

EMOTION DYSREGULATIONS AS MEDIATOR ON THE RELATIONSHIP OF PERFECTIONISM AND SUICIDAL DESIRE

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ABSTRACT

Suicide cases have been prevalent in college students nowadays. The high standards placed upon them by society or themselves contribute to an individual's suicidal desire. Perfectionists tend to have deficits in emotion regulation and emotionally dysregulated individuals have higher risks for suicidal desire. This study provides an analysis and evaluation of how emotion dysregulation mediates the relationship of perfectionism and suicidal desire. A survey was conducted among 200 college students. Mediation analysis using Model 4 of the Conditional Process Analysis by Hayes and Sobel test was used to analyze the data. Results of the data show that all relationships are significant. In particular, perfectionism was found to be a predictor of suicidal desire. Moreover, emotion dysregulation partially mediates between perfectionism and suicidal desire. The study finds that college students have high standards for themselves and failure to achieve these may lead to suicidal desire. The study also finds that college students do not regulate their emotions well when not meeting their standards which may lead to a person's suicidal desire.

Keywords: Emotion Dysregulation, Perfectionism, Suicidal Desire

INTRODUCTION

Suicide has been considered as a global health concern. The World Health Organization (WHO) has stated that almost 800,000 people commit suicide every year. It has also been identified as the second driving reason of death for people ages 15 to 29 (2018).

In the Philippines, suicide has been steadily increasing, particularly among people aged 15 to 24 for males and females, with rates rising from 0.23 to 3.59 per 100,000 and from 0.12 to 1.09 per 100,000, respectively, between 1984 to 2005 (Redaniel, Lebanan-Dalida, & Gunnell, 2011). Research also states that one in every ten Filipinos have thought of committing suicide. Statistics show that one in every twenty actually attempts the act (Quintos, 2017).

Suicidal ideation is an antecedent to completed suicide. In a study by Sta. Maria, Lee, Estanislao, Rodriguez, Wang, and Liu (2015), it was found that suicidal ideation or fleeting thoughts about death, is widespread among college students. In support to this, a study by Furr, Westefeld, McConnell, and Jenkins (2001) stated that 53% of the college student respondents experienced depression, with 9% having thought of suicide since beginning their undergraduate studies. At large, there is widespread suicidal ideation and other depressive symptoms found in college students which makes them vulnerable to suicide (Eisenberg, Gollust, Golberstein, & Hefner, 2007).

A study that was conducted among Filipino and Indonesian college students found that Filipinos tend to have more suicidal ideations than Indonesian students. These students with suicidal thoughts are more likely to come up with a suicidal plan (Lie & Liou, 2012). It is said that prevalence on suicide among college students could be attributed to different internal and external factors.

The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005) is one theory which states that an individual will engage in serious suicidal behavior if they have the desire to die and have the capability to kill themselves. As per Joiner, suicidal desire starts when an individual has perceived burdensomeness and thwarted belongingness. Perceived burdensomeness is the feeling of being a burden to others, especially friends and families, and that one's life is not worth it at all. Correspondingly, thwarted belongingness is the feeling of being estranged from friends and family.

Suicidal ideation is different from suicidal desire. The former includes thoughts of death regardless of the individual's intention to die while the latter comes with the intention to die as a result of solitude and burdensomeness. Hence, the IPTS claims that suicidal desire is an antecedent to suicide attempts. With this, in order to stop people from attempting suicide, it is important to further study suicidal desire risk factors.

One of the risk factors that this study will look into is relation of suicidal desire to perfectionism trait. Perfectionism is characterized by setting unrealistic standards, leading to extreme self-criticism and persistent struggle to avoid of failure (Flett & Hewitt, 2002). Perfectionist is one who sets impractical expectations for himself/herself. He/She sets standards to other

people's achievements and compare himself/herself unfavorably. Perfectionism is also striving for flawlessness (Rice, et al., 2006), where standards should be met, in order to avoid the perception of burdensomeness to others (Smith et al., 2017). Among the causes of suicidal desire, perfectionism trait has been increasing over time from 1989 to 2016 (Curran & Hill, 2017).

As mentioned, perfectionism can be highly observed in college students who aim at achieving higher academic performance, placing a high-pressure criterion upon themselves (Perry, 2018). Studies involving university students found that they set high standards for themselves and thinks that others judge them cruelly. These students assume that they have to be perfect to gain approval (Curran & Hill, 2017).

Increased perfectionism has been seen to illustrate an increase in the frequency of psychopathology (Curran & Hill, 2017). Studies have found that perfectionism has a significant relationship to anxiety and depression (Bergman, Nyland, & Burns, 2007; Black & Reynolds, 2013; Lozano, Valor-Segura, & Lozano, 2015; Rice, Leever, Christopher, & Porter, 2006). Moreover, perfectionism contributes to depression because of not meeting the standards they would like, resulting to excessive self-criticisms.

