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### RELATIONSHIP BETWEEN PERFECTIONISM, PARENTAL CONTROL AND LEVELS OF PSYCHOLOGICAL DISTRESS IN ADOLESCENTS

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### ÍNDEX

ABBREVIATIONS	5
ABSTRACT	6
RESUMO	7
INTRODUCTION	8
MATERIAL AND METHODS	9
Procedure	9
Participants	9
Measures	9
Statistical Analyses	
RESULTS	11
Descriptive Analysis	
Mean Scores Comparison by Gender	
Correlation Analysis	
Mediation Analysis (Girls Sub-Sample)	
DISCUSSION AND CONCLUSION	21
ACKNOWLEDGMENTS	24
REFERENCES	25
ANNEXES	28
Annex I	
Annex II	
Annex III	

### **ABBREVIATIONS**

ANX – Anxiety

COER - Coercion

CAPS-SF - Child-Adolescent Perfectionism Scale-Short Form

CI – Confidence Intervals

DASS - Depression, Anxiety and Stress Scale

DEPR - Depression

FMUC - Faculty of Medicine, University of Coimbra, Portugal

M - Mean

Max - Maximum

Min – Minimum

OOP - Other-Oriented Perfectionism

P - Parents

PAO - Perfecionismo Auto-Orientado

PASCQ - Parents as Social Context Questionnaire

PSP - Perfecionismo Socialmente Prescrito

QPCS - Questionário de Pais no Contexto Social

REJ – Rejection

SC\_T - Self-Control Total

SD - Standard Deviation

SE – Statistical Error

SE - Statistical Estimation

SF - Short Form

SOP - Self-Oriented Perfectionism

SPP - Socially-Prescribed Perfectionism

STR - Stress

STRU - Structure

SUP – Autonomy Support

WARM – Warmth

### **ABSTRACT**

**INTRODUCTION:** Perfectionism can be conceptualized and assessed as a combination of two big dimensions: the adaptive (self-oriented perfectionism/SOP) and the maladaptive (socially prescribed perfectionism/SPP). Both, but particularly SPP, can influence the mental health of the adolescent. Also, parental control has been associated with some psychological problems in adolescence. In the present study, our aim was to investigate if parenting dimensions are mediators between perfectionism and psychological distress in adolescents.

**METHODS:** 772 Portuguese students from public and private schools of Coimbra (409 girls, 357 boys and 5 undefined sex) aged 13.20 ± 2.286 and their parents (429 in total: 345 mothers, 77 fathers and 7 defined as "other") answered the Portuguese validated version of the Parents as Social Context Questionnaire. Student's T test was used to compare the means of the variables between genders. Pearson's correlation coefficients were obtained to explore the relationships between variables, which was assessed by Cohen's criteria. Then, we analyzed the simple mediation models to determine direct, indirect and total effects by calculating/obtaining the confidence intervals.

**RESULTS:** The Psychological distress scores (anxiety, depression and stress) were higher in girls than boys. SPP and parental control correlated significantly and moderately with anxiety, depression and stress. The correlation between perfectionism and parental control dimensions was also significant. In girls, the mediation analysis showed that parenting may act as a mediator between perfectionism and emotional distress. In contrast with what was verified with rejection, chaos and coercion that act as negative mediator, warmth and autonomy support operate as a protective factor.

**DISCUSSION AND CONCLUSION:** The relationship between perfectionism and parental control potentiate levels of psychological distress, confirming that both are predictors of adolescents' mental health and thus should be considered in clinical settings.

**KEYWORDS:** Perfectionism; Parental Control; Psychological Distress; PASCQ; Adolescence

### RESUMO

**INTRODUÇÃO:** O perfecionismo pode ser conceitualizado e avaliado como uma combinação de duas dimensões: o adaptativo (perfecionismo auto-orientado/PAO) e o mal adaptativo (perfecionismo socialmente prescrito/PSP), Ambos, mas em particular PSP, podem influenciar a saúde mental do adolescente. O controlo parental, também, tem sido associado com alguns problemas psicológicos na adolescência. No presente estudo, o nosso objetivo foi investigar se as dimensões de controlo parental são mediadoras entre o perfecionismo e o desenvolvimento de distúrbios psicológicos nos adolescentes.

**MÉTODOS:** 772 Estudantes portugueses de escolas públicas e privadas de Coimbra (409 raparigas, 357 rapazes e 5 de sexo indefinido), com idades de 13.20 ± 2.286, e seus pais (429 no total: 345 mães, 77 pais e 7 definidos como "outro") responderam à versão portuguesa validada do Questionário de Pais no Contexto Social. Usámos o teste T de Student para comparar as médias das variáveis entre os géneros. Foram obtidos os coeficientes de correlação de Pearson avaliados através dos critérios de Cohen, para explorar as relações entre as variáveis. Por fim, foram analisados os modelos de mediação simples para determinar os efeitos direto, indireto e total, através do cálculo de intervalos de confiança.

