

# Parenting Stress Mediates the Relationship between Mothers' Perfectionism and Behavioral Problems in Iranian Preschool Children

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## Abstract

**Introduction:** This study aimed to investigate the mediating role of parenting stress in the link between mothers' perfectionism and behavioral problems in preschool children.

**Method:** In this study, all mothers of preschool children aged four to six years old in Tehran were considered as the statistical population with a sample size of 289 participants ( $M = 33.39$ ,  $SD = 4.51$ ), who were selected via multistage cluster sampling method from nurseries of the east, west, south, north and center of Tehran. In order to collect data, all participants were asked to complete Achenbach Child Behavior Check List (CBCL), Tehran Multidimensional Perfectionism Scale (TMPS) and Abidin Parenting Stress Index (PSI).

**Results:** The results showed that there was no significant relationship between mothers' perfectionism and behavioral problems in preschool children. The results of path analysis indicated that parenting stress played a mediating role in the relationship between mothers' perfectionism and children's behavioral problems.

**Conclusion:** Overall, the results of this study suggest that the relationship between mothers' perfectionism and children's behavioral problems is not a simple relationship and parenting stress may have a mediating role in this relationship.

**Keywords:** Behavioral Problems, Children, Parenting Stress, Perfectionism

## Introduction

Children's behavioral problems refer to those abnormal behaviors that, while inappropriate and severe, are chronic and divided into two groups of internalizing and externalizing problems. Externalizing behaviors are expressed outward against others or have an impact on the child's environment. These consist of aggressive behaviors, hyperactivity and contradictions [1]. Internalizing problems, by contrast, are directed inward and are mostly emotional. These problems often reflect the child's intrapersonal distress rather than inconsistency with others, and mostly include anxiety, depression and isolation [2]. Studies indicate a high prevalence of behavioral problems among pre-school children. The most common disorders among boys and girls are respectively attention deficit

disorder (1/6%) and emotional reactivity problems (17.2%) [3]. Several studies examining the causes and consequences of children's behavioral problems indicate that children's problematic behaviors derive from multiple interactions between biological, environmental and family factors [4]. In this regard, parental personality characteristics play an important role in the mental health of children. As parents, specially mothers, are usually the most involved and the most important caretakers of children and some of their personality traits may lead to the destruction of parent-child relationship [5, 6].

One of these personality features is perfectionism, which is defined as an intense effort to achieve high level and unrealistic goals [7]. Flett and Hewitt consider perfectionism as a three-dimensional structure, and believe that there are different types of perfectionistic behaviors that have a real (true) motive for extreme completeness [8].

Self-oriented perfectionism, socially prescribed perfectionism and other-oriented perfectionism are three types of perfectionism. Self-oriented perfectionism refers to the tendency to set and seek high self-standards of performance. Other-oriented perfectionism refers to the tendency to expect that others should or will be perfect in their performance. Socially prescribed perfectionism refers to the tendency for an individual to believe that others expect perfection from him or her. Each of the three dimensions of perfectionism is associated with different types of psychological problems and affects various aspects of life, including the parental roles [8].

Perfectionist parents push their children too hard by setting exceedingly high standards for performance and try to prevent them from making mistakes. According to Burns and Fedewa, perfectionist parents avoid loving and approving their children in order to punish them. Perfectionist parents criticize excessively, are rigorous and are generally less likely to support their children [9, 10].

Several studies have shown the relationship between parental perfectionism, especially mothers' perfectionism, with behavioral problems in children. In this regard, Sarkhanlou and Kiamanesh showed that perfectionism in mothers was considered to be a strong predictor of emotional problems in their daughters [10]. Affrunti and Woodruff-Borden also referred to the role of parental perfectionism in anticipating anxiety in children [11]. Another study discovered a positive relationship between negative parenting practices and child internalizing and externalizing problems [12]. Although studies have shown that mothers' perfectionism is associated with children's behavioral problems [11], the mechanisms that affect this relationship remain unknown.

Perfectionism is a permanent source of stress that often leads to feeling of frustration and failure in people [13, 14]. Perfectionism may affect all areas of human life, especially family, work and parenting [15]. The stress associated with perfectionism along with the role of parenting can lead to parenting stress [15, 16]. Parenting stress is a type of extreme anxiety and stress that is related to parent-child interactions [17]. This type of stress is associated with parental hypersensitivity and can lead to

behavioral problems in children [18]. Chung et al. found that American mothers with higher parenting stress often have children with more behavioral problems [19]. In addition, several studies have addressed the link between parenting stress and children's behavioral problems [20-22]. Therefore, parenting stress seems to be an intermediary mechanism in the relationship between maternal perfectionism and behavioral problems of pre-school children. Accordingly, the present study aimed to determine the mediating role of parenting stress in the relationship between mothers' perfectionism and behavioral problems in pre-school children.

