“Can’t settle for good enough”: Perfectionism, uncertainty, and self-efficacy in the context of maladaptive schemas and obsessive beliefs

Lillian Reuman, Ryan J. Jacoby, Shannon M. Blakey, Jonathan S. Abramowitz

BACKGROUND

- Certain early maladaptive schemas (EMSs; e.g., “I try to do my best; I can’t settle for good enough”) may influence cognitive change (i.e., mediate improvement in cognitive therapy) among individuals with anxiety and related disorders (i.e., OCD; Wilhelm et al., 2014).
- Self-efficacy, perfectionism, and intolerance of uncertainty (IU) play a role in the relationship between EMSs and obsessive-compulsive (OC) beliefs (i.e., perfectionistic tendencies predispose individuals to overestimate personal responsibility; Bouchard et al., 1999).
- Despite possible implications for OCD treatment, no studies have examined the relative contributions of these constructs in predicting OC cognitions (and individual domains, e.g., responsibility).
- The current study examined relationships among phenomena (i.e., perfectionism, self-efficacy, IU) hypothesized to be positively associated with a greater endorsement of EMSs in the prediction of OC beliefs.

Hypothesis: Endorsement of EMSs will predict obsessive beliefs, after controlling for related traits (e.g., perfectionism).

METHOD

PARTICIPANTS

Participants (N = 187) were undergraduate students at a large, Southeastern university. They received course credit in exchange for their participation.

MEASURES

- Obsessive Beliefs (OBQ-44)
  - Responsibility/Threat (RT), Importance/Control of Thoughts (ICT), Perfectionism/Certainty (PC)
  - Intolerance of Uncertainty (IUS-12)
  - Self Efficacy (GSE)
  - Perfectionism (FMPS)
  - Concern over mistakes, personal standards
  - Maladaptive Schemas (YSQ)
  - Dependence/Incompetence, Unrelenting Standards

PROCEDURES

- Participants completed self-report measures online after controlling for related traits (e.g., perfectionism).

Hypothesis: Endorsement of EMSs will predict obsessive beliefs, after controlling for related traits (e.g., perfectionism).

Zero Order Correlations

<table>
<thead>
<tr>
<th></th>
<th>OBQ-RT</th>
<th>OBQ-ICT</th>
<th>OBQ-PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSE (TOTAL)</td>
<td>-.32*</td>
<td>-.35**</td>
<td>-.26**</td>
</tr>
<tr>
<td>IUS-12 (TOTAL)</td>
<td>.56**</td>
<td>.43**</td>
<td>.60**</td>
</tr>
<tr>
<td>FMPS – MISTAKES</td>
<td>.47**</td>
<td>.46**</td>
<td>.69**</td>
</tr>
<tr>
<td>YSQ - DEPENDENCE</td>
<td>.36**</td>
<td>.34**</td>
<td>.25**</td>
</tr>
<tr>
<td>YSQ - UNRELenting STANDARDS</td>
<td>.38**</td>
<td>.26**</td>
<td>.58**</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01

REGRESSION ANALYSES

Predicting OBQ-ICT

<table>
<thead>
<tr>
<th></th>
<th>R²</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Model</td>
<td>.29</td>
<td></td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>
| Step 1: Tendencies/Beliefs
  - Self Efficacy      | -2.21 | -2.96 | <.01  |       |
  - Intolerance of Uncertainty | .37   | 4.76  | <.001 |       |
  - Perfectionism (Mistakes)   | .08   | .99   | .33   |       |
| Step 2: Schemas
  - Dependence/Incompetence | .27   | 4.98  | <.001 |       |
  - Unrelenting Standards   | .02   | -1.15 | .79   |       |

REGRESSION ANALYSES

Predicting OBQ-PC

<table>
<thead>
<tr>
<th></th>
<th>R²</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Model</td>
<td>.68</td>
<td></td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>
| Step 1: Tendencies/Beliefs
  - Self Efficacy      | -1.15 | -2.96 | <.01  |       |
  - Intolerance of Uncertainty | .28   | 4.88  | <.001 |       |
  - Perfectionism (Mistakes)   | .42   | 7.07  | <.001 |       |
| Step 2: Schemas
  - Dependence/Incompetence | .40   | 8.32  | <.001 |       |
  - Unrelenting Standards   | .20   | -3.68 | <.001 |       |

DISCUSSION

- Our hypotheses were partially supported.
  - “Dependence/Incompetence” played a unique role in predicting all three domains of obsessive beliefs (after controlling for perfectionism, self-efficacy, and IU).
  - “Unrelenting Standards” only played a role in predicting perfectionism/certainty beliefs.
- Limitations
  - Collecting data from a non-clinical sample at a single time point precludes conclusions about causality and change over time.
  - Future directions
    - Future studies should employ a longitudinal design (in a treatment seeking sample) to better understand how EMSs may mediate/predict OC symptom change above and beyond constructs such as self-efficacy, perfectionism, and IU.

REFERENCES


For more information, contact Lillian Reuman at reuman@unc.edu