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# Perfectionism Dimensions in Children: Association with Anxiety and Depression

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## Abstract

Although it is known that, childhood and adolescence are the most important periods the development of perfectionism (Flett & Hewitt, 2002), this is almost unknown research area in R. Macedonia. This research aimed to explore the relationship of perfectionism dimensions with anxiety and depression among children. We examined possible differences among four groups of children (children without evident symptoms; children with evident symptoms of anxiety; children with evident symptoms of depression; children with evident symptoms of anxiety and depression) with regard to the level of dimensions of perfectionism (Sensitivity to mistakes; Contingent Self-Esteem; Compulsiveness; Need for admiration). The sample consisted of 468 pupils, aged 11-14, from 5<sup>th</sup> to 8<sup>th</sup> grade of primary school, of which 279 were female, and 189 male. The following instruments were used: Adaptive/Maladaptive Perfectionism Scale (Rice & Preusser, 2002), SKAN (Puric, 1992; according to Zaic, 2005) and Children's Depression Inventory (CDI, Kovacs, 1981). The findings suggest the existence of an association of the dimension of the dimension of perfectionism with anxiety and depression. However, this study does not enable conclusions about the causal relationship between these constructs.

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## 1. Introduction

The area of perfectionism is still insufficiently explored and different theorists offer different conceptualizations and definitions of this concept. Striving for flawlessness in all aspects of life is one of the simplest definitions of perfectionism (Flett & Hewitt, 2002). Previous research on perfectionism among school-aged children has

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confirmed that perfectionism is a multidimensional construct (Flett, Hewitt, Boucher, Davidson & Monro, 2000; Rice, Kubal, & Preusser, 2004; Hawkins, Watt & Sinclair, 2006; Rice, Leever, Noggle & Lapsley, 2007). The manifestations of unhealthy perfectionism during childhood and adolescence have been studied for their relationship with anxiety and depression (Hewitt et al., 2002). Much of the literature on perfectionism has focused on late adolescents, young adults and adult clinical populations (Rice & Preusser, 2002). There are fewer studies on perfectionism in school-aged children. Although it is known that, childhood and adolescence are the most important periods for the development of perfectionism (Flett & Hewitt, 2002), this is almost unknown research area in R. Macedonia. This research aimed to explore the relationship of perfectionism dimensions with anxiety and depression among children. We examined possible differences among four groups of children (children without evident symptoms; children with evident symptoms of anxiety; children with evident symptoms of depression; children with evident symptoms of anxiety and depression) with regard to the level of dimensions of perfectionism (Sensitivity to mistakes; Contingent Self-Esteem; Compulsiveness; Need for admiration).

## 2. Design & method

After obtaining informative consent from the students' parents and adhering to ethical standards, research was conducted in two primary schools in Stip, R. Macedonia. The sample consisted of 468 pupils, aged 11-14, from 5<sup>th</sup> to 8<sup>th</sup> grade of primary school, of which 279 were female, and 189 male. The following instruments were used: Adaptive/Maladaptive Perfectionism Scale (Rice & Preusser, 2002), SKAN (Puric, 1992; according to Zaic, 2005) and Children's Depression Inventory (CDI, Kovacs, 1981). The dimensions of perfectionism are operationalized with adaptive/maladaptive scale for measuring perfectionism (Adaptive/Maladaptive Perfectionism Scale; Rice & Preusser, 2002). Anxiety in children is operationalized with the scale for measuring anxiety in children SKAN (Puric, 1992). Depression is operationalized with the scale for measuring depression in children Children's Depression Inventory (CDI, Kovacs, 1981).

## 3. Results and Discussion

In order to answer the posed research problem, we first calculated the number and frequency of children in four groups identified on results and cut-off points from test results of SKAN (anxiety) and CDI (depression). In accordance with clinical experience and previous research (Zaic, 2006; Belavic, 2006), the first group was identified as being "*without evident symptoms of anxiety and depression*", i.e. children achieved low scores (<11) of the scale for anxiety SKAN, and on the scale for depression CDI (<9). The second group ("*with evident symptoms of anxiety*") consisted of subjects who achieved high scores (> 11) of SKAN, and low scores (<9) of CDI. The third group ("*with evident symptoms of depression*") consisted of subjects who achieved high scores (> 9) of CDI, and a low score (<11) of SKAN. The last, fourth group ("*with evident symptoms of anxiety and depression*") was constituted of children who achieved high scores of SKAN (> 11) and high scores (> 9) of CDI.

Table 1 Number and frequency of children in four groups identified on results and cut-off points from test results of SKAN (anxiety) and CDI (depression)

Children groups	N	Frequency
Children without evident symptoms of anxiety and depression	215	46%
Children with evident symptoms of anxiety	41	8.7%
Children with evident symptoms of depression	90	19.2%
Children with evident symptoms of anxiety and depression	122	26.1%

It can be seen from Table 1 that the highest is the percentage of respondents "*without evident symptoms of anxiety and depression*" (46%), followed by respondents "*with evident symptoms of anxiety and depression*" (26,1%), then those "*with evident symptoms of depression*" (19,2%), while the lowest percentage of respondents is "*with evident symptoms of anxiety*" (8.7%).