Perfectionistic people would most likely promote a perfect image, would avoid behaviors that deem an individual as imperfect, and would avoid admitting they are imperfect. All these notions make them over-sensitive and hostile when interacting with other people (Roxborough, Hewitt, Kaldas, Flett, Caelian, Sherry, & Sherry, 2012); hindering positive relationships, and resulting to the feeling of being socially disconnected, lonely, and of not belonging (Hewitt, Flett, Sherry, & Caelian, 2006; Sherry, Mackinnon, & Gautreau, 2015).

The feelings of alienation or thwarted belongingness results in suicidal desire. Furthermore, 56% of people who have completed suicide was described to be perfectionists by their family and friends (Smith et al., 2017). In college students, a characteristic of perfectionism would be the fear of failure and these failures can be seen as a tragedy that warrants them to engage in suicidal behaviors (Hewitt et al., 2006).

Additionally, perfectionism has an association with emotion dysregulation, a lack of control of emotions brought about by perfectionistic tendencies. Emotion dysregulation is the inability to become aware, understand, control, and maintain one's emotions. College students perceive themselves to be more pro-social when they have good emotion regulation (Lopes, Salovey, Côté, Beers, 2005). One consequence of emotion dysregulation is Psychopathology (McLaughlin, Hatzenbuehler, Mennin, Nolen-Hoeksema, 2011). Human beings have the capacity to adjust their emotion to suit their needs in a given situation (Sheppes, Scheibe, Suri, & Gross, 2011). One can either choose to process emotions and reinterpret cognition to become emotionally unstuck, also called "cognitive reappraisal", or can block emotions or "expressive suppression". Perfectionistic people have difficulty expressing happiness for other people's successes which is considered suppression. They may block their emotions in the hopes of

projecting a perfect image (Roxborough et al., 2012). Likewise, Anestis, Bagge, Tull, and Joiner (2011) found that poor skills in emotion regulation predicted increased levels of thwarted belongingness and perceived burdensomeness. Thus, suicidal desire is a possible outcome that depends on the level of how an individual regulates their emotions. Having high perfectionism and high emotion dysregulation might augment an individual's exposure to psychopathology (Juliana, Soares, Pereira, & Macedo, 2016).

METHODS

Research Methods

The proposed research utilized a quantitative approach and a descriptive research design. This design was used in assessing the connection of the three variables of the research. This helped in determining the relationship of perfectionism and suicidal desire and while being mediated by emotion dysregulation. In terms of adequacy, descriptive design satisfactorily determines the association of variables with one another. Additionally, in using such a design, the researcher can confirm if suicidal desire is the outcome of perfectionism while passing through emotion dysregulation.

Participants

The target sample size was 200 and was acquired through convenience sampling. The participants of this research are college students, 18 years old and above, who are observed to be perfectionist. Participants below 18 years old were excluded for ethical and legal considerations. Recruiting participants required verbal consent from them to solicit responses.

Instruments

This study used the following measures for each variable:

Demographics Questionnaire. This is a simple questionnaire that intends to gather basic information about the participants. This questionnaire included the participants' age, sex, year and course, school. This was done to guarantee that only participants' who meet the criteria will participate in the study.

Frost Multidimensional Perfectionism Scale (FMPS). This scale developed by Frost, Marten, Lahart, and Rosenblate (1990) is a 35-item self-report questionnaire measuring six subscales of perfectionism: concern over mistakes, doubts about actions, personal standards, parental expectations, parental criticisms, and organization. Concern-over-mistakes subscale refers to the perception of errors and their negative reactions to mistakes; doubts-about-actions subscale refers to their excessive concerns over the quality of their actions; personal standard refers to their own high expectations; parental expectation refers to their parents' high expectations while parental criticism refers to their parents' excessive critiques; and organization refers to their need for neatness. Cronbach's alpha for the instrument is .90. It has a 5-point Likert-type ranging from 1 (strongly disagree) to 5 (strongly agree). A sample item from this questionnaire is *"It is important to me that I be thoroughly competent in what I do."*

Although there is much research about suicide and perfectionism, there is only limited researches about perfectionism, emotion dysregulation, and suicidal desire together. Additionally, there are no known researches to date, testing the indirect effect of emotion dysregulation on the relationship between perfectionism and suicidal desire. Hence, the study will contribute to the limited body of knowledge we have on these variables. The present study will discern whether emotion dysregulation will mediate the relationship between perfectionism and suicidal desire in college students. The researcher hypothesizes that perfectionism can directly and indirectly affect suicidal desire through emotion dysregulation. Specifically, the present study aims to discern (1) the relationship between perfectionism and suicidal desire, (2) the relationship of perfectionism and emotion dysregulation, (3) the relationship of emotion dysregulation and suicidal desire, and (4) determine whether emotion dysregulation can mediate perfectionism and suicidal desire.

