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# What is DAS self-critical perfectionism really measuring? Relations with the five-factor model of personality and depressive symptoms

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## Abstract

This study sought to gain a better understanding of what self-critical (SC) perfectionism, assessed by the Dysfunctional Attitude Scale (DAS; Weissman & Beck, 1978), is measuring in a non-depressed sample of community adults ( $N = 223$ ). DAS SC perfectionism measures, along with personal standards (i.e., self-oriented perfectionism) and other SC (i.e., socially prescribed perfectionism, self-criticism) measures of perfectionism, were related to the five domains and 30 facets of the revised NEO Personality Inventory (NEO-PI-R; Costa et al., 1992) and current depressive symptoms. Results indicated that DAS SC perfectionism was similar to socially prescribed perfectionism and self-criticism primarily in terms of moderate to large correlations with depressive symptoms and the neuroticism domain and facets, and negative correlations with the warmth, positive emotions, and trust facets. DAS SC/defensive separation perfectionism (i.e., DAS SC perfectionism with shared variance related to DAS need for approval removed) exhibited negative correlations with warmth and trust but was not related to neuroticism. In contrast to self-oriented perfectionism, the DAS SC perfectionism measures were unrelated or negatively related to the conscientiousness facets. These results suggest that DAS SC perfectionism more closely reflects self-critical than personal standards dimensions of perfectionism.

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## 1. Introduction

Over the past decade, self-critical (SC) perfectionism, assessed by the Dysfunctional Attitude Scale (DAS; Weissman & Beck, 1978), has emerged as an important cognitive-personality factor that has a negative impact on the treatment of depression (see Blatt & Zuroff, 2005) and predicts depressive symptoms over time (Dunkley, Sanislow, Grilo, & McGlashan, 2006). An obstacle to interpreting these findings, however, is that it is unclear what exactly is being measured by this variable (see Dunkley, Sanislow, Grilo, & McGlashan, 2004). Although DAS SC perfectionism has been widely assumed to reflect the setting of high personal standards (see Sherry, Hewitt, Flett, & Harvey, 2003), several investigators have independently suggested the importance of distinguishing between personal standards (PS) and SC dimensions of perfectionism (see Dunkley, Blankstein, Masheb, & Grilo, 2006; Stoeber & Otto, 2006). PS perfectionism involves active striving for high standards and goals that one sets for one self, which is integral to the perfectionism concept that has been typically described in the literature (see Shafran, Cooper, & Fairburn, 2002). On the other hand, SC perfectionism involves constant and harsh self-scrutiny and self-evaluation, chronic concerns about others' criticism, and the tendency to engage in defensive interpersonal strategies (e.g., suspiciousness, sacrificing intimacy, social distancing) that perpetuate a vulnerable sense of self (Dunkley, Blankstein, Zuroff, Lecce, & Hui, 2006).

Contrary to prevailing assumption, empirical findings suggest that DAS SC perfectionism is actually more closely related to the SC than the PS dimension of perfectionism. Specifically, factor analytic studies of scales from the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991), the Depressive Experiences Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1976), and the DAS have identified two higher-order latent factors that correspond to PS and SC dimensions of perfectionism (see Dunkley et al., 2006; Stoeber & Otto, 2006). The PS perfectionism latent factor is indicated by MPS self-oriented perfectionism. On the other hand, the SC perfectionism latent factor is indicated by DAS SC perfectionism, MPS socially prescribed perfectionism, and DEQ self-criticism (e.g., Powers, Zuroff, & Topciu, 2004). In addition, although DAS SC perfectionism has exhibited significant zero-order correlations with self-oriented perfectionism, partial correlations showed that DAS SC perfectionism was unrelated to self-oriented perfectionism after controlling for socially prescribed perfectionism (Sherry et al., 2003). This suggests that the relation between DAS SC perfectionism and higher personal standards is bound up with perceptions that others hold unrealistic expectations for one self. Finally, whereas PS perfectionism indicators often have weak or negligible correlations with depressive symptoms, SC perfectionism indicators (e.g., DAS SC perfectionism) consistently demonstrate moderate to large correlations with depressive symptoms (e.g., Powers et al., 2004).<sup>1</sup>

