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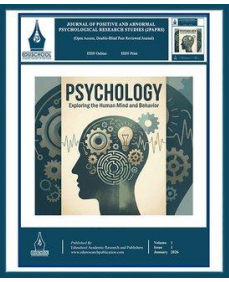

Perfectionism and Depressive Symptoms: The Moderating Role of Self-Compassion

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Abstract

Perfectionism is an established vulnerability factor for depression, yet not all perfectionistic individuals develop depressive symptoms, suggesting the operation of protective factors. This study examined the relationship between perfectionism and depressive symptoms and tested whether self-compassion moderates this relationship. A cross-sectional correlational design was employed, and data were collected from 200 adults aged 18–40 years using a measure of maladaptive perfectionism, the Self-Compassion Scale (SCS), and the depression subscale of the Depression Anxiety Stress Scales (DASS-21). Data were analysed using Pearson correlation and moderated hierarchical regression, with the interaction interpreted through simple slope analysis. Results indicated that perfectionism was significantly and positively correlated with depressive symptoms ($r = .48$, $p < .001$), while self-compassion was significantly and negatively correlated with depressive symptoms ($r = -.52$, $p < .001$). Moderated regression revealed a significant Perfectionism × Self-Compassion interaction, indicating that self-compassion buffered the relationship between perfectionism and depressive symptoms. Simple slope analysis showed that the positive association between perfectionism and depression was strong among individuals low in self-compassion but substantially weaker among those high in self-compassion. These findings suggest that self-compassion attenuates the depressive risk associated with perfectionism, and they highlight self-compassion as a promising target for prevention and intervention.

Keywords:- Perfectionism, Self-Compassion, Depression, Depressive Symptoms, Moderation, Vulnerability, Protective Factor, Mental Health, Emotion Regulation, Correlational Study

I. INTRODUCTION

Depression is among the most common and burdensome mental health conditions, and the identification of the factors that confer vulnerability to, or protection from, depressive symptoms is a central task of clinical and positive psychology alike. Among the dispositional characteristics implicated in vulnerability to depression, perfectionism has attracted sustained attention. Perfectionism, broadly understood as the setting of excessively high standards accompanied by overly critical self-evaluation, has been consistently linked to a range of psychological difficulties, including depression (Frost et al., 1990; Hewitt & Flett, 1991). Yet not all perfectionistic individuals develop depressive symptoms, which points to the operation of moderating factors that may buffer the associated risk.

A growing body of research identifies self-compassion, the tendency to treat oneself with kindness, to recognise one's difficulties as part of a shared human experience, and to hold painful thoughts and feelings in balanced awareness, as a protective psychological resource (Neff, 2003b). Self-compassion is robustly associated with lower psychopathology and greater wellbeing (MacBeth & Gumley, 2012; Zessin et al., 2015), and it may be especially relevant to perfectionism, since it directly counters the harsh self-criticism that characterises maladaptive perfectionism (Gilbert, 2009). Self-compassion may therefore attenuate the relationship between perfectionism and depression, weakening the depressive risk that perfectionism otherwise confers.

Although this proposition is theoretically compelling and has begun to receive empirical support, evidence testing self-compassion as a moderator of the perfectionism-depression relationship remains limited, particularly outside Western samples and in the Indian context. Clarifying whether, and how strongly, self-compassion buffers this relationship would enrich

understanding of the conditions under which perfectionism leads to depression and would inform the design of preventive and therapeutic interventions. Against this background, the present study examined the relationship between perfectionism and depressive symptoms and tested whether self-compassion moderates this relationship. It was hypothesised that perfectionism would be positively related to depressive symptoms, that self-compassion would be negatively related to depressive symptoms, and that self-compassion would moderate the perfectionism-depression relationship, such that the relationship would be weaker at higher levels of self-compassion.

II. LITERATURE REVIEW

2.1. Perfectionism and Depression

Perfectionism is a multidimensional construct, and researchers have distinguished dimensions that are relatively adaptive, such as the pursuit of high personal standards, from those that are maladaptive, such as excessive concern over mistakes and harsh self-criticism (Frost et al., 1990; Stoeber & Otto, 2006). It is the maladaptive, self-critical dimensions that are most strongly and consistently associated with psychopathology. Meta-analytic evidence establishes robust links between perfectionism and a range of disorders, and identifies perfectionism as a transdiagnostic process (Limburg et al., 2017; Egan et al., 2011). With respect to depression specifically, longitudinal evidence indicates that perfectionism dimensions function as vulnerability factors for depressive symptoms over time, even after accounting for related traits (Smith et al., 2016). The present study focuses on the maladaptive, self-critical form of perfectionism most relevant to depressive risk.

