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Perfectionism in children: associations with depression, anxiety, and anger

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Abstract

The relationships among measures of dimensions of perfectionism, depression, anxiety, stress, and anger were investigated in 114 children (45 males and 69 females, aged 10–15 years). Based on previous research [e.g. Hewitt, P. L. & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: a test of the specific vulnerability hypothesis. *Journal of Abnormal Psychology*, 102, 58–65], self-oriented perfectionism and socially prescribed perfectionism were hypothesized to interact with either achievement stress or social stress to predict concurrent depression. Participants completed the Child-Adolescent Perfectionism Scale, Children's Depression Inventory, Children's Manifest Anxiety Scale-Revised, Children's Hassles Scale, and Pediatric Anger Expression Scale. Results revealed that self-oriented perfectionism was significantly associated with depression and anxiety, whereas socially prescribed perfectionism was significantly correlated with depression, anxiety, social stress, anger-suppression, and outwardly directed anger. Findings also indicated that: (1) self-oriented perfectionism interacted with social stress to predict anxiety; and that (2) self-oriented perfectionism interacted with achievement stress and with social stress to predict depression. Results suggest that dimensions of perfectionism may be relevant variables in, and differential predictors of, maladjustment and distress in children. © 2002 Elsevier Science Ltd. All rights reserved.

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Contemporary researchers have focused increasingly on predicting, identifying, and understanding psychological difficulties in children.¹ Numerous studies have demonstrated the pervasiveness and destructiveness of maladjustment in such populations. Although research has examined predictors of psychopathology in children, relatively few investigations have considered

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¹ We use the term children to denote both children and adolescents throughout the document.

personality factors (Shiner, 1998) and their associations with maladjustment and distress in such groups (Boggiano & Barrett, 1992; for examples of variables studied, see Robinson, Garber, & Hilsman, 1995; Whisman & Pinto, 1997).

One personality variable that has become the focus of research in adults, and more recently in children, is perfectionism (see Flett, Hewitt, Boucher, Davidson, & Munro, 2000; Hewitt, Newton, Flett, & Callander, 1997). We (Hewitt & Flett, 1991a) described perfectionism as multi-dimensional (also see Frost, Marten, Lahart, & Rosenblate, 1990) and as encompassing both intra-individual and interpersonal trait components. The three major traits of perfectionism we conceptualized are: (1) self-oriented perfectionism, which involves requirements for the self to be perfect; (2) other-oriented perfectionism, which involves requirements for others to be perfect; and (3) socially prescribed perfectionism, which involves perceptions that others require the self to be perfect. We have also suggested that these trait dimensions are differentially associated with psychopathology, and research is generally supportive of this position (for a review, see Hewitt & Flett, 2001).

Although prior research has indicated that dimensions of perfectionism are related to various types of maladjustment (see Flett & Hewitt, 2001), most of this research has involved adult psychiatric patients and university students. We have recently developed the Child and Adolescent Perfectionism Scale (CAPS; Flett et al., 2000). Modeled after the adult version (MPS; Hewitt & Flett, 1991b), the CAPS measures self-oriented and socially prescribed perfectionism, but in terms relevant to children. Although empirical research on the impact of perfectionism on children has just begun, studies have suggested that dimensions of perfectionism are relevant variables in, and differential predictors of, maladjustment and distress in children. For instance, two relevant studies using the CAPS have focused on suicide ideation and behaviours in adolescents and, consistent with adult research, these studies suggest that socially prescribed perfectionism is a significant predictor of suicide behaviours. More specifically, in a sample of adolescent psychiatric inpatients, Hewitt et al. (1997) found that self-oriented and socially prescribed perfectionism were both associated with hopelessness, whereas only socially prescribed perfectionism was uniquely associated with suicide ideation. Similarly, in a sample of adolescent suicide attempters, Boegers, Spirito, and Donaldson (1998) found that socially prescribed perfectionism discriminated between attempters with a high intent to die and attempters with no intent to die.²

Although the above-mentioned studies indicate that perfectionism can contribute to childhood maladjustment, there are no existing studies that have looked at dimensions of perfectionism and distress more broadly in a community sample of children. One purpose of this study was to examine the relationship between dimensions of perfectionism, as assessed by the CAPS, and various forms of emotional distress such as depression, anxiety, anger, and stress in such a sample. These forms of maladjustment have been shown to be problematic in such populations and, as indicated above, have increasingly been the focus of research (e.g. Eisenberg, Fabes, Shepard, Guthrie, Murphey, & Reiser, 1999). Moreover, each of these constructs has been found to be

² Hankin, Roberts, and Gotlib (1997) found that self-oriented perfectionism was negatively associated with depression in a sample of upper-middle class adolescents; however, their results were based on the MPS, a scale specifically developed for adults, and not on the CAPS, a scale especially designed for children. Similarly, Gould, King, Greenwald, Fisher et al. (1998) found that perfectionism failed to significantly predict elevated suicide risk in child and adolescent suicide attempters; however, as Gould et al. caution, their findings were derived from a four-item, uni-dimensional measure of perfectionism with unreliable psychometric properties.

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