Although some previous research has related the DAS SC perfectionism scale to other measures of perfectionism, it is important to note that many studies have used a “purified” version

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<sup>1</sup> Cohen's (1992) criteria for weak ( $r = 0.10$ ), moderate ( $r = 0.30$ ), and strong ( $r = 0.50$ ) effect sizes are used to describe the strength of zero-order correlations.

of DAS SC perfectionism (see Blatt & Zuroff, 2005). This regression-based score, which we will refer to as *self-critical/defensive separation (SC/DS) perfectionism*, removes the substantial shared variance with the DAS need for approval scale from DAS SC perfectionism and primarily reflects the defensive interpersonal content (e.g., social distancing) of the broader SC perfectionism construct (e.g., Zuroff et al., 2000). Although DAS SC/DS perfectionism has correlated strongly with the original DAS SC perfectionism scale, DAS SC/DS perfectionism might not closely reflect the neurotic content of DAS SC perfectionism after removing variance related to need for approval (see Dunkley et al., 2004). Research is needed to compare the similarities and differences between DAS SC perfectionism, DAS SC/DS perfectionism, and other measures of perfectionism.

Numerous studies have supported the five-factor model (FFM) of personality as a useful heuristic framework that is relevant to the portrayal of specific personality vulnerability styles, such as perfectionism (see Widiger & Costa, 2002). The FFM is a version of trait theory that identifies five broad domains of personality functioning as most important, namely neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. The revised NEO Personality Inventory (NEO-PI-R; Costa et al., 1992) assesses these five factors, which are each comprised of six, more specific, personality trait facets. In a heterogeneous clinical sample, Dunkley et al. (2004) found both DAS SC perfectionism and DAS SC/DS perfectionism to be negatively correlated with the warmth, positive emotions, and trust facets of the NEO-PI-R, consistent with previous studies of other SC perfectionism indicators (e.g., Dunkley, Blankstein, & Flett, 1997; Dunkley et al., 2006; Hill, McIntire, & Bacharach, 1997). Further, DAS SC perfectionism demonstrated moderate to strong relations with the neuroticism domain and its trait depression and self-consciousness facets, whereas DAS SC/DS perfectionism exhibited weak to moderate relations with the neuroticism domain and facets. Finally, Dunkley et al. (2004) found that neither DAS SC perfectionism nor DAS SC/DS perfectionism was significantly positively related to the NEO-PI-R conscientiousness domain and facets. These findings distinguished the DAS SC perfectionism measures from PS measures of perfectionism, which have shown moderate to strong positive relations with conscientiousness and the achievement striving facet (Dunkley et al., 2006; Hill et al., 1997).

Dunkley et al.'s (2004) findings in a clinical sample suggested that the NEO-PI-R correlates of the DAS SC perfectionism measures are more similar to the NEO-PI-R correlates of SC perfectionism indicators than PS perfectionism indicators. However, the generalizability of Dunkley et al.'s (2004) findings to nonclinical populations is uncertain because SC individuals have been assumed to strive excessively for achievement and perfection when not depressed (see Blatt, 2004). This suggests that DAS SC perfectionism would more closely resemble PS than SC dimensions of perfectionism with respect to relations with active personality traits (e.g., achievement striving) assessed by the NEO-PI-R in nonclinical populations.