2.2. Self-Compassion and Mental Health

Self-compassion has been conceptualised as comprising self-kindness rather than harsh self-judgement, a sense of common humanity rather than isolation, and mindful awareness rather than over-identification with painful experience (Neff, 2003a, 2003b). A substantial literature links self-compassion to lower levels of depression, anxiety, and stress and to greater wellbeing, with meta-analyses reporting large associations with reduced psychopathology and moderate associations with enhanced wellbeing (MacBeth & Gumley, 2012; Zessin et al., 2015). Self-compassion is regarded not merely as the absence of self-criticism but as an active, adaptive way of relating to oneself in the face of difficulty (Barnard & Curry, 2011), and it can be cultivated through targeted intervention (Neff & Germer, 2013).

2.3. Self-Compassion as a Buffer Against Perfectionistic Risk

Because maladaptive perfectionism is characterised by relentless self-criticism and fear of failure, self-compassion, which fosters a kind and accepting stance toward oneself, is theoretically well suited to buffer its effects (Gilbert, 2009). Self-compassion may allow perfectionistic individuals to pursue high standards without responding to shortfalls with the self-condemnation that fuels depression. Emerging evidence supports this moderating role: in samples of adolescents and adults, self-compassion has been found to weaken the association between perfectionism and depression (Ferrari et al., 2018). Extending this line of inquiry to a new sample and context, the present study tested self-compassion as a moderator of the perfectionism-depression relationship.

III. METHODS

3.1. Participants

A total of 200 adults (Mage = 27.4 years, SD = 5.6; 58% female, 41% male, 1% other) were recruited from the community through online announcements. Inclusion criteria required participants to be aged 18–40 years and able to complete the questionnaire in English. Participants provided informed consent, and the study protocol was approved by the institutional review committee. Participation was voluntary and anonymous, and confidentiality was assured.

3.2. Design and Procedure

The study employed a cross-sectional correlational design. Participants completed a self-report questionnaire battery, administered electronically, comprising measures of perfectionism, self-compassion, and depressive symptoms, together with demographic items. Participants were informed that there were no right or wrong answers and that their responses would be used solely for research purposes.

3.3. Measures

3.3.1. Perfectionism.

Maladaptive perfectionism was assessed using a validated self-report measure capturing concern over mistakes and self-critical evaluative standards, with items rated on a five-point scale. Higher scores indicate greater maladaptive perfectionism. The measure demonstrated good internal consistency in the current sample (Cronbach's $\alpha = .88$).

3.3.2. Self-Compassion Scale (SCS).

Self-compassion was assessed using the Self-Compassion Scale (Neff, 2003a), which measures self-kindness, common humanity, and mindfulness, together with their negative counterparts, with items rated on a five-point scale. A total self-compassion score was computed, with higher scores indicating greater self-compassion. The scale demonstrated good internal consistency in the current sample ($\alpha = .89$).

3.3.3. Depressive Symptoms (DASS-21).

Depressive symptoms were assessed using the depression subscale of the 21-item Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995), with items rated on a four-point scale reflecting the preceding week. Higher scores indicate greater depressive symptoms. The subscale demonstrated good internal consistency in the current sample (α = .90).

3.4. Statistical Analysis

Data were analysed using standard statistical software. Descriptive statistics and Pearson product-moment correlations were computed for the study variables. Moderation was examined using hierarchical multiple regression, in which the mean-centred predictor and moderator were entered in the first step and their product in the second, following recommended procedures for testing and interpreting interactions (Aiken & West, 1991; Cohen et al., 2003). Significant interactions were probed using simple slope analysis, examining the perfectionism-depression relationship at one standard deviation above and below the mean of self-compassion. Statistical significance was evaluated at the .05 level.

IV. RESULTS

4.1. Descriptive Statistics and Correlations

Means, standard deviations, and intercorrelations for the study variables are presented in Table 1. As expected, perfectionism was positively correlated with depressive symptoms, self-compassion was negatively correlated with depressive symptoms, and perfectionism and self-compassion were negatively correlated with one another.

Table 1. Descriptive Statistics and Correlations among the Study Variables

Variable	M	SD	1	2	3
1. Perfectionism	3.61	0.68	—		
2. Self-compassion	2.94	0.61	-.34**	—	
3. Depressive symptoms	12.7	6.9	.48**	-.52**	—

Note. N = 200. Perfectionism and self-compassion are mean scores on five-point scales; depressive symptoms are scores on the DASS-21 depression subscale. **p < .01.

As shown in Table 1, perfectionism was positively correlated with depressive symptoms ($r = .48$, $p < .001$), self-compassion was negatively correlated with depressive symptoms ($r = -.52$, $p < .001$), and perfectionism and self-compassion were negatively correlated ($r = -.34$, $p < .001$). All correlations were statistically significant and in the expected directions.

4.2. Moderated Regression Analysis

To test the moderation hypothesis, depressive symptoms were regressed on the mean-centred predictors in the first step and on the interaction term in the second, as reported in Table 2.