## Method

This study is of descriptive method and the design is correlational using structural equation modeling. The statistical population of the study consisted of all mothers of preschool children in playschools in Tehran in 2016. The participants of this study consisted of 289 women with an average age of 33.46 who were randomly selected through multi-stage cluster sampling method. The sampling process was conducted in such a way that the districts of Tehran city were divided into north, south, west, east and center, and a number of preschool centers were selected by sortation. A number of children were randomly selected by the researcher from the list of children of each playschool. Then, the mothers who were ready to participate in the research, and met the criteria for entering the sample, completed the measurement tools and the consent form. The study inclusion criteria included having secondary education degree (in order to better understand the courses), having a child aged four to six years, and the desire to participate in a study. The exclusion criteria included a history of physical illness and mental retardation of the child (based on records in playschool), pregnancy, giving birth during the last three months, being in the menopausal period (high levels of stress may be reported due to mood and hormone changes), spouse's death or divorce, and parental addiction. It should be noted that the sample size in this study was calculated according to Klein's approach [23].

The tools used in this study were as follows:

### **Tehran Multidimensional Perfectionism Scale (TMPS):**

This scale was designed by Besharat in 2011. The 30-question scale measures the three dimensions of self-oriented perfectionism, socially prescribed perfectionism and other-oriented perfectionism [24]. Each of the three dimensions has 10 items and participants respond to the items using a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The minimum and maximum scores for each sub-scale of the test are 10 and 50, respectively. This scale has good validity and reliability. Besharat calculated the content validity of this scale using Kendall consensus coefficients for self-oriented perfectionism (0.80), other-oriented perfectionism (0.72) and socially prescribed perfectionism (0.69), and the coefficients of retest correlation between the scores of 78 participants in two rounds with two to four weeks intervals for self-oriented perfectionism, other-oriented perfectionism and socially prescribed

perfectionism were 0.85, 0.79 and 0.84, respectively. Also, the internal consistency of the scale using Cronbach's alpha coefficient for all participants ( $n = 500$ ) were 0.99 for self-oriented perfectionism, 0.91 for other-oriented perfectionism and 0.81 for socially prescribed perfectionism [24].

**Parenting Stress Index (PSI):** This questionnaire was designed by Abidine in 1990 and has 101 questions, with 54 questions focusing on parents and 47 questions focusing on the child [25]. In addition, there are 19 optional questions about the general stresses of life in this scale. The parental dimension of this questionnaire has seven sub-scales: depression, attachment, role restriction, sense of competence, social isolation, relationship with spouse and parental health. The dimension of the child has six sub-scales, adaptability, acceptability, demandingness, mood, distraction / hyperactivity and pressure on parents. Participants respond to the items using a five-point Likert-type scale ranging from "totally agree" to "totally disagree". Higher scores represent higher levels of parenting stress [25]. In Iran, the validity and reliability of this questionnaire were reported to be desirable. Based on Cronbach's alpha results, the validity of the subscales of the child dimension including distraction / hyperactivity, adaptability, parental reinforcement, demandingness, mood, acceptability and child domain were 0.84, 0.81, 0.76, 0.80, 0.73, 0.78 and 0.91, respectively. The retest validity coefficients during 20 days were 0.69, 0.53, 0.58, 0.61, 0.72, 0.65 and 0.67, respectively. In the parents' dimension, the Cronbach's alpha coefficients for the subscales sense of competence, social isolation, attachment, parental health, restriction, depression, relationship with the spouse and parents' domain were respectively 0.79, 0.75, 0.71, 0.85, 0.83, 0.88, 0.85 and 0.95. The retest validity coefficient for each of the subscales was 0.71, 0.66, 0.61, 0.59, 0.63, 0.73, 0.65 and 0.76, respectively [26].