**RESULTADOS:** As pontuações médias dos distúrbios psicológicos (ansiedade, depressão e stress) foram maiores nas raparigas do que nos rapazes. PSP e o controlo parental correlacionaram, significativamente e moderadamente, com a ansiedade, a depressão e o stress. A correlação entre o perfecionismo e as dimensões de controlo parental foi também significativa. As análises de mediação mostraram que a educação pode atuar como mediadora entre o perfecionismo e os distúrbios psicológicos, cujos resultados foram relevantes nas raparigas. Em contraste com o que foi verificado com rejeição, caos e coerção que atuaram como um mediador negativo, calor e suporte operaram como um fator protetor.

**DISCUSSÃO E CONCLUSÃO:** A relação entre o perfecionismo e o controlo parental potencia níveis de perturbação psicológica, confirmando que ambos são preditores da saúde mental dos adolescentes e, assim, devem ser considerados em contextos clínicos.

**PALAVRAS-CHAVE:** Perfecionismo; Controlo Parental; Perturbação Psicológica; QPCS; Adolescência

### INTRODUCTION

Perfectionists are individuals whose best efforts are never enough or satisfied, at least in their own eyes. For them, they can and they should do better (Hamachek, 1978). They set excessively high standards of performance (higher than usual), which explains why they often doubt themselves (Bento, Pereira, Saraiva, & Macedo, 2014). This characterizes maladaptive perfectionism, which is associated with emotional distress, while adaptive perfectionism (relatively benign) is related to good outcomes (Oros, Luorno, Serppe, 2017).

Initially, perfectionism was considered a unidimensional construct that included just intrapersonal aspects (Burns, 1980). Afterwards, Hewitt & Flett (1991a) presented a different conception: it is multidimensional as it incorporates not only intrapersonal, but also interpersonal aspects. In their study, they defined three different components of perfectionism: Self-Oriented Perfectionism (SOP), Other-Oriented Perfectionism (OOP) and Socially-Prescribed Perfectionism (SPP). The main difference is the object to whom the perfectionist behavior is directed or to whom the perfectionist behavior is attributed. In other words, they considered SOP when it refers to setting goals for oneself and censuring one's own behavior; OOP when standards are for others and their performance is stringently evaluated; SPP involves the establishment of unreal standards, by others, to make one reach perfection. Both in adults and children, SOP is a more adaptive construct and SPP is characterized by being a maladaptive perfectionism (Hewitt et al., 2002).

The six dimensions that characterize the parental control model, presented by Skinner, Johnson & Snyder (2005), are: Warmth (expression of love and caring) vs Rejection (described by active dislike and hostility); Structure (provision of information about pathways to reach desired outcomes) vs Chaos (it interferes with or obscures the pathways from means to ends); Autonomy Support (defined by the freedom of expression and action) vs Coercion (restrictive overcontrolling intrusive autocratic style). Skinner et al. combined these dimensions in several ways to define two parenting styles: good and bad. The first is described by the presence of love, support and firm control, so it includes the warmth, structure and autonomy support. Contrariwise, the second is defined as a harsh parenting where irritability and strict control are present.

This is important because the way in which a parent raises his child has several effects on a range of domains in childhood, such as academic, psychological, behavioral and social (Reid, Roberts, Roberts & Piek, 2015). In our study, we considered three dimensions of psychological distress, defined by Lovibond & Lovibond (1995): anxiety, depression and stress. A recent study synthesized the literature (published from 2010 to 2019) about the association between parental styles and depression, anxiety, and suicidal ideation. The reviewed studies suggest that parental warmth, behavioral control and autonomy granting are inversely associated with internalizing problems. However, psychological control and harsh control by parents show a positive relationship with adolescent anxiety, depression, and suicidal ideation (Gorostiaga, Aliri, Balluerka, & Lameirinhas, 2019).

The literature about parental control, as a mediator, of the relationship between perfectionism and emotional distress, as an outcome, is absent. This motivated the development of this analysis, whose aim is to test if parenting dimensions defined by Skinner are mediators between perfectionism and psychological distress in adolescents.

### MATERIAL AND METHODS

### **Procedure**

The Ethics Committee of the Faculty of Medicine, University of Coimbra, Portugal (FMUC), approved the project (annex I). Permission was obtained from schools headmasters. Minors' parents and adolescents with more than eighteen years old signed the informed consent, which followed the World Medical Association's Declaration of Helsinki and its updates (annex II). Confidentiality was ensured.

### **Participants**

Seven hundred and seventy-two adolescents, 409 girls (53.3%), 357 boys (46.5%) and 5 (0.1%) preferred not to define the sex, from medium and high (between fifth and twelfth) public and private schools of Coimbra, Portugal, participated in the study. The schools were randomly selected, so that all social and cultural backgrounds were represented.