The main purpose of the present study was to clarify the interpretation of what DAS SC perfectionism is measuring in a nondepressed sample of community adults in order to better understand the premorbid personality characteristics of these individuals. We sought to address four issues. First, we examined the interrelations among DAS SC perfectionism, DAS SC/DS perfectionism, MPS self-oriented perfectionism, MPS socially prescribed perfectionism, and DEQ self-criticism. Second, we compared the similarities and differences among these measures in terms of their relations to depressive symptoms. Third, we examined whether the NEO-PI-R portraits of

the DAS SC perfectionism measures illustrated in Dunkley et al.'s (2004) clinical sample would generalize to a nonclinical sample of community adults. Finally, we directly compared the similarities and differences among the DAS SC perfectionism measures, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism by locating these measures within the NEO-PI-R framework in the same sample of community adults.

## 2. Method

### 2.1. Participants

A community sample of English- and French-speaking adults holding paid employment was recruited through newspaper advertisements and posted bulletins. Participants were compensated \$25 for their participation in the study. The sample consisted of 223 participants (76 men and 147 women). All participants graduated from high school (18%), college (30%), or university (52%). One hundred and nine English-speaking participants (33 men and 76 women) completed the English version of the questionnaire package and 114 French-speaking participants (43 men and 71 women) completed the French translation of the questionnaire package. The results of a *t* test suggested that the average age of English-speaking participants ( $M = 41.94$ ;  $SD = 12.96$ ) was higher ( $t = 2.22$ ,  $p < 0.05$ ) than the average age of French-speaking participants ( $M = 38.28$ ;  $SD = 11.49$ ).

### 2.2. Procedure

In a 1.5–2-h laboratory session, participants completed a package of questionnaires, including measures of perfectionism, self-criticism, comprehensive personality, and depressive symptoms.

### 2.3. Measures

#### 2.3.1. DAS SC perfectionism

The 40-item DAS (Weissman & Beck, 1978) was used to assess DAS SC perfectionism. The DAS SC perfectionism scale was derived based on the factor analytic results of Imber et al. (1990), with the 15 items with high loadings (e.g., “If I fail at my work, then I am a failure as a person”) summed in the present study. Response choices ranged from 1 (*totally disagree*) to 7 (*totally agree*). In keeping with previous studies (e.g., Zuroff et al., 2000), the DAS SC/DS perfectionism score was created using a regression procedure to remove the overlapping, shared variance between the SC perfectionism scale and the 11-item need for approval scale also derived based on the factor analytic results of Imber et al. (1990). The DAS SC perfectionism measures have demonstrated adequate internal consistency and validity (e.g., Blatt & Zuroff, 2005; Dunkley et al., 2004). A French translation of the DAS (Cottraux & Blackburn, 1995) was administered to participants completing the study in French. Empirical evidence suggests that the factor structure and validity of the French version of the DAS is similar to the original English version (see Cottraux & Blackburn, 1995). Coefficient alpha in the present study for DAS SC perfectionism was 0.88.

### 2.3.2. *Self-oriented perfectionism and socially prescribed perfectionism*

The 45-item MPS (Hewitt & Flett, 1991) was used to assess self-oriented perfectionism (15 items; e.g., “I set very high standards for myself”) and socially prescribed perfectionism (15 items; e.g., “Anything I do that is less than excellent will be seen as poor work by those around me”). Response choices ranged from 1 (*disagree*) to 7 (*agree*). The self-oriented perfectionism and socially prescribed perfectionism scales have demonstrated adequate internal consistencies and validity (e.g., Hewitt & Flett, 1991). Labrecque, Stephenson, Boivin, and Marchand’s (1998) French translation of the MPS was administered to French-speaking participants. Labrecque et al. (1998) found that the internal consistency and factorial validity of the French version of the MPS was similar to the original Hewitt and Flett (1991) measure. Coefficient alphas in the present study for self-oriented perfectionism and socially prescribed perfectionism were 0.90 and 0.87, respectively.