**Child Behavior Check List (CBCL):** This 100-point scale was designed by Achenbach in 1991 [27]. The CBCL is to be used with children aged 1.5 to 5, and is scored on a three-point Likert scale (not true, somewhat or sometimes true, and very true or often true). The CBCL is made up of eight syndrome scales aimed to examine children's emotional, behavioral and social problems. The scales of this test are: externalized scale, internalized scale, and other problems scale. In the externalized scale, there are two syndrome sub-scales, including aggression and attention problems [27]. In the internalized scale, there are five syndrome sub-scales including affective-reactive

problems, physical complaints, depression / anxiety, isolation and sleep problems. The other behavioral problems scale involves a heterogeneous group of problems, such as behaving like the opposite sex, oppositional defiant problems, eating problems, nail biting, nightmares, overeating and abstemiousness [28]. The validity and reliability of this test were reported to be acceptable in different studies [29, 30]. In standardizing this test in the Iranian population, the internal consistency (Cronbach's alpha) of all scales ranged from 0.54 to 0.81. Also, the retest validity of the scale was reported to be 0.87 [29].

In addition to descriptive statistics, Pearson correlation and path analysis were used to analyze the data. Also, the results of model fitting indexes were analyzed using Amos software.

## Results

The mean and standard deviation of the age of participants were 33.39 and 4.51, respectively. In terms of education, 83% of the participants had graduate degrees and 17% were postgraduates. In addition, 59% of the participants were homemakers and 41% were employed. The mean and standard deviation of age in children were 5.03 and 0.79, respectively. In terms of gender, 52% were male and 48% were female.

The correlation coefficients matrix of the research variables is shown in Table 1. The results of correlation test showed that there is a significant correlation between socially prescribed perfectionism and both variables of behavioral problems and parental stress ( $r=30$ ,  $p<0.01$ ). In addition, there was a significant correlation between parenting stress and children's behavioral problems at 0.01 level ( $r = 0.60$ ). Although there was a correlation between self-oriented perfectionism and children's behavioral problems at the 0.05 level ( $r = 0.26$ ), no significant correlation was found between other-oriented perfectionism and parental stress and children's behavioral problems, as well as between self-oriented perfectionism and parenting stress.

The results of correlation test showed that mothers' perfectionism has no significant direct relationship with children's behavioral problems but indirectly influences children's behavioral problems through parenting stress. In addition, there was a positive and significant relationship between mothers' perfectionism and their parenting stress ( $r = 0.38$ ,  $p < 0.01$ ), as well as mothers' parenting stress and children's behavioral problems ( $r = 0.72$ ,  $p < 0.01$ ).

**Table 1. Correlation Coefficients Matrix of the Research Variables**

Variable	Self-Oriented Perfectionism	Other Oriented Perfectionism	Socially Prescribed Perfectionism	Behavioral Problems	Parenting Stress
Self-Oriented Perfectionism	1.00				
Other Oriented Perfectionism	0.46**	1.00			
Socially Prescribed perfectionism	0.46**	0.39**	1.00		
Behavioral Problems	0.26*	0.16	0.30**	1.00	
Parenting Stress	0.17	0.20	0.30**	0.60**	1.00

\*\* Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

In order to investigate the mediating role of parenting stress in the relationship between mothers' perfectionism and children's behavioral problems, structural equation path analysis was used, so that prior to performing the analysis and testing the hypothesized research model, the underlying assumptions of this statistical method, namely, the outliers and the missing data, the normality of the data distribution and the existence of a linear relationship between the variables were evaluated. Table 2 shows the model fit indices. Chi-square (X2), chi-square/ degree of freedom ratio (X2/ df), Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), and Root Mean Square Error of Approximation (RMSEA) are desirable. Therefore, it can be concluded that this model fits well with the data.

