psychometric properties (Watson et al., 1995).

RESULTS

Zero-order correlations were computed between the perfectionism dimensions and the cognitive measures. The results are displayed in Table 1. The results indicated that rumination, as measured by the

Table 1
**Correlations Between Perfectionism and
 Cognitive Responses**

<i>Measures</i>	<i>Perfectionism Measures</i>			
	<i>PCI</i>	<i>Self</i>	<i>Other</i>	<i>Social</i>
Rumination	.48***	.30*	.24	.43**
Distraction	.00	-.09	.00	-.03
Intrusive Experience	.28*	.18	.25	.21
Avoidance Experience	.01	.10	.09	.00

Note: * $p < .05$, ** $p < .01$. the following abbreviations were used: PCI (Perfectionism Cognitions Inventory), Self (Self-oriented perfectionism), Other (Other-oriented perfectionism), and Social (Socially Prescribed Perfectionism).

abbreviated RSQ, is correlated significantly with the PCI, socially prescribed perfectionism, and self-oriented perfectionism. There was also a positive association between other-oriented perfectionism and rumination, but this correlation did not attain conventional levels of significance.

Further examination of Table 1 indicates that there were no significant correlations between the RSQ distraction measure and the dimensions of perfectionism. Similarly, analyses conducted with the IES avoidance experience measure did not yield any significant correlations involving perfectionism. However, analyses with the IES intrusive experience scale found that this measure was correlated significantly with the PCI. Positive correlations were also obtained between the intrusive experience measure and the other three perfectionism dimensions, but these correlations were not statistically significant.

The zero-order correlations involving the MASQ dimensions are shown in Table 2. Regarding the perfectionism measures, it can be seen that the PCI was correlated significantly with the measures of general depression, general anxiety, and anxious arousal, but it was not correlated significantly with the measure of anhedonia. The identical pattern of findings was obtained with socially prescribed perfectionism; once again, there was no significant correlation with anhedonic depression, but the other three MASQ measures were correlated positively with socially prescribed perfectionism. Finally, the only significant correlation involving self-oriented perfectionism was a link

Table 2
Correlations With Measures of Distress

<i>Measures</i>	<i>Distress Measures</i>			
	<i>Gen Dep</i>	<i>Anhedonia</i>	<i>Gen Anx</i>	<i>Anx Arousal</i>
Perfectionism Cognitions	.56***	.17	.51***	.31*
Self-Oriented Perfectionism	.30*	.13	.23	.08
Other-Oriented Perf.	.19	.16	.11	.05
Socially Prescribed Perf.	.45***	-.03	.42***	.32**
Rumination	.71***	-.06	.53***	.41**
Distraction	-.20	.30*	-.03	.07
Intrusive Experience	.35**	-.07	.36**	.45***
Avoidance Experience	.02	-.05	.03	.15

Note: * $p < .05$, ** $p < .01$, *** $p < .001$. The following abbreviations were used: Gen Dep (General Depression), Gen Anx (General Anxiety) and Anx Arousal (Anxious Arousal).

with general depression. There were no significant correlations involving other-oriented perfectionism.

As can be seen in Table 2, the rumination measure was associated robustly with three of the four MASQ measures. The strongest association was between rumination and general depression, followed by the associations between rumination and both anxiety measures. Anhedonic depression was unrelated to rumination. In fact, the only significant association involving anhedonic depression was a positive association with distraction.

Results with the IES measures indicated that a tendency to respond to a stressor with intrusive experience was also associated with general depression and with both anxiety measures. The measure of avoidance experiences was not correlated significantly with any of the distress measures.

Partial Correlations Controlling for Rumination

The final set of analyses examined whether perfectionism would still be associated with the indices of psychological distress after removing variance attributable to the RSQ rumination measure. In part, this analysis was indicated after it was discovered that there was a very robust link between rumination and general depression. The analyses

sought to establish whether the perfectionism measures could still account for significant variance in the distress measures, above and beyond rumination. These analyses revealed that the MPS dimensions were no longer correlated significantly with the MASQ distress measures. However, the partial correlations revealed that the PCI was still correlated with both general depression, $r = .35, p < .01$, and general anxiety, $r = .35, p < .01$, after removing the variance associated with rumination.

DISCUSSION

The first goal of the present study was to examine the association between dimensions of perfectionism and ruminative responses to psychological distress. Consistent with predictions, correlational analyses confirmed that there was a strong, positive association between our new measure of perfectionism cognitions and a ruminative response orientation to depression. Additional analyses involving the Impact of Event Scale found that the PCI was correlated significantly with the measure of intrusive experiences, but it was not associated with the measure of avoidance experiences. In fact, the PCI was the only perfectionism measure that was correlated significantly with the measure of intrusive experiences following a negative life event. The pattern of findings involving the measure of intrusive experience and the measure of rumination can be regarded as further evidence of the validity of our new measure.

Although the PCI was the only perfectionism measure associated with the intrusive experiences measure from the Impact of Events Scale, analyses with the ruminative response scale showed that this measure was also correlated significantly with socially prescribed perfectionism and self-oriented perfectionism. The finding that various dimensions of perfectionism are associated with a ruminative response orientation to depression has many potential implications, given that past research on the ruminative response orientation has found that ruminators are vulnerable to the experience of depression over time and they have a tendency to recall negative autobiographical events. In light of these findings, it may very well be the case that perfectionists characterized by the ruminative response orientation are also vulnerable to the experience of persistent depression and they may have a selective tendency to recall negative events. Clearly, the link between perfectionism and rumination is in keeping with recent evidence indi-

cating that trait dimensions of perfectionism are associated with chronic symptoms of unipolar and bipolar depression (see Hewitt, Flett, Norton, & Flynn, 1998).