### 2.3.3. *Self-criticism*

The 66-item DEQ (Blatt et al., 1976) was used to assess self-criticism (e.g., “There is a considerable difference between how I am now and how I would like to be”). Response choices ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). The self-criticism factor of the DEQ is highly stable, has high internal consistency (Zuroff, Quinlan, & Blatt, 1990), and has shown good convergent and discriminant validity (see Blatt, 2004). As recommended by Zuroff et al. (1990), we scored self-criticism using the factor weights derived from the Blatt et al. (1976) female sample. Boucher, Cyr, and Fortin’s (2006) French translation of the DEQ was administered to French-speaking participants. Boucher et al. (2006) found that the factor scores and validity of the French self-criticism dimension were highly congruent with the original Blatt et al. (1976) self-criticism factor.

### 2.3.4. *The revised NEO personality inventory*

The NEO-PI-R (Costa et al., 1992) is a 240-item self-report questionnaire designed to provide a comprehensive assessment of the five-factor model of personality. Responses were rated on a 5-point Likert scale ranging from ‘*strongly disagree*’ to ‘*strongly agree*’. Extensive evidence supporting the internal consistency and validity of the NEO-PI-R five domain and 30 8-item facet scales has been reported (e.g., Costa et al., 1992). Rolland and Petot’s (1998) French translation of the NEO-PI-R was administered to participants completing the study in French. Based on high congruence coefficients between factor structures, Rolland, Parker, and Stumpf (1998) concluded that the French translation of the NEO-PI-R was largely equivalent to the original English language version.

### 2.3.5. *Depressive symptoms*

The 21-item BDI (Beck & Steer, 1987) was used to assess the severity of current depressive symptoms in the previous week. Response choices ranged from 0 to 3 with higher scores indicating greater severity of current depressive symptoms. The BDI is widely used and has considerable support for its reliability and validity (Beck, Steer, & Garbin, 1988). Bourque and Beaudette’s (1982) French translation of the BDI was administered to French-speaking participants. Bourque and Beaudette (1982) found support for the internal consistency and validity of the French BDI that

corresponded to that found for the original English language BDI. Coefficient alpha in the present study for BDI depressive symptoms was 0.86.

### 3. Results

Correlational analyses were used to clarify what DAS SC perfectionism is measuring by examining the intercorrelations among DAS SC perfectionism, DAS SC/DS perfectionism, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism, and the correlations between these variables and BDI depressive symptoms and the NEO-PI-R five domains and 30 facets. Because a large number of statistical tests were performed, a more conservative alpha value of  $p < 0.01$  was used to examine significance levels for all analyses. To keep the number of statistical tests to a manageable size, results are reported for the total sample only. As suggested by Cohen, Cohen, West, and Aiken (2003),  $z$ -tests that utilize Fisher's  $r$  to  $z$  transformations were used to examine differences in correlates of DAS SC perfectionism, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism scales between men and women, and between participants who completed the English questionnaires and those who completed the French questionnaires. Out of a total of 158 comparisons between correlations for men and women, there were only three significant ( $p < 0.01$ ) differences. Out of a total of 158 comparisons between correlates for English and French participants, there was only one significant ( $p < 0.01$ ) difference. Thus, the results were comparable between men and women, and between participants completing either the English or French version of the questionnaires.

Table 1 reports the means, standard deviations, and zero-order intercorrelations among the DAS SC perfectionism measures, self-oriented perfectionism, socially prescribed perfectionism, self-criticism, and current depressive symptoms. As shown in Table 1, DAS SC perfectionism, DAS SC/DS perfectionism, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism demonstrated moderate to large intercorrelations. DAS SC perfectionism, socially prescribed perfectionism, and self-criticism exhibited moderate to large zero-order correlations

Table 1  
Means, standard deviations, and intercorrelations

Variables	1	2	3	4	5	6
1. DAS SC perfectionism	–					
2. DAS SC/DS perfectionism	0.74**	–				
3. Self-oriented perfectionism	0.45**	0.33**	–			
4. Socially prescribed Pft.	0.57**	0.38**	0.60**	–		
5. Self-criticism	0.56**	0.36**	0.34**	0.46**	–	
6. BDI depressive symptoms	0.46**	0.21*	0.22**	0.37**	0.55**	–
<i>M</i>	38.81	–0.00	63.41	51.02	–0.16	8.93
<i>SD</i>	15.15	1.00	17.42	15.11	0.98	7.02

Note.  $N = 223$ .

