



## Short Communication

## Perfectionism, (self-)compassion, and subjective well-being: A mediation model

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## ABSTRACT

Perfectionism has shown negative relationships with self-compassion and subjective well-being (SWB), but perfectionism is multidimensional and not all dimensions may show these negative relationships. Moreover, it is unclear whether low self-compassion mediates the negative relationships of multidimensional perfectionism with SWB, and whether low compassion for others plays an additional role. This study ( $N = 309$ ) examined these relationships in a mediation model. Self-oriented and socially prescribed perfectionism showed negative relationships with self-compassion, and other-oriented and socially prescribed perfectionism showed negative relationships with compassion for others whereas self-oriented perfectionism showed a positive relationship. Furthermore, both self-compassion and compassion for others positively predicted SWB, and both fully mediated the perfectionism–SWB relationships. The findings suggest that (self-)compassion may explain why some dimensions of perfectionism show negative relationships with SWB.

## 1. Introduction

Perfectionism is a multidimensional personality trait (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). One of the most widely-researched multidimensional models of perfectionism is Hewitt and Flett's (1991) differentiating three dimensions: self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionism reflects beliefs that it is important to strive for perfection. Self-oriented perfectionists expect to be perfect. In contrast, other-oriented perfectionism reflects beliefs that it is important for others to strive for perfection. Other-oriented perfectionists expect others to be perfect. Finally, socially prescribed perfectionism reflects beliefs that striving for perfection is important to others. Socially prescribed perfectionists believe that others expect them to be perfect.

According to the diathesis-stress model of perfectionism (Flett, Hewitt, Blankstein, & Mosher, 1995), all three dimensions of perfectionism—being associated with exceedingly high expectations for oneself and others that are unlikely to be met and thus cause distress—represent a risk to subjective well-being (SWB) particularly increased depression. Moreover, recent findings suggest that the relationship between maladaptive perfectionism and depression is mediated by self-compassion (Mehr & Adams, 2016).

Self-compassion is defined by a kind, warm, and caring attitude toward oneself, entailing a positive view of the self and the recognition

that personal shortcomings are only human (Neff, 2003). In the context of perfectionism and SWB, self-compassion may play a role because self-compassion has shown strong positive relationships with SWB (Neff, 2003), all three perfectionism dimensions have shown negative relationships with self-acceptance (Flett, Besser, Davis, & Hewitt, 2003), and lack of self-compassion has shown to fully mediate the positive relationship between maladaptive perfectionism and depression (Mehr & Adams, 2016).

Whether self-compassion also mediates the relationships between the three perfectionism dimensions of Hewitt and Flett's (1991) model and SWB, however, is an open question. Reason is that only socially prescribed perfectionism is distinctly maladaptive showing consistent negative relationships with SWB, but not self-oriented and other-oriented perfectionism (Hewitt & Flett, 2004). Furthermore, depression is only one indicator of SWB, and there are other important indicators (Diener, Suh, Lucas, & Smith, 1999). Finally, self-compassion is not the only form of compassion that positively predicts SWB. Compassion for others does as well (Mongrain, Chin, & Shapira, 2011), and both other-oriented and socially prescribed perfectionism have been associated with antisocial attitudes indicating a lack of compassion for others (Stoeber, 2014).

Consequently, this study aimed to expand on previous research on perfectionism, self-compassion, and SWB by examining the relationships of self-oriented, other-oriented, and socially prescribed

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perfectionism with self-compassion and compassion for others regarding multiple indicators of SWB (satisfaction with life, positive affect, negative affect, and depression). Furthermore, we examined whether self-compassion mediates the perfectionism–SWB relationships and explored whether compassion for others plays an additional role in these relationships.

## 2. Method

### 2.1. Participants and procedure

Because Monte-Carlo simulations indicate that estimates of correlations stabilize when sample sizes approach 250 (Schönbrodt & Perugini, 2013), we recruited a convenience sample of 311 undergraduate students (52 male, 258 female, 1 preferred not to say; age:  $M = 19.7$ ,  $SD = 3.9$ , range = 17–53 years) from our school's Research Participation Scheme. Students participated for course credit, completed all measures online using Qualtrics®, and were required to respond to all questions (to prevent missing data) which was approved by the relevant ethics committee.