Table 2 Results of ANOVA among four children groups (without evident symptoms of anxiety and depression; with evident symptoms of anxiety; with evident symptoms of depression; with evident symptoms of anxiety and depression) with regard to the level of dimensions of perfectionism

Dimensions of perfectionism	F	Differences between groups
Sensitivity to mistakes	25.450**	without sympt.---- anx. without sympt.---- anx.- dep. dep ---- anx - dep
Contingent Self-Esteem	5.360**	without sympt.---- dep. without sympt.---- anx.-dep.
Compulsiveness	4.120**	without sympt.---- anx
Need for admiration	10.350**	without sympt.---- anx.-dep.
* p<0.05    ** p<0.01    df=3		

As can be seen from Table 2, we applied ANOVA in order to assess the statistically significant difference among four groups of children (without symptoms; with evident symptoms of anxiety; with evident symptoms of depression; with evident symptoms of anxiety and depression) with regard to the most pronounced level of dimensions of perfectionism. As we expected, there are statistically significant differences among four groups of children regarding dimensions of perfectionism. In order to examine between which groups of children on each dimension of perfectionism the significant differences occur, we have applied Scheffe's post hoc procedure. The group of children with evident symptoms of anxiety and depression, compared with the rest of the groups of children in the sample, showed higher scores on dimensions of perfectionism, Sensitivity to mistakes and Need for admiration, but on the dimension Contingent Self – Esteem their scores were low. Among children in the group with evident symptoms of anxiety the most pronounced dimensions of perfectionism were Sensitivity to mistakes and Compulsiveness. The group of children with evident symptoms of depression showed relatively low scores at all dimensions of perfectionism, especially on dimensions Sensitivity to mistakes and Contingent Self-Esteem. Children without evident symptoms, compared with the rest of the groups of children showed lowest scores on dimensions of perfectionism. The exception was the dimension Contingent Self-Esteem, on which they showed highest scores. The results of our research are consistent with the results of previous research (Frost & DiBartolo, 2002; Rice, Kubal, & Preusser, 2004; Korajlija, 2004; Belavic, 2006).

### 3.1. Association between perfectionism, anxiety and depression

The main problem of our study was to examine the relationship of the dimensions of perfectionism (Sensitivity to mistakes; Contingent Self-Esteem; Compulsiveness; Need for admiration), with anxiety and depression. For that goal, we examined the relationship between the dimensions of perfectionism and anxiety, partializing the impact of depression, as well as the relationship of the dimension of perfectionism and depression, partializing the impact of anxiety. The results are shown in Table 3.

Table 3 Partial correlation coefficients between dimensions of perfectionism and anxiety, when the impact of depression was controlled; and between dimensions of perfectionism and depression, when the impact of anxiety was controlled

	Sensitivity to mistakes	Contingent Self-Esteem	Compulsiveness	Need for admiration
Anxiety	r= 0.37 **	r= 0.09	r= 0.21 **	r =0.17 **
Depression	r= 0.13 *	r= -0.25 **	r= -0.05	r= 0.04

\* p < 0.05    \*\* p < 0.01

The results presented in table 3 showed that when the impact of anxiety was controlled, depression was significantly positive correlated with the dimension Sensitivity to Mistakes and negatively correlated with the dimension Contingent Self-Esteem. When the impact of depression was controlled, only the correlation of anxiety and Contingent Self-Esteem was not statistically significant. These results were consistent with the results from previous research (Kawamura, Hunt, Frost, & DiBartolo, 2001; Korajlija, 2004; Belavic, 2006). Research so far on such a relationship between perfectionism, anxiety and depression has given inconsistent results. A review of studies that have investigated the relationship between anxiety and perfectionism in which the impact of depression is partialized with statistical procedures, suggest that the correlations between anxiety and perfectionism are not significant when the influence of depression is controlled, while the correlation of depression and perfectionism remains significant even when the influence of anxiety is controlled. (Korajlija, 2004; Belavic, 2006). These results

suggest a greater association of perfectionism with depression than with anxiety. Only a small number of studies obtained different conclusions. In fact, in several studies (Kawamura, Hunt, Frost & DiBartolo, 2001; Korajlija, 2004; Belavic, 2006) findings suggest the link between perfectionism and anxiety when controlling the impact of depression. Similar results were obtained in our research. As can be seen from Table 3, the results show that there is a stronger association of perfectionism with anxiety than with depression. Explanations of these results can be found in studies of co-morbidity of anxiety and depression. One explanation of this co-morbidity indicates that anxiety and depression are in a continuum in which, in most cases, conditions of anxiety precede the state of depression (Vulic-Prtoric, 2004; Belavic, 2006). Children who are anxious have an expressed need to control their environment to prevent possible hazards. They think that errors reduce control and therefore everything they do has to be done perfectly. As perfection does not exist, the concern about making errors becomes more intense and increases anxiety, which in turn reduces efficiency, which again increases the likelihood of new errors. Thus the circle between perfectionism and anxiety are close. (Korajlija, 2004; Belavic, 2006). Anxious children may feel lost if everything is not in perfect order and following their plan (Rice, Kubal & Preusser, 2004). Any deviation from normal and planned causes anxiety, uncertainty, and negative emotions in these children. Such children are neat, thorough, and conscientious and cannot relax if the task is not completed to the end. Therefore they achieve high scores on the dimensions of perfectionism: Sensitivity to mistakes and Need for admiration. The opinions of other people are very important to anxious children. They all need to be loved and admired. The desire for admiration is a confirmation of their work, and it reduces their anxiety.

#### 4. Conclusions, limitations and recommendations

Perfectionism is one of the problems that counselors and therapists encounter over and over again. The findings suggest the existence of an association of the dimension of perfectionism with anxiety and depression. However, this study does not enable conclusions about the causal relationship between these constructs. We cannot argue whether perfectionists are more likely to develop anxiety and depressive symptoms, or whether anxious, i.e. depressive persons, tend to alleviate their symptoms with a perfectionism mindset. From the results of this study it can be assumed that there is a direct association between perfectionism and anxiety, which then leads to the development of depressive symptoms. Additional research with larger and different samples needs to be carried out to better understand the dimensions of perfectionism and their correlates among school-aged children.

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