Their parents (429 in total: 345 mothers -44.7%, 77 fathers -10% and 7 defined as "other" - .9%) also filled the questionnaires; however, mothers and fathers answered it individually, with reference to the target child in the study.

The mean age of adolescents was of 13.20 years (SD = 2.286); girls (n = 409) were significantly older than boys (n = 357) (5 undefined sex):  $M = 13.50 \pm 2.310$  vs.  $M = 12.84 \pm 2.209$ ); t = 4.046 (764), p < .001.

### Measures

The following self-reported questionnaires were used. In the respective psychometric studies, all presented good reliability and validity.

### Parents as Social Context Questionnaire (PASCQ)

This PASCQ scale was translated and adapted to Portuguese from the original version (Skinner, Regan & Wellborn, 1986). It integrates two parts: a parent-report and a child-report (annex III). Parents answered the first one, and children fill the second one regarding the parents, separately. Participants answer in an agreement scale, ranging from 1 (not at all true) to 4 (very true).

The dimensions were created following the original version structure. Internal consistency alpha coefficients, in the present sample, were the following: warmth ( $\alpha$  = .823), rejection ( $\alpha$  = .528), structure ( $\alpha$  = .769), chaos ( $\alpha$  = .791), autonomy support ( $\alpha$  = .794), coercion ( $\alpha$  = .639), SOP ( $\alpha$  = .773), SPP ( $\alpha$  = .870), anxiety ( $\alpha$  = .857), depression ( $\alpha$  = .891), stress ( $\alpha$  = .895) and self-control ( $\alpha$  = .712).

As far as parents were concerned, internal consistency, alpha coefficients, in the present sample, were the following: warmth ( $\alpha$  = .732), rejection ( $\alpha$  = .613), structure ( $\alpha$  = .700), chaos ( $\alpha$  = .649), autonomy support ( $\alpha$  = .719) and coercion ( $\alpha$  = .724).

### - Depression, Anxiety and Stress Scale (DASS-21)

DASS-21 is the short form (21 items) of the original scale DASS (42 items). Investigators concluded that both of these scales distinguish symptoms of depression and anxiety. The short Portuguese version (Pais Ribeiro *et al.* 2004), has three subscales with seven items each one: depression, anxiety and stress. Responders given 4 points, ranging from 0 (it did not apply to me) to 3 (it applied to the most of the time) for

each of symptom over the past week. The higher the score, the more negative is the affective state.

Within the present sample, the Cronbach's alphas of the three subscales were high (anxiety  $\alpha = .86$ , stress  $\alpha = .86$  and depression  $\alpha = .89$ ).

### Child-adolescent Perfectionism Scale (CAPS-SF)

The CAPS-SF (Bento et al., 2019) is based on the CAPS, developed by Hewitt & Flett (1991a). The CAPS-SF is a 9-item measure based on the multidimensional conceptualization of perfectionism with two subscales measuring two dimensions: SPP and SOP. Responders are provided with a 5-point Likert-type to rate their agreement with each item, ranging from 1 (false – not at all true for me) to 5 (very true for me) (Flett et al., 2000).

In our sample, Cronbach's alphas were .77 to SOP and  $\alpha$ =.87 to SPP.

### Statistical Analyses

SPSS Statistics version 24.0 was used for descriptive and inferential analysis.

Variables were described through measures of central tendency (mean) and dispersion (minimum and maximum, standard deviation, kurtosis and skewness). Cronbach's alpha coefficients were calculated to assess internal consistency of the measures. There are different opinions about the interpretation of the values of cronbach's alpha. Devellis (1991) in Freire & Almeida (2001) suggested the following ranges: below .60 (unacceptable); between .60 and .65 (undesirable); between .65 and .70 (minimally acceptable); between .70 and .80 (respectable); between .80 and .90 (very good); above .90 (it is necessary to consider whether a reduction in the number of items justify the value).

Student's T test was used to compare the mean scores between genders.

To explore relationships between variables, Pearson's correlation coefficients and their magnitude was used and interpreted using Cohen's criteria for magnitude: .10 as weak, .30 as moderate, and .50 as strong (Cohen, 1988).

Correlation analysis informed the selection of variables to include in the simple mediation models. Macro PROCESS' for SPSS, version 3.1, developed by Hayes (2013) was used and tested the simple mediation model (4). This macro uses the *bootstrapping* method, which evaluates the direct, indirect and total effects of the correlated variables, through the calculation of the confidence intervals (CI). The direct effect is defined by the impact of the independent variable (perfectionism) on the dependent variable (psychological distress dimensions), while the indirect effect represents the repercussion of the mediator variable (parenting dimensions) on the relationship between both the independent and dependent variables. If the value 0 is not present in the CI of the indirect effect, this means that the difference between total and direct effects is different from 0, which means that the indirect effect is significant and, thus, the mediation effect is present. The value of p < .05 was used for all the analyses as the level of significance.