The second goal of the current study was to examine the extent to which the measures of perfectionism and ruminative responses were associated with the various measures of depression and anxiety that derive from the tripartite model outlined by Watson and Clark and their associates. The results involving the perfectionism measures were generally consistent with the findings reported by Flett et al. (1998). In the current study, we found that both the PCI and the MPS socially prescribed perfectionism subscale were correlated significantly with general symptoms of depression and anxiety, and with the measure of anxious arousal. However, no measure of perfectionism was associated with the measure of anhedonia in our current sample. This pattern is very similar to the findings reported by Flett et al. (1998), and the results we have obtained thus far in another ongoing, unpublished study on perfectionism and distress in students.

Interestingly, the pattern of correlations that was obtained for perfectionism cognitions and socially prescribed perfectionism tended to parallel the pattern of correlations that was found for the measures of rumination and intrusive experience. Higher levels of ruminative and intrusive cognitions were associated with higher levels of symptoms of general depression, general anxiety, and anxious arousal, but not with the MASQ anhedonia measure. Thus, in terms of the factors that comprise the tripartite model, it seems that ruminative tendencies are associated primarily with the presence or absence of negative occurrences that are involved in anxiety and depression, but there is no apparent association between ruminative tendencies and the presence or absence of positive occurrences and positive affect. Although the link between the anxiety and the ruminative response orientation described by Nolen-Hoeksema and colleagues has not received much empirical attention thus far, our findings are in keeping with observations that cognitive worry and obsessional tendencies are associated more closely with the presence or absence of negative affectivity than they are with the presence or absence of positive affectivity (Clark & Watson, 1991).

Given the significant associations among certain dimensions of perfectionism, ruminative tendencies, and psychological distress, the possibility arises that the link between perfectionism and distress is mediated by ruminative tendencies. Indeed, our results did provide some

support for this possibility; partial correlational analyses controlling for levels of rumination found that many of the significant correlations between perfectionism and psychological distress were no longer significant. Nevertheless, we did find the perfectionism cognitions measure was still correlated significantly with the MASQ measures of general depression and general anxiety, even after removing variance attributable to the RSQ rumination measure. Thus, although the PCI is associated with ruminative responses to depression, the overlap is not so great that it is the case that the PCI is redundant with the ruminative response orientation in terms of predicting psychological distress. The current findings are consistent with our claim that the PCI is a domain-specific measure of automatic thoughts and it is important to distinguish specific types of negative thinking in order to more fully assess and understand the role of negative cognitions in psychological distress. In previous work, Nolen-Hoeksema et al. (1994) observed that ruminative coping should be distinguished from self-focused attention on failures and discrepancies between the actual and ideal selves, and indeed, the results of our partial correlational analysis showed that the tendency to experience frequent perfectionistic cognitions involving the self is related to the ruminative orientation but should not be equated with the ruminative orientation.

Practical Implications

The results of the current study add to the growing literature on the cognitive aspects of perfectionism. Recent research has provided support for the views of Ellis (1962) by establishing that trait dimensions of perfectionism are associated with the presence of irrational beliefs (Flett, Hewitt, Blankstein, & Koledin, 1991), lower levels of constructive thinking (Flett, Russo, & Hewitt, 1994), and a negative orientation toward solving problems (Flett, Hewitt, Blankstein, Solnik, & Van Brunschot, 1996). The current study shows further that certain perfectionists are prone to experience a higher frequency of perfectionistic thoughts and these same individuals are characterized by a ruminative orientation when distress is experienced and intrusive thoughts following the experience of stressful events. At a practical level, these findings highlight the need for cognitive interventions that focus not only on substituting rational thoughts for irrational thoughts, but also include a focus on decreasing the overall tendency to engage in excessive rumination about imperfections and associated forms of distress.

That is, both the type of cognitive content and the extent to which it is accessed seem to be important variables when considering the link between perfectionism and distress.

Limitations of the Current Study

The current investigation is not without its limitations. One limitation of the current study is that it was not possible to examine gender differences due to the relatively low number of men in this study. Future research must be sensitive to possible gender differences in the associations among perfectionism, rumination, and distress, given the extensive gender differences in rumination that have been identified by Nolen-Hoeksema and her colleagues, and their apparent role in the gender difference in depression (see Nolen-Hoeksema, Grayson, & Larson, 1999). Second, it is evident that the current study is based on cross-sectional data and it is not warranted to make any assumptions about causality on the basis of the current study. In light of these concerns, we are currently completing a prospective investigation of perfectionism, distress, and rumination in a sample of first-time mothers and fathers.

In summary, the results of the current study confirmed that individuals characterized by elevated levels of perfectionism cognitions, socially prescribed perfectionism, and self-oriented perfectionism also tend to have a ruminative response orientation. Moreover, individuals who report frequent perfectionism cognitions also tend to experience intrusive thoughts and images following a stressful event. Moreover, these individuals tend to suffer from elevated levels of general distress in the form of symptoms of depression and anxiety. These findings point to the potential benefits of cognitive interventions that are designed to ameliorate the distressing cognitions experienced by perfectionists.

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