



Perfectionism, self-criticism and maternal criticism: A study of mothers and their children

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ABSTRACT

Dysfunctional perfectionism has been related to psychological difficulties in both adults and children. The aim of this study was to examine associations between maternal dysfunctional perfectionism, self-criticism and criticism and dysfunctional perfectionism and self-criticism in their children.

A cross-sectional design was used to measure dysfunctional perfectionism and self-criticism in a group of children and their mothers. A between groups design was then used to compare maternal criticism between mothers of children highlighted as having high or low dysfunctional perfectionism scores.

A non-clinical sample of school children aged 12–15 years ($N = 110$) and their mothers completed questionnaire measures of perfectionism (Multidimensional Perfectionism Scale (MPS); Frost, Marten, Lahart, & Rosenblate, 1990) and self-criticism (Levels of Self-Criticism Scale; Thompson & Zuroff, 2004). Dysfunctional Perfectionism was measured using the combined Concern over Mistakes and Doubts about Actions subscale of the MPS. Maternal criticism was measured using the Preschool Five Minute Speech Sample (P-FMSS; Daley, Sonuga-Barke, & Thompson, 2003).

No relationship was found between maternal and child dysfunctional perfectionism. A relationship was found between maternal Comparative Self-Criticism and Internalised Self-Criticism in girls but not boys. Observed levels of maternal criticism were associated with dysfunctional perfectionism in children. Directions for future research and clinical implications are presented.

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1. Introduction

Perfectionism has been widely associated with the development and maintenance of a number of psychopathological states in adults, including anorexia nervosa and bulimia nervosa (Fairburn, 1997; Fairburn, Shafran, & Cooper, 1999), obsessive compulsive disorder (OCD; Antony, Purdon, Huta, & Swinson, 1998) panic disorder and agoraphobia (Frost & Steketee, 1997), social phobia (Juster, Heimberg, Frost, & Holt, 1996) and depression (Blatt, 1995; Lynd-Stevenson & Hearne, 1999). More recently, associations between perfectionism and psychopathology in children have also been identified. Flett, Hewitt, Boucher, Davidson, and Munro (2001) found relationships between perfectionism and depression, anxiety and anger in school children (aged 10–15 years). Dimensions of perfectionism have also been linked to OCD in children (Libby, Reynolds, Derisley, & Clark, 2004).

There is no formal, consensual definition of the term 'perfectionism' (Slaney & Ashby, 1996) and researchers have used a variety of definitions. However, Shafran, Cooper, and Fairburn (2002)

proposed that the psychopathology of perfectionism is a dysfunctional schema for self-evaluation that is over-reliant on the achievement of personally demanding standards. It is this concept of clinically significant/dysfunctional perfectionism that is investigated in this study and will be referred to as dysfunctional perfectionism.

Shafran et al. (2002) proposed that perfectionistic individuals evaluate their performance in a dichotomous manner, whilst selectively attending to cues indicating failure. If they perceive themselves to fall short of their self-determined high standards, self-criticism will follow, which acts to maintain their negative view of themselves. If they succeed in meeting their own high standards, these are re-defined as insufficiently demanding and future standards will be raised until these too become unattainable, resulting once again in harsh self-criticism and feelings of low self-worth.

This model highlights self-criticism as a central maintaining factor of dysfunctional perfectionism. However, little is known about how dysfunctional perfectionism or self-criticism might develop. Several theorists have suggested that particular parent-child relationships may be responsible for the development of perfectionism (Frost, Lahart, & Rosenblate, 1991; Hamachek, 1978). Four types of early experience may be associated with perfectionistic thinking: Overly critical/demanding parenting styles; excessively high parental expectations and indirect criticism; absent,

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inconsistent or conditional parental approval; perfectionistic parents who model perfectionistic attitudes and behaviours (Barrow & Moore, 1983).

However, there has been little empirical research to investigate such associations (Enns, Cox, & Clara, 2002). A number of studies have found that mothers' dysfunctional perfectionism but not fathers' is associated with perfectionism in their daughters (Frost et al., 1991; Soenens, Vansteenkiste, Luyten, Duriez, & Goossens, 2005; Soenens et al., 2005; Vieth & Tull, 1999). Perfectionism has also been shown to be associated with perceptions of harsh parenting styles in student populations (Frost et al., 1991; Kawamura, Frost, & Harmatz, 2002; Rice, Ashby, & Preusser, 1996). More recently, Soenens and Vansteenkiste et al. (2005) found that mothers' psychological control was a stronger predictor of daughters' dysfunctional perfectionism than mothers' dysfunctional perfectionism in groups of adolescent students. Soenens et al. (2008) found that parental psychological control at age 15 years, predicted increased levels of maladaptive perfectionism one year later. In addition, the relationship between mothers' and daughters' dysfunctional perfectionism has been found to be mediated by mothers' use of psychological control (Soenens & Elliot et al., 2005).

Problematically, these studies have relied on self-report measures or retrospective reports of perceived parenting styles, which are susceptible to various sources of bias. Kenny-Benson and Pomerantz (2005) investigated mothers' use of control during observed interactions with their children (aged 7–10 years) in the context of a challenging task. They found a relationship between maternal control and child perfectionism (particularly Socially-prescribed perfectionism), as well as children's depressive symptoms, even when maternal affective expression and children's behaviour was controlled for.

