# THE MEDIATING ROLE OF GRIT IN PERFECTIONISM, DEPRESSION AND ANXIETY AMONG KOREAN YOUTH

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#### **Abstract**

This study examines the mediating role of grit in the relationship between self-oriented perfectionism (SOP), socially-prescribed perfectionism (SPP), and the mental health outcomes of depression and anxiety. A cross-sectional survey of 747 Korean young adults aged 19-34 years was conducted. Mediation analyses were performed to test the direct and indirect effects of perfectionism dimensions on depression and anxiety through grit. For depression, SPP showed significant direct effects ( $\beta = 0.22, p < .001$ ) and indirect effects mediated by grit ( $\beta = 0.06$ , p < .001), accounting for 20.8% of the total effect. SOP showed a significant negative indirect effect through grit ( $\beta = -0.03$ , p < .001), while its direct effect was not significant  $(\beta = 0.01, p = .944)$ . The overall effect was significant  $(\beta = -0.04, p = .014)$ , suggesting that the overall effect of SOP on depression is primarily driven by its indirect negative pathway through reduced grit, highlighting grit as a key protective mechanism linking SOP to reduced depressive symptoms. For anxiety, SPP again showed significant direct effects ( $\beta = 0.24$ , p < .001) and indirect effects mediated by grit  $(\beta = 0.05, p < .001)$ , with 16.2% of the total effect mediated. SOP had a negative indirect effect through grit ( $\beta = -0.03$ , p < .001) and a small positive direct effect ( $\beta = 0.01$ , p = .53), resulting in a non-significant overall effect ( $\beta = -0.02$ , p = .11). These results highlight the distinct roles of SOP and SPP in mental health. SOP primarily influences depression and anxiety through its indirect effects via grit, with increased grit contributing to lower psychological distress. Conversely, SPP directly increases vulnerability to depression and anxiety while decreasing grit, further exacerbating these mental health problems. The findings underscore the importance of addressing grit in interventions aimed at mitigating the negative effects of SPP and promoting resilience among young adults with perfectionistic tendencies.

Keywords: Self-oriented perfectionism, socially-prescribed perfectionism, grit, depression, anxiety.

## 1. Introduction

Depression and anxiety have become critical public health issues in South Korea. According to the Health Insurance Review and Assessment Service, the prevalence of depression among individuals in their 20s and 30s increased from 26% in 2018 to 36% in 2022(Jang, 2024). Similarly, anxiety disorders are on the rise, highlighting the urgent need for targeted mental health interventions (Kim, 2024).

One psychological factor consistently linked to depression and anxiety is perfectionism (Curran & Hill, 2019; Smith et al., 2017). Hewitt and Flett (1991) conceptualized perfectionism as a multidimensional construct, distinguishing between socially prescribed perfectionism (SPP) and self-oriented perfectionism (SOP). SPP involves the perception that external expectations are too high, leading to emotional distress such as depression and anxiety (Limburg et al., 2017; Smith et al., 2017). In contrast, SOP is characterized by setting high personal standards, which can have both adaptive and maladaptive outcomes depending on the context (Stoeber & Otto, 2006). Other-oriented perfectionism was excluded from this study due to its weaker correlation with depression and anxiety (Kim, Lee, & Lee, 2012).

Understanding the mechanisms linking perfectionism to psychological maladjustment is crucial for effective interventions (Seo & Kim, 2009). Grit, defined as persistence and passion for long-term goals (Duckworth et al., 2007), has emerged as a potential protective factor. Grit negatively correlates with depression and anxiety by fostering resilience and emotional regulation (Datu et al., 2016) and mitigating the effects of stress and failure (Musumari et al., 2018).

This study examines the mediating role of grit in the relationship between perfectionism (SOP and SPP) and mental health outcomes (depression and anxiety) among Korean youth. Specifically, the study aims to:

- 1) Determine if grit mediates the effect of SPP on depression and anxiety.
- 2) Determine if grit mediates the effect of SOP on depression and anxiety.

#### 2. Methods

SOP and SPP were measured using the Multidimensional Perfectionism Scale (MPS) developed by Hewitt and Flett (1991), grit was assessed using the Original Grit Scale created by Duckworth et al. (2007), and symptoms of depression and anxiety were evaluated using the Brief Symptom Inventory-18 (BSI-18) developed by (Derogatis, 2001). All analyses were conducted using R, and mediation analyses were conducted using nonparametric bootstrapping to estimate the direct, indirect, and total effects.