### **RESULTS**

### **Descriptive analysis**

Table 1 presents means, standard deviations, minimum and maximum scores, as well as Skewness and Kurtosis of all the variables in the study.

Table 1 – Descriptive analysis and internal consistency of the variables.

	M	SD	Min - Max	Skewness	SE	Kurtosis	SE
ANX	3.70	4.21	0 – 17	1.226	.121	.606	.242
DEPR	4.21	4.65	0 – 21	1.303	.121	1.012	.241
STR	5.51	5.00	0 – 21	.859	.121	043	.241
SOP_SF	14.40	3.57	4 – 20	461	.090	250	.179
SPP_SF	14.31	5.25	5 – 25	062	.090	848	.179
SC_T	36.09	7.92	13 – 57	300	.091	.168	.181
WARM	14.85	1.81	4 – 16	-2.116	.089	5.977	.178
REJ	7.34	2.45	4 – 16	.655	.090	066	.179
STRU	13.92	2.16	4 – 16	-1.129	.089	1.129	.179
CHAOS	7.44	3.03	4 – 16	.667	.090	307	.179
SUP	14.06	2.25	4 – 16	-1.371	.089	1.886	.177
COER	8.70	2.69	4 – 16	.264	.089	470	.179
WARM_P	17.80	2.91	10 – 61	7.293	.118	112.233	.235
REJ_P	8.42	2.53	5 – 18	.542	.118	.169	.235
STRU_P	17.09	2.21	8 – 20	647	.118	.535	.235
CHAOS_P	8.09	2.55	5 – 19	.937	.118	1.000	.235
SUP_P	18.54	1.76	13 – 20	-1.121	.117	.272	.234
COER_P	9.01	2.73	5 – 20	.462	.118	.049	.235
SOP_P	32.72	8.70	7 – 49	412	.119	206	.238
SPP_P	13.05	3.71	4 – 26	006	.119	071	.237
OOP_P	8.22	1.59	2 – 14	069	.118	1.519	.236

Notes: ANX – Anxiety; COER – Coercion; DEPR – Depression; M – Mean; Max – Maximum; Min – Minimum; OOP – Other-Oriented Perfectionism; P – Parents; REJ – Rejection; SC\_T – Self-Control Total; SD – Standard Deviation; SE – Standard Error; SOP\_SF – Self-Oriented Perfectionism; SPP\_SF – Socially-Prescribed Perfectionism; STR – Stress; STRU – Structure; SUP – Autonomy Support; WARM – Warmth.

### Mean scores comparison by gender

Student's T test was used test to compare all the mean scores between girls and boys (Table 2).

The results showed significant differences between girls and boys (p < .05) regarding anxiety (t = 2.876, p = .004), depression (t = 2.983, p = .003) and stress (t = 0.004) 4.567, p = .000). Scores on these variables were higher in girls comparatively to boys. However, perfectionism scores were similar between girls and boys: SOP\_SF (t = -1.749, p = .081) and SPP\_SF (t = -.364, p = .716). There were also no significant mean differences in the six dimensions of the PAQS between genders.

Table 2 - Student T test to compare the mean scores of the variables

between girls and boys.

	Gi	rls	Во	ys	t	р
	М	SD	М	SD		
ANX	4.17	4.44	3.01	3.69	2.876	.004
DEPR	4.76	4.93	3.42	4.07	2.983	.003
STR	6.38	5.33	4.23	4.17	4.567	.000
SOP_SF	14.19	3.68	14.65	3.40	-1.749	.081
SPP_SF	14.23	5.40	14.37	5.08	364	.716
WARM	14.79	1.84	14.92	1.78	953	.341
REJ	7.34	2.47	7.36	2.43	090	.928
STRU	13.85	2.18	14.00	2.14	900	.369
CHAOS	7.42	3.03	7.50	3.05	365	.715
SUP	13.97	2.33	14.15	2.16	-1.070	.285
COER	8.59	2.74	8.87	2.62	-1.413	.158
WARM_P	17.93	3.48	17.64	1.98	1.046	.296
REJ_P	8.63	2.65	8.15	2.36	1.938	.053
STRU_P	16.97	2.35	17.23	2.02	-1.209	.227
CHAOS_P	8.23	2.68	7.92	2.41	1.249	.212
SUP_P	18.57	1.82	18.48	1.69	.478	.633
COER_P	8.92	2.87	9.15	2.54	862	.389
SOP_P*	32.33	8.82	33.10	8.52	892	.373
SPP_P*	13.19	3.79	12.85	3.61	.954	.341
OOP_P*	8.16	1.65	8.31	1.51	979	.328

Notes: ANX – Anxiety; COER – Coercion; DEPR – Depression; M – Mean; OOP - Other-Oriented Perfectionism; P - Parents; REJ - Rejection; SD - Standard Deviation; SOP\_SF - Self-Oriented Perfectionism; SPP\_SF -Socially-Prescribed Perfectionism; STR - Stress; STRU - Structure; SUP - Autonomy Support; WARM - Warmth.