Brief Version of the Difficulties in Emotion Regulation Scale (DERS-18). This scale is a shorter version of the Difficulties in Emotion Regulation Scale developed by Gratz and Roemer (2004). This is an 18-item self-report questionnaire assessing an individual's troubles in regulating emotions shortened by Victor and Klonsky (2016). The DERS-18 includes six subscales: nonacceptance of negative emotions, lack of awareness, lack of clarity,

difficulties engaging in goal-directed behavior, difficulties in refraining from impulse behavior, and a belief that one has limited access to emotion regulation strategies. It has a 5-point Likert-type scale ranging from 1 (almost never) to 5 (almost always). Cronbach's alpha is .89. A sample item for this questionnaire is *"When I'm upset, I acknowledge my emotions."*

Interpersonal Needs Questionnaire (INQ-15). The INQ-15 was developed by Van Orden, Cukrowicz, Witte, and Joiner (2012). This questionnaire is a 15-item scale that measures an individual's suicidal desire and the two components of suicidal desire: perceived burdensomeness and thwarted belongingness. It is a 7-point Likert-type scale ranging from 1 (not at all true for me) to 7 (very true for me). Discriminant and convergent validity were assessed by Van Orden et al. (2012) and found it to be reliable. Cronbach's alpha for this scale is .86. A sample item from this questionnaire is *"These days, the people in my life will be better off if I were gone."*

Procedure

Data Gathering

The data gathering procedure was sequential. First, a pilot testing was conducted to assess the reliability of the instruments. Once instruments have passed the reliability, the researcher proceeded with data gathering. Informed consent was given while explaining the nature of the research and ensuring its confidentiality. Once the consent has been given, administration of the test followed. The three instruments were given at the same time and were randomly ordered to minimize biases and errors. After taking the test, debriefing and a word of gratitude, along with a token of appreciation was given.

Analysis

IBM SPSS Statistics 23 was used for the descriptive statistics and statistical analysis. The researcher made sure that the distribution of the data was normal and that outliers are eliminated. The data ran through a consistency check and extremes were omitted. Missing responses were also addressed to minimize adverse effects through discarding the particular data. Model 4 of the Conditional Process Analysis (CPA), a mediation model was utilized in order to understand the effect of a variable when transmitted onto another variable (Hayes, 2013). The results also required for a Sobel test to be done.

Ethical Considerations

Several studies have shown that research on suicide is possible without setting off negative consequences. Moreover, the instrument that was used in the present study for suicidal desire does not explicitly ask about suicide but rather about an individual's interpersonal feelings. Additionally, there is a set of guidelines that was published by the United States National Institute of Mental Health when conducting suicide research. The guideline states that the researcher should provide contact information for support agencies in case there are outliers. The researcher must also provide full information about the risks of the study, verify that participating is completely voluntary, and ensure confidentiality. The research must also be supervised by a professional or licensed psychologist with experience in dealing with suicide issues. This will also be addressed through debriefing forms that will be given to respondents. Moreover, suicide hotlines are provided for the participant's utilization in the case of suicidal thoughts or if they know someone with suicidal tendencies.

RESULTS

The researcher was able to gather 200 college students who answered the three questionnaires. However, in the initial evaluation of the responses, three participants were not included because of outlying values, leaving 197 responses for final analysis. The age of the participants ranged from 18 to 22 and the mean is 19.50. One hundred twenty-nine (129) of the participants were females (65%) while 71 of them were males (35%).

Table 1
Mean, SD, Correlation

	Mean	Standard Deviation	1	2	3
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1.Perfectio-nism	88.79	15.71		
2.Emotion Dysregulation	51.32	12.59	0.49**	
3.Suicidal Desire	45.04	14.29	0.37**	0.46**

**All the reported values are significant at 0.01 level.

The total score was computed for each scale. The mean was computed for each values and results are as follows: score of the perfectionism scale is 89 with a standard deviation of 15.7; score for the emotion regulation scale is 51 with a standard deviation of 12.6; score for suicidal desire is 45 with a standard deviation of 14.3. The correlation coefficient of perfectionism and suicidal desire is 0.37 and has a probability value that is less than .01. The correlation coefficient of perfectionism and emotion dysregulation is 0.49 and the probability value is less than .01. The correlation coefficient of emotion dysregulation and suicidal desire is 0.46 and has a probability value that is less than .01.

