

The Relationships between Perfectionism of Mothers and Emotional Problems of their Daughters

Sona Samiei Sarkhanlou*, Alireza Kiamanesh, and Hasan Ahadi

Islamic Azad University, Science and Research Branch, Department of Humanity, Tehran, 1477893855, Iran

*Corresponding author's Email: sona.samiei@gmail.com

ABSTRACT: This study was conducted to examine the relationships between positive and negative perfectionism of mothers with depression, anxiety and stress of their daughters. The study was consisted of 200 students of third grade high school girls and their mothers which were selected by a multi-stage random cluster sampling. In order to evaluate mothers' perfectionism, Terry-Short test and to assess depression, stress and anxiety, scale of depression, anxiety and stress 21 were used. After data collection, descriptive and inferential statistics including Pearson correlation and stepwise regression were conducted. Results showed that positive perfectionism of mothers was not correlated significantly with their daughters' depression, anxiety and stress. However, mothers' negative perfectionism was associated positively with daughters' depression, anxiety and stress which was significant at 0.01 probability level. Analysis of stepwise regression showed that mothers' perfectionism predicted depression, anxiety, and stress of their daughters. It can be concluded that negative perfectionism of mothers can directly and indirectly have negative effects on daughters and provide serious problems for them.

Key words: Perfectionism, Mothers, Emotional Problems, Daughters

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INTRODUCTION

Relationships between parents and children are one of the most important indicators of mental health of family members, especially children, so the negative relationships between parents and children can be one of the most significant causes of mental disorders in children. According to Lovibond and Lovibond (1995), the definition of mental health, ability to control the internal and external world, is defined as a situation in which the person has a feeling of control over his/her internal and external world. They also believed that when an individual's sense of control decreases, the person losses his/her health, and he/she goes further toward emotional and mental problems. Moreover, they proposed continuum control which is started by controlling over the internal and the external worlds (feeling irritated) and continues with no control over these two worlds (severe depression). In the middle of this continuum, these researchers believed two concepts which are stress and anxiety. Under stress situation, an individual has a sense of control with an oppressed feeling, however, in anxiety, a person loses control over the inner world in the hope of controlling the outer world. The level of feeling control over inner and outer worlds as an indicator of mental health is dependent on several factors (Samani et al., 2011). These factors can be divided into two general categories such as environmental and personal factors. In terms of environmental elements, studies indicate that parents play fundamental role in terms of providing mental health and wellbeing to their children (Deci and Ryan, 2008) or making behavioral and emotional problems. In a research conducted by Samani et al. (2011), dysfunctional parenting styles through increased negative cognitive emotional

regulation strategies can increase emotional problems in youngsters. Comopas et al. (2001) revealed that poor family relationships and stressful environments lead to emotional and behavioral problems in childhood which remains until adolescence and adulthood. The influence of behavior and mindset of parents on shaping the character and behavior of children is crucial. This is because children spend more time with their mothers so that they are highly affected by them and on this basis, the social behavior of children is more affected by the behavior that their mothers have (Ahadi and Banijamali, 2003). Perfectionism as a personality, with features such as efforts to be perfect, benchmarking of extreme performance, along with a critical assessment of trends was characterized (Besharat et al., 2011). Research findings confirmed the existence of a normal perfectionism (positive) against neurotic perfectionism (negative) (Hamachek, 1978).

Basharat (2004), in an investigation of the relationships between perfectionism of parents and anxiety of students, showed a negative correlation between positive perfectionism of parents and test anxiety of children. Yavari Kermani et al. (2011) studied the relationship between perfectionism of mothers and mental health of daughters in Tehran city. The results showed that mothers' perfectionism can predict mental health of daughters and mothers who have less perfectionism tendencies, daughters will have higher mental health. Significant positive correlation was achieved between parents' and children's perfectionism in which perfectionist parents have perfectionist children (Chang, 2000). Young et al. (2004) showed that there was a negative correlation between parental perfectionism and self-esteem in children. Feris abadi and Mehri (2007) found that there was a significant relationship between personal well-

being of mothers with depression and aggression in boys and girls. Rice et al. (2008) found an average integration between parents and children perfectionism. According to the results obtained, relationships between undetected compromise perfectionism among white parents and their children was much stronger than their relationships with black parents.