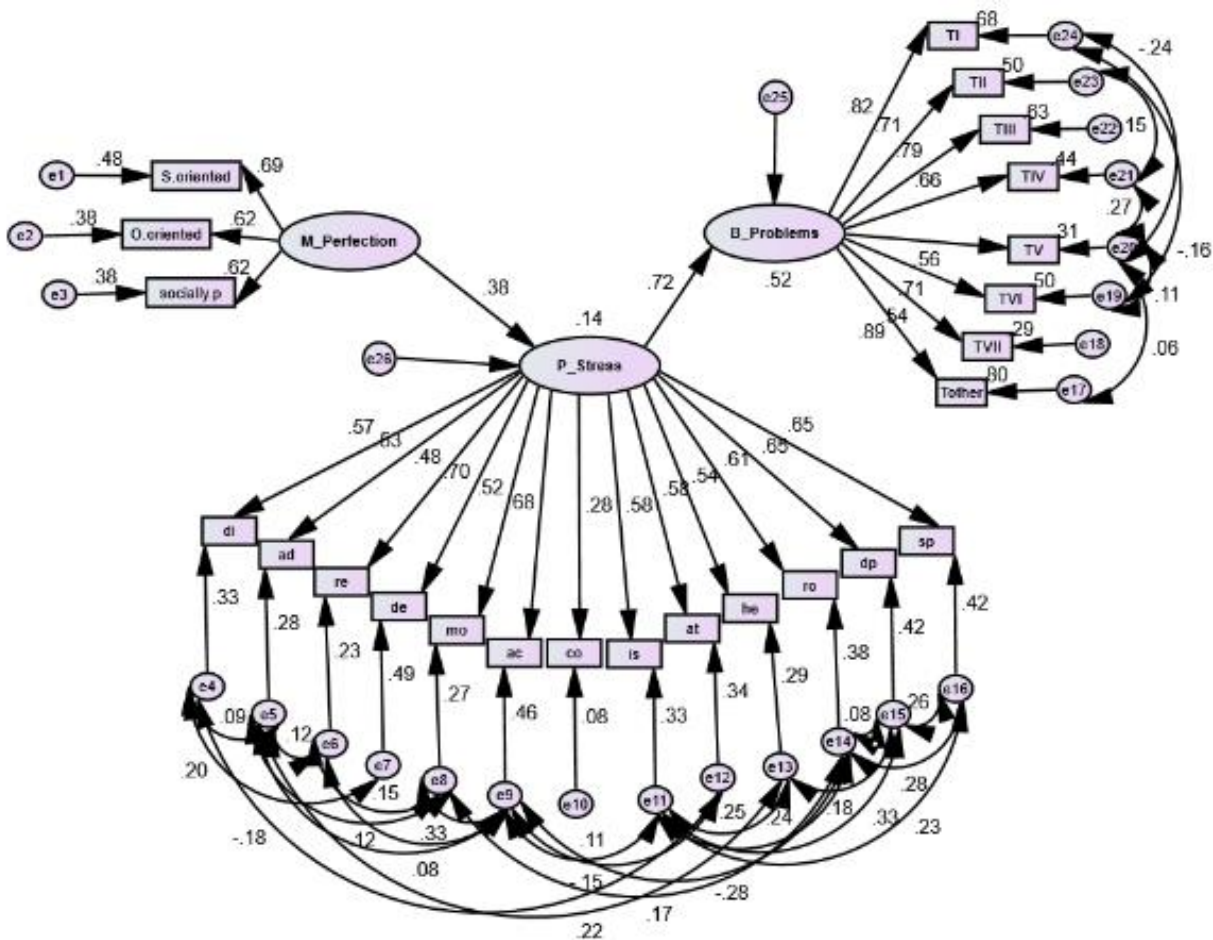
Figure 1 illustrates the standard path coefficients for the hypothesized model of the mediating role of parenting stress in relationship between mothers' perfectionism and behavioral problems in children. According to the results of the path analysis, this path was excluded from the model because of the non-significant coefficient between mothers' perfectionism and children's behavioral problems. It should be noted that other path coefficients were significant ( $p < 0.01$ ). Table 3 shows that parenting stress directly contributes to increased children's behavioral problems. In addition, mothers' perfectionism not only leads to increased parenting stress but also indirectly increases children's behavioral problems through its direct relationship with parenting stress.

**Table 2.** The Model Fit Indices

X2	df	X2/df	CFI	GFI	AGFI	RMSEA
376.143	222	1.694	0.946	0.92	0.90	0.049

**Table 3.** Standard Direct Effects, Non-standard Direct Effects, Path Coefficients and Significance

Path	Standard Estimation	Non-standard Estimation	Standard Error	t	p
Mothers' perfectionism to parenting stress	0.378	0.384	0.090	4.287	0.001
Parenting stress to behavioral problems	0.710	2.010	0.246	8.169	0.001



**Figure 1.** The tested model of the mediating role of parenting stress in the relationship between mothers' perfectionism and children's behavioral problems.

## Discussion

The present study aimed to investigate the mediating role of parenting stress in the relationship between mothers' perfectionism and behavioral problems in preschool children. The results showed that there was no direct relationship between mothers' perfectionism and behavioral problems in preschool children. These results are inconsistent with the findings of previous research [10, 11, 31]. This inconsistency can be due to the differences in the methodology of the studies. The focus of previous research has been on examining the simple relationship between these two variables and therefore the role of mediating variables was neglected. In the present study, the role of the mediating variable and the mechanism by which the role of maternal perfectionism in children's behavioral problems is highlighted has been taken into consideration and therefore the indirect role of maternal perfectionism through parenting stress in children's behavioral problems is of particular importance.

