

Abstract

Transitioning to college can be challenging. Certain factors predict successful adjustment (e.g., perception of strong social support; Friedlander, Reid, Shupak, & 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 (for a review, see Hunt & Eisenberg, 2010), persistent (e.g., Zivin, Eisenberg, Gollust, & Golberstein, 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, Leever, Christopher, & Porter, 2006).
- Perfectionism is related to depression (for a review, see Shafran & Mansell, 2001), and has adaptive and maladaptive components (for a review, see Stoeber & Otto, 2006).
 - Maladaptive perfectionism predicts depressive symptoms such as hopelessness among undergraduates (e.g., Chang & Rand, 2000; Wei, Heppner, Russell, & Young, 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, Marten, Lahart, & Rosenblate, 1990)
 - *Maladaptive Evaluative Concerns* (MEC; 22 items, $\alpha = .88$): comprised of Concern over Mistakes, Doubts about Actions, Parental Criticism, and Parental Expectations subscales (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993).
 - *Pure Personal Standards* (5 items, $\alpha = .85$): Personal Standards items least related to self-criticism (DiBartolo, Frost, Chang, LaSota, & Grills, 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)
 - Psychometrically-sound 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.
 - Quality of Life Inventory (QOLI; Frisch, 1988)
 - 32-item measure of importance/satisfaction for various aspects of life with good internal consistency, stability, convergent validity, and discriminant validity (Frisch, Cornell, Villanueva, & Retzlaff, 1992).
 - Big Five Inventory (John & Srivastava, 1999)
 - 44-item measure of the Big Five personality factors (e.g., Neuroticism) with good psychometric properties.
 - Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988)
 - 12-item measure of self-rated 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

N	Female	Practice Judaism	Age M (SD)	White	Asian or Pacific Islander	African American	Ethnicity Not Listed
52	75.0%	46.2%	17.98 (0.37)	73.1%	23.1%	1.9%	1.9%

Results

Descriptive Statistics

- QOLI scores decreased significantly from Time 1 ($M = 2.71, SD = 1.29$) to Time 2 ($M = 2.35, SD = 1.81, t(47) = 2.05, p = .046$).
- 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 also predicted Time 2 BDI-2 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, $\alpha = .91$; Family, $\alpha = .89$; Friends, $\alpha = .90$) and only 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

Time 1 Predictor	Statistic		
	part r	p	R^2 change
MEC	.30	.006	.092
MSPSS	-.20	.057	.041
Sig Other	-.25	.016	.064
Family	-.156	.146	.024
Friend	-.008	.940	.000

Note. ns ranged from 48 to 49 for these analyses. Additional predictors are not included for the results reported here. Sig Other = Significant Other subscale of the MSPSS, Family = Family subscale of the MSPSS, Friend = Friend subscale of the MSPSS.

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.