### 2.2. Measures

#### 2.2.1. Perfectionism

A 15-item short form of the Hewitt–Flett Multidimensional Perfectionism Scale (Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008) was used to measure self-oriented perfectionism (e.g., “I strive to be as perfect as I can be”), other-oriented perfectionism (“If I ask someone to do something, I expect it to be done flawlessly”), and socially prescribed perfectionism (“People expect nothing less than perfection from me”) with items rated from 1 (*strongly disagree*) to 7 (*strongly agree*).

#### 2.2.2. Compassion

The 12-item Self-Compassion Scale Short-Form (Raes, Pommier, Neff, & Van Gucht, 2011) was used to measure self-compassion (e.g., “I try to be understanding and patient toward those aspects of my personality I don't like”) and the 24-item Compassion Scale (Pommier, 2011) to measure compassion for others (e.g., “If I see someone going through a difficult time, I try to be caring toward that person”), both with items rated from 1 (*almost never*) to 5 (*almost always*).

#### 2.2.3. Subjective well-being (Past week)

To measure SWB, three scales were used with instructions telling participants to focus on how they felt in the past week (and items revised to past tense where necessary): the 5-item Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; e.g., “I was satisfied with my life”) with items rated from 1 (*strongly disagree*) to 7 (*strongly agree*); a 10-item short-form of the Positive and Negative Affect Schedule (Stoeber, Harvey, Ward, & Childs, 2011) capturing positive (e.g., “enthusiastic”) and negative affect (“distressed”) rated from 1 (*not at all*) to 5 (*extremely*); and the 7-item depression subscale of a short-form of the Depression Anxiety Stress Scales (Henry & Crawford, 2005; e.g., “I felt down-hearted and blue”) items rated from 1 (*did not apply to me at all*) to 4 (*applied to me very much or most of the time*).

### 2.3. Data screening

Because multivariate outliers distort the results of multivariate analyses (Tabachnick & Fidell, 2007), two participants (1 male, 1 female) showing a significant Mahalanobis distance ( $\chi^2[9] > 27.88$ ,  $p < .001$ ) were excluded, so the final sample comprised 309 participants. All measures showed satisfactory reliabilities (Cronbach's alphas  $\geq 0.70$ ; Table 1).

## 3. Results

### 3.1. Bivariate and partial correlations

When bivariate correlations were examined (Table 1), all three perfectionism dimensions showed a negative relationship with self-compassion, but only other-oriented perfectionism also showed a negative relationship with compassion for others whereas self-oriented perfectionism showed a positive relationship. As regards past-week subjective well-being (SWB), all three perfectionism dimensions showed positive relationships with the two negative indicators (negative affect, depression), but self-oriented perfectionism also showed a positive relationship with one of the positive indicators (positive affect).

Because the three perfectionism dimensions showed substantial overlap ( $0.48 \leq r_s \leq 0.51$ ), partial correlations were computed to examine the dimensions' unique relationships (Table 1). Self-oriented perfectionism continued to show a negative relationship with self-compassion and a positive relationship with compassion for others; other-oriented perfectionism now showed only a negative relationship with compassion for others; and socially prescribed perfectionism now showed negative relationships with both self-compassion and compassion for others, but still showed positive relationships with negative affect and depression.

### 3.2. Mediation model

To examine whether self-compassion mediated the unique relationships between perfectionism and SWB—and explore whether compassion for others played an additional role and whether there were any indirect effects of perfectionism on SWB not captured in Table 1—we employed Mplus 8.3 (Muthén & Muthén, 1998–2019). SWB was modelled as a latent variable representing the dependent variable, however, excluding positive affect because a confirmatory factor analysis suggested doing so (see Supplementary Material, Section 1). All other variables were modelled as manifest variables with the perfectionism dimensions as predictors, and self-compassion and compassion for others as mediators (Fig. 1).