<sup>\*</sup> These scores are about parents with perfectionism (SOP, SPP and OOP) who have a daughter or son.

### **Correlation analysis**

Pearson's correlation coefficients were computed to explore the relationships between variables, considering girls (Table 3) and boys (Table 4) separately.

In girls (Table 3), we observed positive weak correlations between SOP\_SF and warm and support dimensions of the adolescents' parental dimensions scale.

SPP\_SF showed weak to moderate positive correlations with anxiety, depression, stress and self-control. The correlations between SPP\_SF and parental dimensions scale in adolescents and their parents were quite similar: positive and weak to moderate magnitude with rejection, chaos and coercion; and negative and weak magnitude correlations with warmth, structure and autonomy support (see Table 3).

The SC and the dimensions of the Parental Dimensions Scale showed the same pattern both in adolescents and their parents (negative correlations with warmth, structure and autonomy support; and positive weak correlations with rejection, chaos and coercion) (Table 3). SC was positively correlated with SPP\_SF, anxiety, depression and stress.

The six dimensions (warmth, rejection, structure, chaos, autonomy support and coercion) in adolescents were significantly correlated, from negligible to moderate magnitude, with the same dimensions in parents, in girls and boys (Tables 3 and 4, respectively).

Table 3 – The Pearson's correlation coefficients between the variables in girls.

	ANX	DEPR	STR	SOP_	SPP_	SC_T	WARM	REJ	STRU	CHAOS	SUP	COER	WARM	REJ_	STRU	CHAO	SUP_	COER	SOP_	SPP_	OOP_
				SF	SF								_P	Р	_P	S_P	Р	_P	Р	Р	Р
ANX	1																				
DEPR	.734**	1																			
STR	.813**	.765**	1																		
SOP_SF	.026	009	.027	1																	
SPP_SF	.284**	.302**	.281**	.441**	1																
SC_T	.223**	.212**	.260**	.001	.143**	1															
WARM	237**	323**	235**	.137**	176**	214**	1														
REJ	.371**	.376**	.395**	048	.348**	.298**	503**	1													
STRU	160 <sup>*</sup>	147 <sup>*</sup>	132 <sup>*</sup>	.025	123 <sup>*</sup>	283**	.581**	430**	1												
CHAOS	.235**	.258**	.268**	.026	.295**	.312**	403**	.616**	413**	1											
SUP	219**	239**	275**	.110*	244**	296**	.558**	547**	.569**	536**	1										
COER	.145*	.222**	.145*	.023	.363**	.160**	168**	.478**	166**	.498**	377**	1									
WARM_P	068	048	032	.082	003	121	.144*	129 <sup>*</sup>	.152*	092	.179**	077	1								
REJ_P	.042	.026	.036	051	.159*	.172**	136 <sup>*</sup>	.291**	169**	.306**	310**	.266**	207**	1							
STRU_P	.019	065	053	.023	.080	090	.180**	117	.235**	161*	.081	.063	.198**	091	1						
CHAOS_P	.166*	.147*	.171*	022	.185**	.166*	177**	.233**	179**	.254**	233**	.224**	197**	.516**	091	1					
SUP_P	.027	049	.015	.052	109	020	.158*	196**	.152*	203**	.165*	204**	.242**	268**	.248**	290**	1				
COER_P	.109	.102	.116	113	.134*	.048	145*	.322**	131*	.270**	311**	.299**	235**	.500**	019	.451**	205**	1			
SOP_P	048	055	.014	.089	.158*	031	.027	.014	.063	069	030	012	.063	060	.079	001	.137*	030	1		
SPP_P	.117	.097	.103	.070	.125	.045	037	.135*	078	.095	086	.048	104	.246**	104	.292**	091	.217**	.192**	1	
OOP_P	.077	.126	.057	016	.083	001	.027	.053	.080	.008	001	.015	029	.040	071	.131*	071	.018	.002	034	1

Notes: ANX – Anxiety; COER – Coercion; DEPR – Depression; OOP – Other-Oriented Perfectionism; P – Parents; REJ – Rejection; SC\_T – Self-Control Total; SOP\_SF – Self-Oriented Perfectionism; SPP\_SF – Socially-Prescribed Perfectionism; STR – Stress; STRU – Structure; SUP – Autonomy Support; WARM – Warmth.

The intensity of the correlation is represented by the intensity of colour: dark colour represents the moderate, while the bright colour represents the weak correlation.