Pacht (1984) claimed that perfectionist parents who impose their standards and expectations to their children cause development of personal perfectionism in children. In children, dimensions of perfectionism are associated with depression, anxiety and anger in and their perfectionism can be predictor of depression, anxiety and anger in kids (Hewitt et al., 2002). Perfectionism is involved in anticipation of disappointment and trauma in students (Conor, 2003). There is a significant relationship between maladaptive perfectionism with depression, anxiety, stress and anxiety (Beiling et al., 2004). Vieth and Trull (1999) stated that students with autonomous perfectionism are in relation to their same-sex parent's perfectionism, but is not related to the not dissimilar parent. By the year of 2010, Camadan studied perfectionism in adolescents and their parents. There were relationships between some components of perfectionism (discipline, parental expectations, parental criticism and doubt) in daughters and their parents, but the scale of parental expectations for boys is predictable by the scale parental expectations. Azizi and Besharat (2011) showed a significant relationship between parental perfectionism and perfectionism of their children. There was a significant relationship between positive and negative attitudes of parents and the self-concept and social development of children with learning disabilities. Students who have parents with positive attitudes towards their learning disabilities have higher self and social development compared to students who have parents with negative attitudes toward their disabilities (Bayat Mokhtari and Akhavan-Tafti, 2008). Enns et al. (2002) believed that parental perfectionism with features such as high expectations of themselves and the children were identified in which it was related to both adapted and undetected forms of perfectionism in children.

Negative perfectionist mothers never feel triumph and constantly blame themselves because of unrealistic expectations, finally, they experience high levels of anxiety and fear of failure which cause symptoms of depression and neuroticism (Flett and Hewitt, 2006). Salo et al. (2009) compared emotional availability, maternal self-efficacy beliefs, and child developmental status in caregiver-child relationships with prenatally buprenorphine-exposed and non-

exposed 3-year-old children. Results showed that biological mothers scored lower on Sensitivity and non hostility and self-efficacy beliefs, and their children scored lower on Responsiveness and the Bayley Cognitive Scale. Results showed greater engagement in academic failure, substance use, and risky sexual activity among upper vs. lower grade students. Overall, analyses revealed that both gender and grade-level differences could be explained by the common cause problem behavior syndrome (PBS) (Chun and Mobley, 2010). Riahi et al. (2012) examined the relationship between children's behavioral problems and mothers' mental health. The results indicated that behavioral problems in children are a reflection of the psychological problems of parents, especially mothers. Young people in any society are the potential sector and mental illness impairs academic, social, and job performance.

So, identifying characteristics of adolescents and their enjoyment of full mental health and the importance of family functioning on the mental health of children as well as scientific investigation of the role of perfectionism in emotional problems of teenagers seem to be necessary. The aim of present study was to investigate the relationships between mothers' perfectionism (positive and negative), with emotional problems of their children such as depression, anxiety, and stress.

METHODS

The present investigation consisted of 200 third grade high school female students with their mothers in Tehran city, Iran who were enrolled in the school year of 2013-2014. Variables were controlled for age and gender in which the whole sample was girls aged 17 years old. Questionnaires were distributed among students and their mothers and completed questionnaires were collected. Sampling in this study was a multi-stage cluster.

Positive and negative perfectionism test

This scale was created by Terry-Short et al. (1995). This scale measures perfectionism through applied behavioral studies and has been developed to detect positive and negative perfectionism. The scale has 40 questions and each sample question is answered by one of the Likert scales. This scale also examines 20 positive and 20 negative perfectionism questions. On this scale, question scores range from 20 to 100. The test cut-off point for people with impaired negative perfectionism was 69 points. In other words, scores below 69 means positive perfectionism.

Depression, anxiety and stress scale (DASS-21)

This scale was developed by Lovibond and Lovibond in 1995 which is a short form consists of 21 questions that examines each of the psychological constructs of depression, anxiety and stress by seven different words. It also has ability to detect and screen symptoms of anxiety, depression and stress during the past week which is used for adults. Although this test is also capable of screening and diagnosis in adolescence, but it is better used for more than 15 years. The scale evaluates depression, anxiety and mental stress with a range of four-item. Each item has four response options that are scored from zero to three.