The results showed that there is a significant positive relationship between mothers' perfectionism and parenting stress. These results are consistent with other studies [13, 15, 16, 30]. In explaining the results, it should be noted that perfectionists experience greater levels of stress than ordinary people do due to disabling daily experiences and greater pressure to achieve their own high standards. Perfectionistic behaviors can mediate the development of stressful states by producing stress and failure, durability of negative effects of stressors and failures, and predicting future stress and failures [32]. According to Flett and Hewitt, perfectionism can interact with stress in three ways: production, prediction, and durability of stress. In fact, regarding the link between perfectionism and stress, it can be said that perfectionistic behaviors are related to psychopathology through stress. Therefore, stress is considered as the main mechanism by which perfectionism leads to mental disorders and incompatibility in social relationships [8]. Perfectionists experience stress because of failing to meet their standards on one hand, and on the other hand, they become stressed out due to preoccupation with failures in the future [33]. The stress of perfectionism along with the role of parenting can lead to parenting stress [16]. Parenting stress is also said to be a type of stress that is associated with parenting behavior [25]. Perfectionist parents experience stress due to the harsh and unrealistic standards of parenting and the extreme sensitivity for wholeness and lack of flaws. They blame themselves for any minor errors or flaws and thus experience more stress [30]. They constantly evaluate themselves and their children by over-responsiveness and exacerbate oppositional behaviors in children by putting pressure on them, which in turn increases their stress [16].

In addition, research findings indicate a positive relationship between parenting stress and behavioral problems in preschool children. These results are in line with previous studies [18-22, 34]. It can be concluded that parents who have high parenting stress cause greater tension and stress in their children and generally have less mental health [35]. Actually, stress can increase the likelihood of parents becoming more irritable and

irritable, which in turn increases the likelihood of conduct problems, oppositional defiant disorder, antisocial behaviors, and attention deficit disorder. In fact, increased parenting stress is associated with lack of positive parenting behaviors. Parental stress in combination with other factors, such as low social support and anger, can also lead to more serious problems such as child abuse [36]. Numerous studies have shown that the parent-child relationship and emotional-behavioral changes of the child directly influenced by parental stress, and parental stress directly affects their punitive behaviors. This can directly cause oppositional and aggressive behaviors in the child [34].

Lee et al., based on their research, suggested that there was a relationship between parental stress reporting and behavioral problems in their offspring. In explaining this, these researchers suggest that the stressful home atmosphere led to both problems [37]. Sher-Censor et al. suggested that the relationship between parental stress and child behavioral problems was due to the link between maternal stress and ineffective maternal behavior that manifests itself in these mechanisms: selective attention to negative aspects of child's behavior, increased likelihood of negative attribution about child behavior, and lower maternal threshold for tolerating negative child behavior. All these factors together can lead to a greater negative response of the mother to the child and thus to behavioral problems in the child [38].

## Conclusion

In general, the results showed that mothers' perfectionism was indirectly involved in children's behavioral problems through parenting stress. Parenting stress also plays an important role in predicting behavioral problems in preschool children because, based on the observed results, maternal perfectionism is mediated by parenting stress and indirectly affects children's behavioral problems. Therefore, by increasing stress management skills as well as appropriate interventions to reduce parenting stress, in addition to reducing parenting stress and thereby reducing children's behavioral problems, the destructive role of parental perfectionism on children can also be prevented. Introducing the concept of perfectionism and parenting stress and their detrimental role in preventing behavioral problems in children can also be effective.

Regarding the limitations of this study, it should be noted that the sample of this study was taken from preschool children in playschools. Thus, the generalizability of the study should be taken into account for children who are not in playschools. In this study, a self-report form was used to investigate mental disorders in mothers; so, it is suggested to evaluate the role of parental mental disorders in future research with more valid methods. In future research, it is recommended to perform the model on fathers of preschool children, as well as to compare the research variables between single-child and multi-child families and between children in playschools and children who have never been in playschools.

## Conflict of Interest

Authors declare no conflicts of interest.

## Ethical Approval

At the beginning of the study, all participants were informed about the purposes of this research and a written consent was gathered. Also, the authors of this study took into account the participants' anonymity and confidentiality.

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