DAS, Dysfunctional Attitude Scale; SC, self-critical; DS, defensive separation; Pft., perfectionism; BDI, Beck Depression Inventory.

\*  $p < 0.01$ .

\*\*  $p < 0.001$ .

with depressive symptoms, whereas DAS SC/DS perfectionism and self-oriented perfectionism had weak correlations with depressive symptoms. It is important to note that the significant zero-order correlations between self-oriented perfectionism and the DAS SC perfectionism measures, self-criticism, and depressive symptoms was due to shared overlap with socially prescribed perfectionism. Specifically, controlling for socially prescribed perfectionism, partial correlations between self-oriented perfectionism and DAS SC perfectionism ( $pr = 0.16$ ), DAS SC/DS perfectionism ( $pr = 0.13$ ), DEQ self-criticism ( $pr = 0.09$ ), and BDI depressive symptoms ( $pr = -.01$ ) were nonsignificant ( $p > 0.01$ ).

Next, we examined the correlations of the DAS SC perfectionism measures with the NEO-PI-R five domain and 30 facets scales, and compared the similarities and differences in NEO-PI-R correlates among DAS SC perfectionism, DAS SC/DS perfectionism, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism. As expected, Table 2 shows that DAS SC perfectionism, socially prescribed perfectionism, and self-criticism had a similar pattern of correlates with the NEO-PI-R domains and facets. Specifically, DAS SC perfectionism, socially prescribed perfectionism, and self-criticism primarily exhibited moderate to strong correlations with the neuroticism domain and depression and self-consciousness facets; weak to moderate negative correlations with the warmth and positive emotions facets of extraversion; weak to moderate negative correlations with the agreeableness domain and trust facet; and weak, negligible, or negative correlations with the conscientiousness domain and facets.

DAS SC/DS perfectionism exhibited weak to moderate negative correlations with the warmth facet and the agreeableness domain and trust facet, and was not positively correlated with the conscientiousness facets (see Table 2), similar to DAS SC perfectionism, socially prescribed perfectionism, and self-criticism. As predicted, however, DAS SC/DS perfectionism primarily differed from DAS SC perfectionism, socially prescribed perfectionism, and self-criticism in that it was not significantly related to the neuroticism domain.

Finally, as expected, self-oriented perfectionism demonstrated a strikingly different pattern of correlations with the NEO-PI-R domains and facets in contrast to DAS SC perfectionism, DAS SC/DS perfectionism, socially prescribed perfectionism, and self-criticism. Specifically, self-oriented perfectionism exhibited moderate to strong correlations with the activity facet of extraversion and the conscientiousness domain and achievement striving facet. Moreover, self-oriented perfectionism was not significantly related to the neuroticism domain nor was it negatively related to interpersonal facets (see Table 2).

#### 4. Discussion

The present study built on previous findings (e.g., Dunkley et al., 2004; Powers et al., 2004; Sherry et al., 2003) to further clarify what DAS SC perfectionism is actually measuring. The DAS SC perfectionism and SC/defensive separation perfectionism (i.e., with shared variance related to need for approval removed from DAS SC perfectionism) measures exhibited significant zero-order correlations with indicators of both the personal standards (MPS self-oriented perfectionism) and self-critical (MPS socially prescribed perfectionism, DEQ self-criticism) higher-order latent factors of perfectionism (see Dunkley et al., 2006; Stoeber & Otto, 2006). However, our results demonstrated that the DAS SC perfectionism measures more closely resemble SC perfection-

Table 2

Zero-order Correlations of DAS SC perfectionism, DAS SC/DS perfectionism, self-oriented perfectionism, socially prescribed perfectionism, and self-criticism with the neuroticism, extraversion, openness, agreeableness, and conscientiousness domains and facets