<sup>\*\*.</sup> Correlation is significant at the .01 level (2-tailed).

<sup>\*.</sup> Correlation is significant at the .05 level (2-tailed).

In boys (Table 4), SOP\_SF revealed weak positive correlations with parents' SOP; and with the structure and support of the adolescents' Parental Dimensions Scale.

SPP\_SF showed positive weak to moderate correlations with parents' SOP; and with rejection, chaos and coercion of the adolescents' Parental Dimensions Scale.

SC had positive weak correlations with anxiety, depression and stress; as well as with rejection and chaos (Table 4).

Table 4 – The Pearson's correlation coefficients between the variables in boys.

	ANX	DEPR	STR	SOP_	SPP_	SC_T	WARM	REJ	STRU	CHAOS	SUP	COER	WARM	REJ_	STRU	CHAOS	SUP_	COER	SOP_	SPP_	OOP_
				SF	SF								_P	Р	_P	_P	Р	_P	Р	Р	Р
ANX	1																				
DEPR	.734**	1																			
STR	.824**	.828**	1																		
SOP_SF	062	078	016	1																	
SPP_SF	.061	.091	.079	.403**	1																
SC_T	.285**	.350**	.292**	.057	.043	1															
WARM	010	157*	116	.104	.005	049	1														
REJ	.173*	.303**	.245**	066	.245**	.117*	278**	1													
STRU	098	259**	191*	.128*	.085	094	.541**	222**	1												
CHAOS	.297**	.345**	.305**	168**	.204**	.154**	275**	.563**	289**	1											
SUP	085	217**	122	.209**	035	068	.544**	347**	.529**	381**	1										
COER	.196*	.202**	.146	.103	.368**	.051	105	.410**	017	.465**	148**	1									
WARM_P	080	097	113	.025	.041	146	.234**	006	.178*	047	.186*	.028	1								
REJ_P	.132	.075	.041	108	008	034	114	.090	035	.129	208**	.199**	279**	1							
STRU_P	.117	.035	.103	.060	.092	021	.100	.202**	.108	.013	.060	.029	.306**	094	1						
CHAOS_P	039	071	073	.057	.066	031	116	035	062	.153*	165*	.144*	169 <sup>*</sup>	.447**	215**	1					
SUP_P	044	029	005	.096	066	.049	.106	002	007	070	.138	118	.500**	278**	.371**	181 <sup>*</sup>	1				
COER_P	.046	.108	.058	049	.075	.090	186 <sup>*</sup>	.221**	003	.214**	298**	.246**	257**	.381**	092	.375**	251**	1			
SOP_P	.032	.019	.070	.255**	.276**	.024	.035	.047	.028	012	.135	.197**	005	.042	.200**	.125	.021	.098	1		
SPP_P	.159	.118	.113	.010	.074	044	.069	.071	.066	.097	010	.192**	089	.384**	154 <sup>*</sup>	.293**	242**	.262**	.298**	1	
OOP_P	.037	061	.024	033	.008	053	.027	.045	.053	004	.113	029	.109	120	.099	118	.077	039	024	034	1

Notes: ANX – Anxiety; COER – Coercion; DEPR – Depression; OOP – Other-Oriented Perfectionism; P – Parents; REJ – Rejection; SC\_T – Self-Control Total; SOP\_SF – Self-Oriented Perfectionism; SPP\_SF – Socially-Prescribed Perfectionism; STR – Stress; STRU – Structure; SUP – Autonomy Support; WARM – Warmth.

The intensity of the correlation is represented by the intensity of colour: dark colour represents the moderate, while the bright colour represents the weak correlation.

<sup>\*\*.</sup> Correlation is significant at the .01 level (2-tailed).

<sup>\*.</sup> Correlation is significant at the .05 level (2-tailed).

### **Mediation analysis (Girls sub-sample)**

Based on the correlation analysis for the girls sub-sample (Tables 3), mediation models included SPP as the predictor, the psychological distress dimensions (anxiety and depression) as the outcomes and the dimensions of parental control as mediator variables.

Figure 1 shows an example of model of mediation, to better explain what we intended to test. Tables 5 and 6 have the scores of the total, direct and indirect effects in girls.

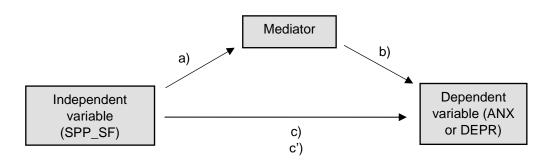


Figure 1 – Example of girls' model of mediation.

a) – Relationship between SPP\_SF and dimensions of parental control such as: rejection, chaos, coercion, warmth and autonomy support; b) – Association between dimensions of parenting and psychological distress (anxiety and depression); c) Total effect; c') Direct effect; ANX – Anxiety; DEPR – Depression; SPP – Socially Prescribed Perfectionism.