RESULTS

In order to determine the average and dispersion of scores of research in each of the variables studied, descriptive statistics was done for different variables (Tables 1 and 2). According to Table 1, the means of positive and negative perfectionism were 92.3 and 3.11 respectively. The lowest and highest scores were obtained for positive perfectionism which were 2.2 and 4.95 respectively. In terms of negative perfectionism, the minimum and maximum scores were 2 and 4.53 respectively. According to the skewness and kurtosis results, the distribution of the variables was normal. Table 2 presents descriptive statistics for emotional problems, depression, anxiety, and stress. According to the table, the minimum score of depression and anxiety was 0 and the maximum score was 2.86. The lowest and highest scores of 0 and 3 were perceived for stress and this variable had the greatest score compared to other variables. The results of skewness and kurtosis confirmed that the distribution of variables was in normal strain. In order to measure the reliability of the data, Cronbach's alpha reliability coefficient was used in which emotional problems questionnaire with 21 questions had 0.90, perfectionism questionnaire with 40 questions had overall reliability coefficient of 0.79,

positive perfectionism with 20 questions was 0.83, and negative perfectionism with 20 questions was 0.72. In order to determine the relationships between positive and negative perfectionism with emotional problems, Pearson's correlation test was used (Table 3). According to this table, there were significant positive correlations between negative perfectionism and depression (0.201**), anxiety (0.191**), and stress (0.191**). Positive correlation results indicated that with any increase in negative perfectionism of mothers, depression, anxiety and stress were also enhanced in their daughters. However, no significant relationships were observed among positive perfectionism with depression, anxiety, and stress in which the negative correlation indicated an inverse relationship between the variables. In contrast, there were positive significant relations observed among anxiety with depression (0.619**) and stress (0.714**). Moreover, stress was significantly linked to depression which was 0.685**. Due to the linearity assumptions to establish the relationships between two variables, the continuous variables and the criterion, a significant number of participants compared to the independent variables through regression analysis. Results of stepwise regression analysis are presented in Tables 4 and 5. According to Table 4, after conducting the first model of the stepwise regression, negative perfectionism was able to predict 5 percent of the variance of emotional problems ($R^2 = 0.05$, $F=1.005$). In the second model, the positive perfectionism was capable to predict 7 percent of the variance of emotional problems ($R^2 = 0.07$, $F=7.05$). Table 5 demonstrates the negative and positive perfectionism variables in predicting emotional problems. According to this table, t-test for regression coefficients was significant at 0.05 probability level. Standardized beta coefficient indicated a significant positive relationship between negative perfectionism and the mean emotional problems. However, significant negative relationship between positive perfectionism and the mean emotional problems was observed.

Table 1. Descriptive statistics of positive and negative perfectionism

Variable	Mean	SD	N	skewness	kurtosis	Min. score	Max. score
Positive perfectionism	3.92	0.48	200	-0.31	0.05	2.2	4.95
Negative perfectionism	3.11	0.46	200	0.21	-0.27	2	4.53

Table 2. Descriptive statistics of various variables

Variable	Mean	SD	N	skewness	kurtosis	Min. score	Max. score
Depression	0.96	0.69	200	0.62	-0.24	0	2.86
Anxiety	0.79	0.60	200	0.78	0.28	0	2.86
Stress	1.31	0.70	200	0.30	-0.66	0	3
Mean of emotional problems	1.02	0.59	200	0.54	-0.14	0	2.86

Table 3. Correlation analysis between positive and negative perfectionism with different variables

Variable	Positive perfectionism	Negative perfectionism	Depression	Anxiety	Stress
Depression	-0.118 ^{ns}	0.201**	1		
Anxiety	-0.042 ^{ns}	0.191**	0.619**	1	
Stress	-0.089 ^{ns}	0.191**	0.685**	0.714**	1

Level of significance: *=0.05, **= 0.01, ns= not significant

Table 4. Results of stepwise regression analysis to predict emotional problems through positive and negative perfectionism

Model	Source of variation	SS	df	F	Sig	R	R ²	Adj. R ²
First model	Regression	3.34	1	10.005	0.002	0.21	0.05	0.04
	Residue	65.98	198					
	Total	69.31	199					
Second model	Regression	4.63	2	7.05	0.001	0.25	0.07	0.06
	Residue	64.68	197					
	Total	69.31	199					

Table 5. Stepwise regression coefficient to predict the mean emotional problems through positive and negative perfectionism