NEO variables	DAS SC Pft.	DAS SC/DS Pft.	Self-oriented Pft.	Socially prescribed Pft.	Self-criticism
Neuroticism	0.45**	0.15	0.15	0.31**	0.68**
Anxiety	0.39**	0.07	0.23**	0.28**	0.61**
Angry hostility	0.29**	0.13	0.12	0.24**	0.50**
Depression	0.43**	0.17	0.16	0.32**	0.69**
Self-consciousness	0.47**	0.25**	0.13	0.35**	0.54**
Impulsiveness	0.18*	−0.02	0.09	0.11	0.39**
Vulnerability	0.35**	0.12	−0.02	0.20*	0.50**
Extraversion	−0.17*	−0.18*	0.16	−0.11	−0.25**
Warmth	−0.33**	−0.30**	0.01	−0.22**	−0.31**
Gregariousness	−0.10	−0.22**	−0.02	−0.10	−0.19*
Assertiveness	−0.16	−0.11	0.19*	−0.02	−0.24**
Activity	0.03	−0.04	0.35**	0.15	0.01
Excitement-seeking	0.09	0.07	0.10	−0.02	0.05
Positive emotions	−0.24**	−0.15	0.03	−0.23**	−0.31**
Openness	−0.08	−0.08	0.07	−0.14	0.10
Fantasy	−0.08	−0.13	−0.14	−0.16	0.08
Aesthetics	0.02	0.06	0.14	0.00	0.09
Feelings	−0.05	−0.17	0.17	−0.05	0.09
Actions	−0.14	−0.12	0.01	−0.15	−0.04
Ideas	0.06	0.10	0.15	−0.01	0.15
Values	−0.18*	−0.13	−0.06	−0.27**	−0.00
Agreeableness	−0.33**	−0.27**	−0.08	−0.25**	−0.36**
Trust	−0.32**	−0.20*	−0.10	−0.34**	−0.39**
Straightforwardness	−0.17	−0.15	−0.03	−0.08	−0.22**
Altruism	−0.28**	−0.28**	0.08	−0.15	−0.29**
Compliance	−0.17*	−0.14	−0.13	−0.19*	−0.32**
Modesty	−0.13	−0.07	−0.08	−0.05	−0.03
Tender-mindedness	−0.21*	−0.23**	−0.02	−0.17*	−0.13
Conscientiousness	−0.18*	−0.05	0.37**	0.01	−0.35**
Competence	−0.27**	−0.10	0.24**	−0.08	−0.42**
Order	−0.10	−0.04	0.27**	0.01	−0.22**
Dutifulness	−0.21*	−0.12	0.25**	−0.03	−0.22**
Achievement striving	0.11	0.16	0.57**	0.23**	0.01
Self-discipline	−0.25**	−0.15	0.20*	−0.09	−0.41**
Deliberation	−0.07	0.04	0.12	−0.03	−0.25**

Note.  $N = 223$ .

SC, self-critical; DS, defensive separation; Pft., perfectionism.

\*  $p < 0.01$ .

\*\*  $p < 0.001$ .

ism indicators than PS perfectionism indicators, in keeping with previous studies (e.g., Powers et al., 2004; Sherry et al., 2003). First, partial correlations demonstrated that the DAS SC perfectionism measures were no longer significantly related to self-oriented perfectionism when controlling for socially prescribed perfectionism, consistent with previous findings (e.g., Sherry et al.,

2003). Thus, contrary to the predominant notion that DAS SC perfectionism primarily refers to higher personal standards and motivation to attain perfection (see Sherry et al., 2003), this suggests that the relation between DAS SC perfectionism and higher personal standards is confounded with perceptions that others are demanding and expect perfection from one self. Second, whereas DAS SC perfectionism, socially prescribed perfectionism, and self-criticism were moderately related to BDI depressive symptoms, self-oriented perfectionism was not significantly related to BDI depressive symptoms when controlling for socially prescribed perfectionism, consistent with previous findings (e.g., Sherry et al., 2003).

