Maladaptive Traits and Psychological Functioning Across the First Semester of College
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Abstract

Transitional college can be challenging. Certain factors predict successful adjustment (e.g., perception of strong social support, Friedlander, Reid, Shapak, & Cribbie, 2007). Traits such as perfectionism may impair this type of transition. Fifty-two freshmen in their first semester completed questionnaires assessing variables such as psychological symptoms, personality, and well-being. Fifty of those individuals completed the same measures approximately two months later. Higher maladaptive perfectionism scores at Time 1 predicted higher ratings of depression and lower life satisfaction scores at Time 2. Maladaptive perfectionism seems to hinder adjustment to higher education. Future research could determine the extent to which these findings generalize to different contexts.

Introduction

- Entering college is a major transition and can have lasting effects on various aspects of life.
- Mental health problems such as depression are common (e.g., Hunt & Eisenberg, 2010), persistent (e.g., Zivin, Eisenberg, Gollust, & Golubinstein, 2009), and contribute to academic impairment (e.g., Andrews & Wilding, 2004) among undergraduates.
- Personality traits such as perfectionism also affect psychosocial adjustment of undergraduates (e.g., Rice, Lauer, Christopher, & Porte, 2006).
- Perfectionism is related to depression (for a review, see Shiffman & Rossman, 2001), and has adaptive and maladaptive components (for a review, see Steiner & Otto, 2006).

Method

- Time 1: 52 freshmen, including 4 minors who received parental consent, completed self-report questionnaires early in their first semester.
- Time 2: 50 of the original sample completed measures again 8 to 10 weeks later.

Measures

- Multidimensional Perfectionism Scale (Frost, Martens, Lahart, & Rosenblate, 1990)
  - Maladaptive Evaluative Concerns (MEC; 22 items, α = .80): comprised of Concern over Mistakes, Doubts about Actions, Parental Criticism, and Parental Expectations subscales (Frost, Heinberg, Hof, Marta, & Neuberger, 1993).
  - Pure Personal Standards (15 items, α = .85): Personal Standards items least related to self-criticism (Dillworth, Frost, Chang, LeFors, & Grilo, 2004).
- Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988)
  - Twenty-item measure of trait Positive Affect (e.g., excited) and Negative Affect (e.g., afraid). It has demonstrated good convergent and discriminant validity, as well as high internal consistency and stability.
- Beck Depression Inventory-2 (BDI-2; Beck, Steer, & Brown, 1996)
- Quality of Life Inventory (QOLI; Frech, 1988)
  - A 44-item measure of depressive symptoms. Scores in this sample may slightly underestimate depression because our Institutional Review Board asked us to omit the suicidal ideation item.
- Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Neale, & Keefe, 1988)
  - A 12-item measure of social support with adequate construct validity, and good internal consistency and stability.
- Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)
  - A well-validated 5-item measure of life satisfaction.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Female</th>
<th>Practice Judaism</th>
<th>Age M (SD)</th>
<th>White</th>
<th>Asian or Pacific Islander</th>
<th>African American</th>
<th>Ethnicity Not Listed</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>52</td>
<td>75.0%</td>
<td>46.2%</td>
<td>17.98 (0.37)</td>
<td>73.1%</td>
<td>23.1%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Results

- QOLI scores decreased significantly from Time 1 (M = 2.71, SD = 1.29) to Time 2 (M = 2.35, SD = 1.81, r(47) = 2.05, p = .046).
- Time 1 MEC scores (M = 48.37, SD = 12.36) were comparable to those of non-clinical samples, but lower than those for individuals with diagnoses such as major depressive disorder (e.g., Sassaroli et al., 2008).
- Time 2 BDI-2 scores indicated mild depressive symptoms (M = 8.08, SD = 8.35) and Satisfaction With Life scores were high (M = 26.76, SD = 7.13).

Regressions

- Investigated ability of Time 1 measures to predict Time 2 well-being measures and tested for interactions.
- Time 1 MEC predicted Time 2 BDI-2 scores beyond Time 1 BDI-2, even with Pure Personal Standards in the model (part r = .21, p = .049). See Table 2 for regression results involving prediction of Time 2 BDI-2.
- MEC and BDI-2 were significantly related beyond negative affect and neuroticism (part r = .27, p = .012).
- In addition, higher MEC scores predicted lower Time 2 Satisfaction With Life beyond Time 1 Satisfaction With Life, Negative Affect, and Neuroticism (part r = .38, p < .001).
- In contrast to prior research (e.g., Friedlander et al., 2007), Time 1 perceived social support predicted neither Time 2 QOLI (part r = .05, p = .631) nor Satisfaction With Life (part r = .064, p = .573), but there was a trend for higher perceived social support to predict lower Time 2 BDI-2.
- Conducted separate regressions with MSPSS subscales (Significant Other, α = .91; Family, α = .89; Friend, α = .90) and Significant Other predicted Time 2 BDI-2, even when individuals in a romantic relationship were excluded (part r = -.29, p = .026).

Table 2. Regression coefficients, p-values, and R-square change for prediction of Time 2 BDI-2 by certain Time 1 measures

<table>
<thead>
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<th>Time 1 Predictor</th>
<th>part r</th>
<th>p</th>
<th>R² change</th>
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<tbody>
<tr>
<td>MEC</td>
<td>.30</td>
<td>.006</td>
<td>.092</td>
</tr>
<tr>
<td>MSPSS</td>
<td>-.20</td>
<td>.057</td>
<td>.041</td>
</tr>
<tr>
<td>Sig Other</td>
<td>-.25</td>
<td>.016</td>
<td>.064</td>
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<tr>
<td>Family</td>
<td>-.156</td>
<td>.146</td>
<td>.024</td>
</tr>
<tr>
<td>Friend</td>
<td>-.008</td>
<td>.940</td>
<td>.000</td>
</tr>
</tbody>
</table>

Discussion

- Higher maladaptive perfectionism predicted higher depression and lower life satisfaction across the first semester.
- Among perceived social support subscales, only Significant Other predicted depression over time.
- Future research would benefit from larger and more diverse samples, more comprehensive measurement of variables (e.g., informant report of social support), and additional time points.
- Valuable to assess maladaptive perfectionism and offer resources to those at risk for adjustment difficulties.