Model		B	(SE)	St. Beta	t	Sig.
First model	Constant	0.15	0.27		0.56	0.57
	Negative Perfectionism	0.28	0.09	0.22	3.16	0.002
Second model	Constant	0.73	0.40		1.82	0.06
	Negative Perfectionism	0.31	0.09	0.24	3.49	0.001
	Positive Perfectionism	-0.17	0.08	-0.14	-1.98	0.04

DISCUSSION

Relationships between parents and children are one of the most crucial factors in family members' mental health. The aim of this study was to investigate the relationships between mothers' perfectionism and emotional problems of their daughters. In the current investigation, significant relationships were observed between negative perfectionism of mothers and emotional problems of their daughters. However, no significant relationships were perceived between positive perfectionism of mothers and emotional problems of their daughters. The results revealed that mothers' negative perfectionism in the first model and positive perfectionism in the second model predicted 5 and 7 percent of the variance of emotional problems among daughters. The remaining factors of daughters' emotional problems were explained by other variables such as biochemical factors, cognitive and emotional factors, etc. These findings were consistent with other studies conducted by Besharat (2003), Samani et al. (2011), Yavari Kermani et al. (2011), Chang (2000), Young et al. (2004), Feris abadi and Mehri (2007), and Rice et al. (2008). In explaining these findings, it can be said that perfectionism is growing in families in which parents impose their standards and expectations to their children (Besharat et al., 2011; Pacht, 1984). Studies suggested that there is a relationship between

perfectionism, especially its negative aspects, and psychological damage (Hewitt et al., 2002; Conor, 2003; Beiling et al., 2004). Several studies reported significant associations between perfectionism of parents and children, so that the development of children's perfectionism was influenced by parents' characteristics (Vieth and Trull, 1999; Rice et al., 2008; Camadan, 2010; Azizi and Besharat, 2011). Children and adolescents self-esteem are uncertainly relied on parents' expectations or perfectionism. The positive expectations can serve as a stimulating factor in development of the character and self-esteem of children, but the negative expectations can cause failure and vulnerability in children' confidence (Bayat Mokhtari and Akhavan-Tafti, 2008). The results of the present research were in parallel with Enns et al. (2002) who believed that perfectionist parents expect a lot from themselves and their children which is associated with perfectionism and intolerance of their children. The perfectionist mothers because they have high expectations from their children and are not satisfied with their performance, and consistently creating unrealistic and unreasonable standards to seek approval and acceptance from children, their enormous efforts are failed. Adolescents with negative perfectionist mothers do not have social and emotional development, cannot participate in group works, and refuse to take responsibility. These

mothers do not encourage their children for doing good work and always believe that children should do everything best. Negative perfectionist mothers never feel triumph and constantly blame themselves because of unrealistic expectations, finally, they experience high levels of anxiety and fear of failure which cause symptoms of depression and neuroticism (Flett and Hewitt, 2006). Moreover, these mental health problems are directly related to behavioral problems in children and adolescents (Salo et al., 2009; Chun and Mobley, 2010; Riahi et al., 2012). In fact, teenagers in these families without parental attention and control feel a sense of abandonment or suspension and cannot find a safe haven for critical times so they experience psychological problems such as anxiety, depression and stress.

CONCLUSION

Given the importance of early childhood and family as a child development center, this study examined the relationships between positive and negative perfectionism of mothers with emotional problems of their daughters. In the current investigation, significant relationships were observed between negative perfectionism of mothers and emotional problems of their daughters. However, no significant relationships were perceived between positive perfectionism of mothers and emotional problems of their daughters. So, it is needed to express the fact that perfectionist parents by creating high expectations and standards for their children and others cause stress and anxiety to them. The stepwise regression analysis showed that positive and negative perfectionism can significantly predict emotional problems of children. Although, other factors such as cognitive and emotional elements can also cause emotional problems. The results obtained in the present study were in parallel with other studies conducted by Chang (2000), Feris abadi and Mehri (2007), and Samani et al. (2011). Mothers play an important role in the growth and development of children and those who do not have the mental health of their relationships with children, whether direct or indirect, have negative effects on them. In future studies, more investigations should be done in both genders, as well as in other cities of Iran or foreign countries with different cultures. More importantly, the role of fathers in children's emotional problems can also be studied.

Suggestion

Further studies can be done:

- in other cities and subcultures as well as minorities in society and other groups of pupils.

- on factors affecting emotional problems in this group and other people.
- to identify the influence of gender on the disorder.

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