When testing all direct and indirect effects for significance, results showed that both self-compassion and compassion for others had a positive effect on SWB. Moreover, with the two forms of compassion included as mediators, perfectionism showed no more direct effects on SWB, only indirect effects (IEs) via self-compassion and compassion for others, indicating that (self-)compassion fully mediated the perfectionism–SWB relationships (Fig. 2). When testing the IEs for significance using bias-corrected 95% confidence intervals (10,000 bootstraps), all IEs were significant: the negative effect of self-oriented perfectionism via self-compassion (IE =  $-0.09$ ), the positive effect of self-oriented perfectionism via compassion for others (IE =  $0.06$ ), the negative effect of other-oriented perfectionism via compassion for others (IE =  $-0.04$ ), the negative effect of socially prescribed perfectionism via self-compassion (IE =  $-0.11$ ), and the negative effect of socially prescribed perfectionism via compassion for others (IE =  $-0.03$ ; all IEs are STDYX estimates; for model fit indices,  $R^2$ s, and confidence intervals, see Supplementary Material, Section 2).

## 4. Discussion

Expanding on previous research on perfectionism and self-acceptance, this study found that all three perfectionism dimensions—self-oriented, other-oriented, and socially prescribed perfectionism—showed negative relationships with self-compassion, but the relationship of other-oriented perfectionism became nonsignificant when unique relationships were examined (cf. Stoeber, 2014). Moreover, other-oriented and socially prescribed perfectionism showed negative relationships with compassion for others whereas self-oriented



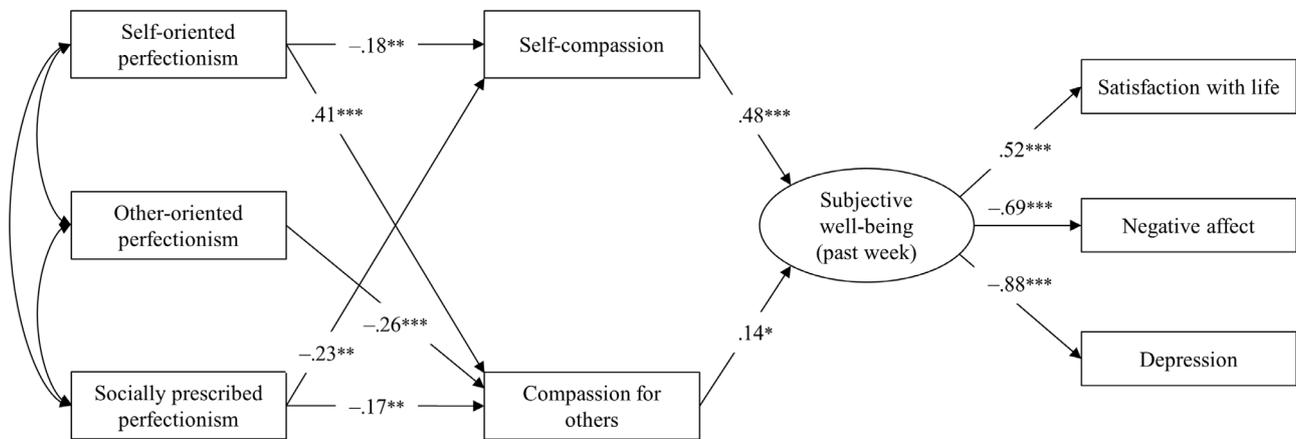


Fig. 2. Empirical mediation model ( $N = 309$ ) showing only significant paths (standardized coefficients [STDYX estimates]);  $*p < .05$ ,  $**p < .01$ ,  $***p < .001$ .

that other-oriented perfectionism is mostly unrelated to SWB and shows unique relationships only with interpersonal characteristics, processes, and behaviors (Stoeber, 2014). But interpersonal characteristics, processes, and behaviors can affect people's SWB. Consequently, other-oriented perfectionism may have indirect negative effects on SWB via positive associations with antisocial characteristics, processes, and behaviors or via negative associations with prosocial characteristics, processes, and behaviors (Stoeber, 2014). Examining such pathways may be a promising endeavor for future research on how other-oriented perfectionism not only affects other people's well-being, but also the personal well-being of those displaying high levels of this personality trait.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.paid.2019.109708.

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