In girls, the variables self-control, rejection, chaos, coercion and parental chaos, which positively correlated with SPP, all partially mediated the relation between SPP and anxiety. Same results were obtained for the other outcome – depression (Table 5).

The variables warmth and autonomy support, which presented negative correlations with SPP, both partially mediated the relation between SPP and psychological distress dimensions (anxiety and depression) (Table 6).

 ${\sf Table}\ 5-{\sf Total},\ {\sf direct}\ {\sf and}\ {\sf indirect}\ {\sf effects}\ {\sf in}\ {\sf mediation}\ {\sf analysis}\ {\sf between}\ {\sf SPP}\ {\sf and}\ {\sf psychological}$ 

distress (anxiety and depression) in girls.

	and dep	ression) in girls.  Coeficient	SE	р	Bootsti	rapping	
		Coencient		P	Lower	Upper	
		Model of medi	otion I S	colf contr		Opper	
	2)	.1511	.0878	.0867	וכ		
_	a) b)	.1184	.0387	.0025			×
SPP	Total effect	.2388	.0521	<.001	.1361	.3415	ANX
	Direct effect	.2209	.0515	<.001	.1194	.3224	
	Indirect effect	.0179	.0010	1.001	.1101	.OZZ 1	
	mandet direct	Model of media	ation II – S	Self-contr	ol		
	a)	.1888	.0883	.0336	<u> </u>		
٩	b)	.1140	.0424	.0077			<u>م</u>
SPP	Total effect	.2766	.0571	<.001	.1641	.3892	DEPR
	Direct effect	.2551	.0569	<.001	.1429	.3673	_
	Indirect effect	.0215	1.0000			.00.0	
		Model of med	iation III –	Rejection	1	L	
	a)	.1267	.0272	<.001			
٩	b)	.6002	.1200	<.001			×
SPP	Total effect	.2309	.0520	<.001	.1284	.3335	ANX
	Direct effect	.1549	.0518	.0031	.0528	.2570	
	Indirect effect	.0760	10010				
		Model of medi	iation IV -	Rejection	n	<u> </u>	
	a)	.1260	.0272	<.001			_
Ğ	b)	.6583	.1310	<.001			A A
SPP	Total effect	.2720	.0569	<.001	.1599	.3842	DEPR
	Direct effect	.1891	.0566	.0010	.0776	.3006	
	Indirect effect	.0830					
		Model of me	diation V	- Chaos			
	a)	.1389	.0341	.0001			
٣	b)	.2625	.0994	.0088			×
SPP	Total effect	.2370	.0520	<.001	.1346	.3394	ANX
	Direct effect	.2005	.0531	.0002	.0958	.3052	
	Indirect effect	.0365					
		Model of me	diation VI	- Chaos			
	a)	.1420	.0339	<.001			
SPP	b)	.3194	.1088	.0037			DEPR
R	Total effect	.2789	.0567	<.001	.1672	.3906	DE
	Direct effect	.2336	.0579	.0001	.1195	.3476	
	Indirect effect	.0454					
		Model of medi	ation VII -	- Coercio	n		
	a)	.1551	.0293	<.001			
SPP	b)	.0929	.1157	.4231			ANX
S	Total effect	.2377	.0513	<.001	.1367	.3388	Ā
	Direct effect	.2233	.0544	.0001	.1162	.3304	
	Indirect effect	.0144					

		Model of media	tion VIII -	- Coercio	n		
	a)	.1538	.0292	<.001			
SPP	b)	.2648	.1276	.0390			DEPR
S	Total effect	.2734	.0570	<.001	.1611	.3857	DE
	Direct effect	.2327	.0599	.0001	.1147	.3507	
	Indirect effect	.0407					
		Model of mediatio	n IX – Ch	aos_Par	ents		
	a)	.0967	.0333	.0041			
SPP	b)	.1846	.1151	.1105			ANX
S	Total effect	.2448	.0546	.0000	.1371	.3525	₹
	Direct effect	.2270	.0555	.0001	.1175	.3364	
	Indirect effect	.0179					
		Model of mediation	on X – Ch	aos_Pare	ents		
	a)	.1045	.0331	.0018			
SPP	b)	.1470	.1300	.2596			DEPR
S	Total effect	.2972	.0610	.0000	.1769	.4175	DE
	Direct effect	.2818	.0625	.0000	.1587	.4050	
	Indirect effect	.0154					

Notes: a) – Relationship between SPP\_SF and dimensions of parental control; b) – Association between dimensions of parenting and psychological distress (anxiety and depression); ANX – Anxiety; DEPR – Depression; SE – Statistical Estimation; SOP – Self-Oriented Perfectionism; SPP – Socially-Prescribed Perfectionism.

Table 6 – Total, direct and indirect effects in mediation analysis between SPP and psychological distress (anxiety and depression) in girls.