When considering the development of dysfunctional perfectionism, it also seems important to examine factors contributing to the development of self-criticism, which has been highlighted as a central component in the maintenance of dysfunctional perfectionism (Shafran et al., 2002). Self-criticism has also been associated with individuals whose parents endorsed critical attitudes when their high standards have not been met (Robin, Koepke, & Moye, 1990). Gilbert, Clark, Hempel, Miles, and Irons (2004) suggested that parent's reprimands of their children for making mistakes sensitises their children to failure. This critical parental voice may be internalised by the child and activated to correct behaviour that might otherwise lead to mistakes (Gilbert et al., 2004).

Besser and Priel (2005) used a cross-sectional, multigenerational design to investigate the role of self-criticism in the association between insecure attachment and self-reported depression. They reported significant positive correlations between levels of self-criticism in grandmothers, mothers and daughters.

Adults with high levels of self-criticism perceive their parents to have been rejecting and critical (Mongrain, 1998). Koestner, Zuroff, and Powers (1991) found that children's levels of self-criticism at age 12 were associated with perceived parental demands for obedience, accompanied by low levels of warmth and responsiveness reported by their mothers when the child was age 5. Amitay, Mongrain, and Fazaa (2008) found that self-critical mothers and fathers reported being less loving and more controlling parents, which predicted self-criticism in daughters. In an observational study Thompson and Zuroff (1998) found that mothers who were self-critical were more controlling and punitive with their daughters than mothers with lower self-criticism. It, therefore, seems likely that mothers with high levels of dysfunctional perfectionism and self-criticism adopt more critical parenting styles, which is then associated with high levels of dysfunctional perfectionism and self-criticism in children.

In order to gain further measures of observed as opposed to perceived maternal criticism, it is useful to look at measures of Ex-

pressed Emotion, such as the Preschool Five Minute Speech Sample (Daley, Sonuga-Barke, & Thompson, 2003), which includes a measure of the frequency of critical comments used by parents talking about their child. It is likely that mothers who use a higher frequency of critical comments will have children who have high levels of self-criticism and dysfunctional perfectionism.

The current study used a cross-sectional design to measure dysfunctional perfectionism and self-criticism in a non-clinical group of 12–15 year olds and their mothers. The principal aim was to investigate whether dysfunctional perfectionism in children was associated with dysfunctional perfectionism and criticism in their mothers. It was also the aim of this study to investigate the relationship between levels of self-criticism in young people and their mothers. It was hypothesised that maternal dysfunctional perfectionism and self-criticism would be associated with dysfunctional perfectionism and self-criticism reported by their children. In addition, it was hypothesised that mothers of children with high dysfunctional perfectionism would be more critical of their child than mothers of children with low dysfunctional perfectionism.

2. Method

2.1. Participants

A non-clinical sample of 111 children aged 12–15 years and their mothers participated in the first stage of this investigation, involving completion of self-report questionnaires. One child returned an incomplete questionnaire and was consequently removed from the study. Therefore, the scores of 110 mother-child pairs were analysed. The mean age of the children was 13.2 years ($SD = .98$). Fifty (45.5%) of the children were male with an average age of 13.15 years ($SD = .97$) and 60 (54.5%) were female with an average age of 13.24 years ($SD = 1.00$). The mean age of the mothers was 44.0 years ($SD = 4.29$, range = 33–53). Only the mothers of children whose scores fell within the upper or lower quartiles on a measure of dysfunctional perfectionism participated in the second stage of this investigation which involved providing a Five Minute Speech Sample (P-FMSS; Daley et al., 2003).

2.2. Measures

2.2.1. The Multidimensional Perfectionism Scale (MPS, Frost, Marten, Lahart, & Rosenblate, 1990)

The MPS is a 35 item self-report measure, which asks participants to rate statements on a 5-point scale (strongly agree to strongly disagree). It comprises six subscales assessing the six dimensions of perfectionism proposed by Frost et al. (1990); Concern over Mistakes, Doubts about Actions, Personal Standards, Parental Expectations, Parental Criticism and Organisation. The 'Concern over Mistakes' and 'Doubts about Actions' subscales load onto the same factor (Stöber, 1998) and provide a measure of dysfunctional perfectionism (Bieling, Israeli, & Antony, 2004; Soenens & Elliot et al., 2005; Soenens & Vansteenkiste et al., 2005). This Concerns/Doubts subscale comprises 13 items of the MPS.

All subscales have an internal consistency α -value greater than .77 (Frost et al., 1990) in non-clinical samples of adults. Libby et al. (2004) reported internal consistency α values of greater than .79 for a sample of children aged 11–18 years.

The MPS was designed to measure the dimensions of perfectionism in adult populations. For the purpose of this investigation, the wording of this questionnaire was altered for children, so that questions referring to parents were put into the present rather than the past tense (Libby et al., 2004). The mothers received the standard (unmodified) version of this questionnaire.

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