Most revealing, correlations with the NEO-PI-R five domains and 30 facets provided a rich, fine-grained illustration of the similarities among DAS SC perfectionism, socially prescribed perfectionism, and self-criticism and the distinctions of these measures from self-oriented perfectionism. Consistent with Dunkley et al.'s (2004) findings in a clinical sample, we found that community adults with higher levels of DAS SC perfectionism primarily described themselves as prone to feelings of guilt, sadness, hopelessness, and loneliness (depression), sensitive to ridicule and prone to feelings of inferiority (self-consciousness), formal, reserved, and distant in manner (low warmth), less exuberant and high-spirited (low positive emotions), and cynical and skeptical (low trust). In addition, contrary to self-oriented perfectionism, DAS SC perfectionism was unrelated or negatively related to the conscientiousness facets. These DAS SC perfectionism correlates with the NEO-PI-R are similar to those found for socially prescribed perfectionism and self-criticism in the present study of community adults and previous studies with college students (e.g., Dunkley et al., 1997; Hill et al., 1997).

Relations with the NEO-PI-R also highlighted similarities and differences between DAS SC/DS perfectionism and DAS SC perfectionism, socially prescribed perfectionism, and self-criticism. Consistent with Dunkley et al.'s (2004) findings in a clinical sample, DAS SC/DS perfectionism was negatively related to the warmth facet, the agreeableness domain and trust facet, and was unrelated to the conscientiousness facets. Thus, DAS SC/DS perfectionism was similar to DAS SC perfectionism, socially prescribed perfectionism, and self-criticism in terms of relations to defensive interpersonal traits. However, DAS SC/DS perfectionism was not related to the neuroticism domain, which suggests that DAS SC/DS perfectionism does not closely capture the neurotic aspect of the broader SC perfectionism construct (see Dunkley et al., 2004).

Self-oriented perfectionism demonstrated a markedly different pattern of correlations with the NEO-PI-R domains and facets than the DAS SC perfectionism measures, socially prescribed perfectionism, and self-criticism, consistent with previous findings (e.g., Dunkley et al., 2006; Hill et al., 1997). The NEO-PI-R profile of self-oriented perfectionism most closely reflected the active perfectionistic striving aspect of the perfectionism construct that has been emphasized in the literature (see Blatt, 2004; Shafran et al., 2002). Specifically, individuals with higher levels of self-oriented perfectionism primarily described themselves as leading fast-paced lives (activity), neat, tidy, and well-organized (order), and especially diligent, purposeful, and working hard to achieve their goals and aspirations (achievement-striving). Further, self-oriented perfectionism was not significantly related to the neuroticism domain nor was it negatively related to interpersonal facets.

Overall, our results found in an adult community sample were quite consistent with the correlations between the DAS SC perfectionism measures and the NEO-PI-R found in Dunkley et al.'s (2004) heterogeneous clinical sample. Contrary to the prevailing assumption that individuals with higher levels of DAS SC perfectionism actively strive for excessive achievement and perfection

when not depressed (e.g., Blatt, 2004), a defensive interpersonal orientation appears to be the primary means through which individuals with higher levels of DAS SC perfectionism attempt to protect a vulnerable sense of self in both clinical and nonclinical populations (see Dunkley et al., 2006).

There are limitations of the present study and areas that warrant attention in future research. First, our findings were based on self-report measures. Thus, replication with other methods of data-collection (e.g., daily diaries) would be beneficial. Second, the generalizability of the present results should be examined in student populations, different age groups, and clinical populations. In summary, in interpreting previous findings demonstrating DAS SC perfectionism as a prospective predictor of depressive symptoms (see Blatt & Zuroff, 2005; Dunkley et al., 2006), our results provide further indication that the DAS SC perfectionism measures more closely reflect self-critical than personal standards dimensions of perfectionism.

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