



## Could a perfectionism context produce unhappy children?



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### ABSTRACT

Despite its important implications child development, perfectionism has largely been ignored as an explanation for emotional diseases. We examined mediation models in which high levels of external pressure predict depression and anxiety symptoms, which may be mediated by low levels of self-exigency and high levels of negative self-evaluation. A sample of 2537 Spanish children completed the Child Perfectionism Inventory and the Clinical-Educative Questionnaire: Anxiety and Depression. The results indicated a predictive effect of external pressure on anxiety and depression symptoms, which was mediated by both low self-exigency and high negative self-evaluation. Our results suggest that dimensions of perfectionism play a critical role in psychopathological symptoms. Therefore, we recommend an increased focus on external pressure, self-exigency and negative self-evaluation to provide a better understanding of child psychopathologies.

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### 1. Introduction

A common thought is that children should be happy because they are children. 10% of children suffer from severe emotional disturbances that cause difficulties in their daily lives. Anxiety disorders and childhood depression are considered public and mental health issues (Center for Disease Control and Prevention, 2013). Twenty percent of anxiety cases include depression, and 82% of depression cases include anxiety (Romero et al., 2010). This comorbidity leads to an increased severity in symptomatology, a worse prognosis, a poorer response to treatment and an increased use of health services (Layne, Bernat, Victor, & Bernstein, 2009).

But, why some children develop anxiety or depression disorders and others do not? A priority in psychological research should be determining the vulnerability factors that lead to these emotional disorders in early childhood. An understanding of these factors may help detect and prevent disorders, improve children's quality of life and enhance appropriate child development, thus lowering the risk of anxiety or depression during adolescence and adulthood (Goodwin, Fergusson, & Horwood, 2004).

A number of studies have shown that one variable closely related to these emotional disorders is perfectionism (Flett, Hewitt,

Blankstein, & Mosher, 1995; Luyten et al., 2011; Sassaroli et al., 2008). The majority of research has focused on adolescent and adult samples (Essau, Leung, Conradt, Cheng, & Wong, 2008; Flett, Panico, & Hewitt, 2011; Smith, Saklofske, Yan, & Sherray, 2014; Stöber, 2014), whereas there has been a lack of research examining the influence of child perfectionism on these emotional disorders (e.g., Hewitt et al., 2002; Rice, Leever, Noggle, & Lapsley, 2007), or cognitive variables (DiBartolo & Verner, 2012).

Child perfectionism is a multidimensional construct (DiBartolo & Varner, 2012; Flett & Hewitt, 2002) consisting of external pressure (EP), perfectionist self-exigency (SE) and negative self-evaluation (NSE) (Lozano, García-Cueto, Martín, & Lozano, 2012). EP refers to when children perceive their immediate environment (either parents or teachers) as demanding, such that it requires perfect behavior. Children believe that individuals will be judgmental when this perfect behavior is not achieved. SE is the perfectionist attitude that children have when engaging in tasks, as they want and attempt to be the best at whatever they are doing. NSE is defined as forming negative judgments about oneself with regard to past mistakes, such as when a child's performance is not as excellent as what they hoped for (Lozano et al., 2012).

According to Social Learning Theory (Bandura, 1986), perfectionist traits develop through interactions between a child's characteristics and his/her social environment. Herman, Trotter, Reinke and Jalongo (2011) highlighted that a child's environment (primarily family and school environments) exerts perfectionist pressures via social expectations of excellence and criticism

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when these expectations are not met (EP, according to our model). In these environments, children place high standards of excellence on themselves (SE, according to our model) due to adults' behavioral models and the selective reinforcement that these models exert when children achieve levels of excellence (Cole, Jacquez, & Maschman, 2001). When there are discrepancies between a child's task implementation level and his/her personal standards (Choy & McInerney, 2006) or when the family or school environment is judgmental, unpredictable or hostile (Herman & Ostrander, 2007), the child may develop NSE. Thus, perfectionism pressures of the external environment favors the appearance of other aspects of perfectionism (see Morris & Lomax, 2014).

A number of authors characterize perfectionist children as maintaining excessively high levels of SE, perceiving mistakes very negatively or as highly aversive and basing their NSE on whether they are able to reach the level of perfection required (see a review by Cook, 2012).

From the theoretical perspective that perfectionism is a multi-dimensional construct, Hewitt et al. (2002) showed, in children between the ages of 10 to 15 years, that socially prescribed perfectionism (or EP) and self-oriented perfectionism (or SE) were associated with higher levels of anxiety and depression.

Based on the aforementioned considerations, the current study was designed to confirm the differential effect that each dimension of perfectionism exerts on the depression and anxiety symptoms of children from a Spanish population. It was hypothesized that EP, NSE and SE would predict greater depression symptoms (Hypothesis 1) and that EP would be mediated by SE and NSE when predicting depression symptoms (Hypothesis 2). Similarly, it was expected that EP, NSE and SE would predict greater anxiety symptoms (Hypothesis 3) and that EP would be mediated by NSE and SE when predicting anxiety symptoms (Hypothesis 4).