#### 3. Results

## 3.1. Descriptive statistics and correlation analysis

The sample consisted of 747 Korean young adults (M = 27.93, SD = 4.08), ranging in age from 19 to 34 years. The gender distribution was almost equal, with 370 males (49.5%) and 377 females (50.5%). Regarding occupational status, 70.3% were employed, 19.3% were students, and 18.5% were either unemployed or reported other occupations.

First, correlation analysis revealed that SOP showed a positive correlation with grit (r = .22, p < .001). In contrast, SPP exhibited negative correlation with grit (r = -.31, p < .001), suggesting that higher levels of socially prescribed perfectionism are related to lower levels of grit. Grit was also negatively associated with both depression (r = -.38, p < .001) and anxiety (r = -.33, p < .001).

### 3.2. Testing the mediating role of grit

**3.2.1. Mediation effects on depression.** The overall effect of SPP on depression was significant  $(\beta = 0.274, p < .001, 95\% \ CI \ [0.242, 0.31])$ . Both the indirect effect  $(\beta = 0.057, p < .001, 95\% \ CI \ [0.041, 0.08])$  and the direct effect  $(\beta = 0.217, p < .001, 95\% \ CI \ [0.181, 0.25])$  were significant. The proportion of mediation was 20.83% (p < .001), indicating that grit partially mediates the relationship between SPP and depression.

The overall effect of SOP on depression was significant ( $\beta$  = -0.043, p = 0.014, 95% CI [-0.076, -0.01]). The indirect effect through grit was significant ( $\beta$  = -0.042, p < .001, 95% CI [-0.059, -0.03]), suggesting that grit mediates this relationship. The direct effect of SOP on depression was not significant ( $\beta$  = -0.001, p = 0.944, 95% CI [-0.034, 0.03]).

Figure 1. Mediation Model of SPP and SOP on Depression through Grit.

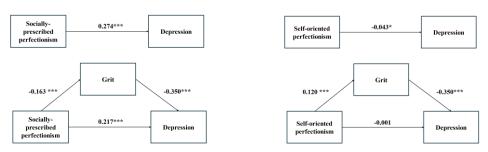


Table 1. Indirect Effects of SPP and SOP on Depression through Grit.

Effect Type	Path	β	95% <i>CI</i>	p
Indirect effect -	SPP→ Grit →Depression	0.057	[0.041, 0.08]	< .001
	SOP→ Grit →Depression	-0.042	[-0.076, -0.01]	< .001

**3.2.2. Mediation effects on anxiety.** The overall effect of SPP on anxiety was significant ( $\beta = 0.287$ , p < .001, 95% CI [0.255, 0.32]). Both the indirect effect ( $\beta = 0.046$ , p < .001, 95% CI [0.032, 0.06]) and the direct effect ( $\beta = 0.240$ , p < .001, 95% CI [0.203, 0.27]) were significant. The proportion mediated was 16.20% (p < .001), indicating partial mediation by grit.

The overall effect of SOP on anxiety was not significant ( $\beta$  = -0.024, p = 0.11, 95% CI [-0.054, 0.01]). The indirect effect through grit was significant ( $\beta$  = -0.034, p < .001, 95% CI [-0.049, -0.02]), whereas the direct effect was not significant ( $\beta$  = 0.010, p = 0.53, 95% CI [-0.022, 0.04]).

Sociallyprescribed
perfectionism

O.287\*\*\*

Anxiety

Self-oriented perfectionism

Grit

O.285\*\*\*

O.285\*\*\*

O.285\*\*\*

O.240\*\*\*

Anxiety

Self-oriented perfectionism

Grit

O.285\*\*\*

Anxiety

Self-oriented perfectionism

Anxiety

Figure 2. Mediation Model of SPP and SOP on Anxiety through Grit.

Table 2. Indirect Effects of SPP and SOP on Anxiety through Grit.

Effect Type	Path	β	95% CI	p
Indirect effect -	SPP→ Grit →Anxiety	0.046	[0.032, 0.06])	< .001
	SOP→ Grit →Anxiety	-0.034	[-0.049, -0.02]	< .001

#### 4. Conclusions

This study highlights the mediating role of grit in the relationship between socially prescribed perfectionism (SPP), self-oriented perfectionism (SOP), and psychological distress, such as depression and anxiety. Results indicate that while SPP contributes directly to psychological distress, its effects are partially mediated by grit. On the other hand, SOP influences mental health primarily through its effect on grit, with no significant direct effect. These findings are consistent with previous research on the detrimental effects of maladaptive perfectionism and the protective role of grit. Interventions targeting grit may offer promising strategies for mitigating the negative mental health outcomes associated with perfectionism. However, future research using longitudinal designs is needed to establish causal relationships, and the inclusion of multiple assessment methods would increase the reliability and depth of findings.

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