Table 2. Moderated Hierarchical Regression Predicting Depressive Symptoms

Predictor	Step 1 β	Step 2 β	ΔR²
Perfectionism	.33**	.31**	
Self-compassion	-.39**	-.37**	
Perfectionism × Self-compassion		-.18**	.03

Note. N = 200. Dependent variable: depressive symptoms. Predictors mean-centred. Step 1 $R^2 = .35$; Step 2 $R^2 = .38$. **p < .01.

The main effects were significant in the expected directions, and the Perfectionism × Self-Compassion interaction was significant in the second step ($\beta = -.18$, $p < .01$), explaining a further 3 per cent of the variance in depressive symptoms. The negative sign of the interaction indicates that self-compassion weakened the positive relationship between perfectionism and depressive symptoms, consistent with a buffering effect. The third hypothesis was therefore supported.

4.3. Simple Slope Analysis

To interpret the interaction, the relationship between perfectionism and depressive symptoms was examined at high and low levels of self-compassion, as displayed in Figure 1. At low levels of self-compassion, the positive relationship between perfectionism and depressive symptoms was strong and significant, whereas at high levels of self-compassion the relationship was substantially weaker. This pattern confirms that self-compassion buffers the depressive risk associated with perfectionism, such that highly self-compassionate individuals were less affected by their perfectionism.

Fig. 1: The Perfectionism–Depression Relationship at High and Low Levels of Self-Compassion

Note. Simple slopes are plotted at one standard deviation above and below the mean of self-compassion. The positive association between perfectionism and depressive symptoms is weaker at high self-compassion.

4.4. Summary of Findings

In sum, all three hypotheses were supported. Perfectionism was positively associated with depressive symptoms, self-compassion was negatively associated with depressive symptoms, and self-compassion moderated the perfectionism-depression relationship, weakening the association among individuals high in self-compassion.

V. DISCUSSION

This study examined the relationship between perfectionism and depressive symptoms and tested self-compassion as a moderator. Consistent with a substantial literature, perfectionism was positively associated with depressive symptoms (Limburg et al., 2017; Smith et al., 2016), and self-compassion was negatively associated with them (MacBeth & Gumley, 2012). The central contribution of the study lies in the demonstration that self-compassion buffered the perfectionism-depression relationship: the positive association was strong among individuals low in self-compassion but attenuated among those high in self-compassion. These finding replicates and extends prior evidence for a protective moderating role of self-compassion (Ferrari et al., 2018).

The result is theoretically intelligible. Because maladaptive perfectionism confers risk largely through harsh self-criticism and punitive responses to perceived failure, self-compassion, which substitutes kindness, common humanity, and balanced awareness for self-condemnation, may interrupt the pathway from perfectionistic standards to depressive symptoms (Neff, 2003b; Gilbert, 2009). Self-compassionate individuals may continue to hold high standards while responding to shortfalls in a manner that does not precipitate depression. That self-compassion can be cultivated through intervention (Neff & Germer, 2013) lends this finding particular practical significance.

5.1. Limitations and Future Directions

Several limitations should be noted. The cross-sectional design precludes causal inference and cannot establish the temporal ordering of the variables; longitudinal and experimental designs are needed to test the buffering hypothesis more rigorously. The reliance on self-report measures may introduce common method and response biases, and the community sample, while broader than a student sample, was drawn from a single context, limiting generalisability. Future research could employ longitudinal designs, distinguish adaptive and maladaptive dimensions of perfectionism (Stoeber & Otto, 2006), examine specific components of self-compassion, and test whether self-compassion interventions reduce depressive symptoms among perfectionistic individuals.

5.2. Implications for Practice

The findings carry practical implications for prevention and intervention. Because self-compassion buffers the depressive risk associated with perfectionism, cultivating self-compassion may be a valuable strategy for individuals high in perfectionism, who might otherwise be vulnerable to depression. Self-compassion-based interventions, which have demonstrated benefits for mental health (Neff & Germer, 2013), could be offered to perfectionistic individuals as a preventive or adjunctive approach, and clinicians working with perfectionistic clients might incorporate self-compassion practices to counter the self-criticism that underlies perfectionistic distress. Such approaches allow the pursuit of high standards to be decoupled from the self-condemnation that renders it harmful.

VI. CONCLUSION

This study provides evidence that perfectionism is associated with greater depressive symptoms, that self-compassion is associated with fewer depressive symptoms, and that self-compassion buffers the relationship between perfectionism and depression. Among individuals high in self-compassion, the depressive risk associated with perfectionism was substantially

attenuated. These findings contribute to the understanding of the conditions under which perfectionism leads to depression and highlight self-compassion as a promising target for prevention and intervention. Although the cross-sectional design counsels caution in drawing causal conclusions, the results support the cultivation of self-compassion as a means of protecting perfectionistic individuals from depressive symptoms.

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