This research attempts to fill the relative gap in the literature examining the effect of perfectionism on depression and anxiety disorders in children between the ages of 8 to 12 years.

## 2. Materials and methods

### 2.1. Participants

Stratified random sampling was performed across all of the students in school in the Principado of Asturias (Spain), with gender as the stratification variable. The total sample consisted of 2537 Spanish children between the ages of 8 to 12 years ( $M = 9.9$ ,  $SD = 1.2$ ). Across the sample, 51.1% were boys, 22.3% were in third grade, 25.2% were in fourth grade, 26.5% were in fifth grade, and 26% were in sixth grade.

Due to missing values in the responses to the questionnaires, the sample used to examine depression was composed of 2262 children (51.5% boys; mean age = 9.93,  $SD = 1.22$ ; 21.8% were in third grade, 25% were in fourth grade, 26.7% were in fifth grade, and 26.5% were in sixth grade). The sample used to examine anxiety consisted of 2381 children (51.2% boys; mean age = 9.91,  $SD = 1.22$ ; 22.3% were in third grade, 25.1% were in fourth grade, 26.5% were in fifth grade, and 26.1% were in sixth grade).

With these sample sizes, the maximum error in the estimates was  $\pm 2.1\%$  for the depression sample, with a confidence level of 95%, and  $\pm 2\%$  for the anxiety sample. Thus, the authors' pre-requisite of having error rates that were less than 2.5% was satisfied.

Prior to administering the questionnaires, consent from all of the children's parents was requested to allow the children to participate in the study. All the parents consented that their children participated in the research.

### 2.2. Instruments and procedure

The Childhood Perfectionism Inventory (IPI, to represent its initials in Spanish) (Lozano et al., 2012.) was administered. This questionnaire utilizes a 5-point Likert-type scale (1 = *never*, 5 = *always*) to evaluate EP (e.g., "In my family, only the best is valued") ( $\alpha = .90$ ), SE (e.g., "I try to be the best in everything I do") ( $\alpha = .82$ ) and NSE (e.g., "When I do not do things as well as I want, I feel like I am a good for nothing") ( $\alpha = .90$ ). The Educational-Clinical Questionnaire: Anxiety and Depression (CECAD, in Spanish) (Lozano, García-Cueto, & Lozano, 2011) was also administered. This questionnaire utilizes a 5-point Likert-type scale (1 = *never*, 5 = *always*) to assess depression ("I feel sad") ( $\alpha = .95$ ) and anxiety ("I feel nervous") ( $\alpha = .90$ ) symptoms. In both dimensions, a high score was associated with a greater level in the variable being measured.

The questionnaires were administered by two psychologists who are experts in the use of questionnaires with children. The questionnaires were provided in a single booklet, which was given to children in the classroom where they attend class without ever exceeding the duration of one hour. On the first page, children were asked several demographic questions (e.g., age, gender). In lower age groups, psychologists read and explained the items to avoid any confusion because of the possible reading comprehension problems. No significant differences by age were found in the reliability of any measures.

### 2.3. Analysis

To verify the aforementioned hypotheses, a serial multiple mediator model was used (Hayes, 2013) (see Fig. 1).

This model attempted to predict depression and anxiety symptoms scores by assessing one direct ( $c'$ ) and three indirect effects (EP  $\rightarrow$  SE  $\rightarrow$  depression/anxiety [ $a_1b_1$ ]; EP  $\rightarrow$  SE  $\rightarrow$  NSE  $\rightarrow$  depression/anxiety [ $a_1d_2b_2$ ]; EP  $\rightarrow$  NSE  $\rightarrow$  depression/anxiety [ $a_2b_2$ ]). The sum of the direct effect with the three indirect effects is the Total Effect, which is represented as " $c$ " in Fig. 1.

Given that the proposed model assumes a relationship between the two mediators, the partial correlation between both mediators was calculated while controlling for the effect of EP. Therefore, if this correlation was significant, the use of this model would be justified, as the two mediators were related even after adjusting for the effect of EP.

Using the PROCESS program (Hayes, 2012) implemented on SPSS 20.0, 95% bootstrap bias-corrected confidence intervals (BCI) were generated for the direct and conditional effects on the basis of 10,000 bootstrap samples. These effects are significant when 0 is not included in the bootstrap interval. Following Cumming's (2014) recommendations, intervals for all of the estimated parameters are reported.

An analysis was conducted on the indirect effects to determine which indirect effect was strongest. To accomplish this analysis, minor modifications proposed by Preacher and Hayes (2008) to the Mplus program were performed. Ten thousand bootstrap samples were used to calculate these differences.

## 3. Results

Table 1 shows the correlations for the main variables used in the study.

After that, the partial correlation between the mediators was calculated while controlling for the effect of external pressure. The result obtained was  $r_{SE\ NSE:EP} = .297\ p < .01$  in the sample used to examine depression and  $r_{SE\ NSE:EP} = .282\ p < .01$  in the sample used to examine anxiety. In both cases, the partial correlations dif-

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