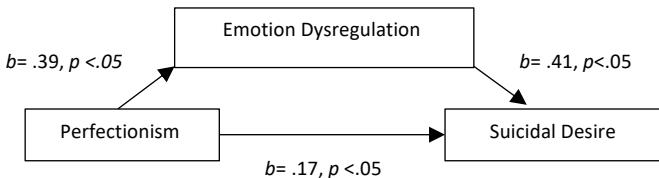


Figure 1. Perfectionism and Suicidal Desire with Emotion Dysregulation as a mediator.

Figure 1 shows that having high perfectionism would lead to having high suicidal desire passing through high emotion dysregulation. Hence, perfectionism significantly predicts suicidal desire. This also means that regression of perfectionism and suicidal desire, ignoring the mediator, is significant, $b=.17$, $t(194)= 2.59$, $p<.05$. The coefficient of perfectionism to suicidal desire is 0.33, $p<.05$ with a regression analysis of $F(1, 195)= 29.89$, $p<.05$, $R^2= .13$.

Perfectionism significantly predicts emotion dysregulation, $b=.39$, $t(194)= 7.85$, $p<.05$. The coefficient of perfectionism to emotion dysregulation is 0.39, $p<.05$ with a regression analysis of $F(1, 195)= 61.58$, $p<.05$, $R^2= .24$. Similarly, emotion dysregulation significantly predicts suicidal desire. The regression of emotion dysregulation and suicidal desire is significant, $b=.41$, $t(194)= 5.04$, $p<.001$.

The coefficient of emotion dysregulation to suicidal desire is 0.41, $p<.05$ with a regression analysis of $F(2, 194)= .29.49$, $p<.05$, $R^2= .23$. Data revealed that the relationship of perfectionism and suicidal desire was smaller, but was still accepted below the significance level, when emotion dysregulation was entered into the equation. The coefficient of perfectionism to suicidal desire, mediated by emotion dysregulation, is 0.17, $p<.05$. However, a Sobel test was conducted and found partial mediation in the model ($t= 4.24$, $SE= 0.04$, $p<.05$).

DISCUSSION

The present study aimed to discern the following relationships: perfectionism and suicidal desire; perfectionism and emotion dysregulation; and emotion dysregulation and suicidal desire. Data revealed that perfectionism is statistically significant with suicidal desire. This implies that people with high perfectionism also have a higher tendency for suicidal desire, which proves the first hypothesis, "perfectionism can cause individuals to be disconnected and tired due to always promoting a perfect image". They can perceive themselves as a burden after not being able to feel pleasant and would most likely exclude themselves which could eventually result to suicidal desire. Perfectionism also causes individuals to have ceaseless self-criticisms which could result in self-hatred; that is, individuals who hate themselves have a higher tendency in desiring to kill themselves. This is similar with previous studies by Hewitt, Flett, Sherry, and Caelian, 2006; Sherry, Mackinnon, and Gautreau, 2015, and Smith et al. (2017).

Data also showed that perfectionism is statistically significant with emotion dysregulation. This suggests that perfectionistic people have difficulty in regulating their emotions. Furthermore, individuals with high perfectionism tend to dwell on mistakes and ceaseless self-criticisms and have difficulty in maintaining positive relationships. This can mean that dwelling on uncontrollable matters and self-criticisms (Rudolph, Flett, & Hewitt, 2007) gives them poor emotion regulation, which is the result of both cognitive and affective deficits (Gross, 2002).

Emotional Dysregulation positively mediates Perfectionism and Suicidal Desire

Emotion dysregulation accounts for some of the relationship of perfectionism and suicidal desire. This implies that having perfectionistic tendencies and not being able to regulate one's emotions may lead to suicidal desire. This proves the third hypothesis that perfectionistic people who have trouble regulating their emotions when faced with predicaments would most likely feel suicidal desire. Perfectionistic people tend to ruminate on their failures and deem a low-intensity situation drastically — a sign of poor emotion regulation (Mennin, Heimburg, Turk, & Fresco 2002). Catastrophizing small problems may give an individual an unpleasant feeling (Rudolph, Flett, & Hewitt, 2007) causing an intense motivation to escape (death), which may lead to suicidal desire (Law, Khazem, & Anestis, 2015). This also entails that emotionally regulated perfectionists have lower suicidal desire (Gratz & Roemer, 2004).

Furthermore, the relationship of the three variables can be explained by its functions. Suicidal desire is cognitively influenced by the maladaptive thoughts brought about by an individual's perfectionistic attributes. Because perfectionists tend to ruminate, negative thoughts may lead to the idea of killing oneself. Similarly, suicidal desire also gets affectively influenced by perfectionists' feelings of failure and burdensomeness.

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