	T and acpre	secien, in gine.					
		Model of med	iation XI -	- Warmth			
	a)	0540	.0219	.0142			
SPP	b)	4781	.1529	.0020			ANX
ठ	Total effect	.2325	.0517	<.001	.1306	.3345	₹
	Direct effect	.2067	.0515	.0001	.1053	.3081	
	Indirect effect	.0258					
		Model of medi	ation XII	– Warmth	1		
	a)	0530	.0217	.0153			
SPP	b)	7629	.1645	<.001			DEPR
ळ	Total effect	.2729	.0566	<.001	.1614	.3844	
	Direct effect	.2325	.0549	<.001	.1242	.3407	
	Indirect effect	.0404					
	Mo	del of mediation	XIII – Aut	onomy S	upport		
	a)	0849	.0254	.0010			
SPP	b)	3443	.1335	.0105			ANX
S	Total effect	.2351	.0520	<.001	.1326	.3376	₹
	Direct effect	.2059	.0526	.0001	.1022	.3096	
	Indirect effect	.0292					
	Mo	del of mediation	XIV – Aut	onomy S	upport		
	a)	0871	.0252	.0007			- 4
SPP	b)	4041	.1446	.0056			DEPR
S	Total effect	.2854	.0561	<.001	.1749	.3959	DE
	Direct effect	.2502	.0567	<.001	.1385	.3619	
	Indirect effect	.0352					

Notes: a) – Relationship between SPP\_SF and dimensions of parental control; b) – Association between dimensions of parenting and psychological distress (anxiety and depression; ANX – Anxiety; DEPR – Depression; SE – Statistical Estimation; SOP – Self-Oriented Perfectionism; SPP – Socially-Prescribed Perfectionism.

### DISCUSSION AND CONCLUSION

This study intends to analyze the role of dimensions of parental control, as a potential mediator between perfectionism and levels of psychological distress as an outcome in a sample of Portuguese adolescents. Although there are several studies about the role of parents throughout childhood (Oros, Iuorno, & Serppe, 2017), according to our present knowledge, this study is the only one trying to explain the effects of the parenting on the previously evidenced relationship between perfectionism and psychological distress in adolescents.

Gender comparison showed statistically significant differences in psychological distress (anxiety, depression and stress), with girls having significantly higher scores than boys. Several studies have showed the same differences, concluding that gender may influence the development of psychopathology. The *Asociación Española de Psiquiatría del Niño y el Adolescente* (AEPNYA) (2004) concluded that the prevalence rate of anxiety is higher in girls than boys due to some risk factors, such as family history and genetic factors (their contribution is low). The same results were found for depression, with the prevalence rate being higher in girls and the implicit risk factors being family history and environmental factors (2008).

This is important because of the associations between emotional distress (anxiety and depression) and alcohol use: the early drinking onset is more related with emotional distress in girls than boys (Johannessen, Andersson, Bjørngaard, & Pape, 2017). Other important issue is the perception of the perfect body, which was analysed in past, and Grabe, Hyde, and Lindberg (2007) realized that adolescent girls reported higher levels of self-objectification, body shame, rumination and depression when compared to adolescent boys.

In the girls' correlational study, SPP\_SF correlated significantly with all psychological distress dimensions, something which was not verified with SOP\_SF. Above, we discussed about the high scores of anxiety, depression and stress in girls. So, high scores in girls between perfectionism and psychological distress were predictable as SPP\_SF (defined as the perception that others require the self to be perfect) is characterized as the maladaptive perfectionism (Hewitt et al., 2002).

During several years of research, we have seen that there is an association between the perfectionism and psychological distress. Moreover, perfectionism is a robust risk factor for the development of some of this distress. SPP can largely contribute towards the onset of mood and anxiety symptoms and distress (Macedo et al. 2014). Despite SOP being a more adaptive perfectionism dimension, it can also be associated with the development psychological distress. This relation is due to the punitive perfectionist self-assessment, self-blame and over-generalization of perceived failure, which could influence stress experiences (Hewitt & Flett, 2002). This conclusion follows the reasoning of Cole's model of depression (1991), in which the author reported that adolescents develop self-perceptions based on the feedback they receive from other people (Teixeira, 2014).

On the one hand, in girls, the outcomes of psychological distress resulted in the highest, negative and significant scores with the dimensions of warmth and autonomy support (Table 3). On the other hand, the correlation between emotional distress and some other dimensions (rejection, chaos and coercion) provided the highest, positive and significant scores (Table 3). With this in mind, one can speculate that if parents expressed warmth (related with approving, acceptance and love) and autonomy support

(associated with psychological autonomy, freedom and responsiveness), they would prevent the development of depression, anxiety and stress in their adolescents. Also, if parents used rejection (connected with deprecating, hostility and cold), chaos (combined with permissiveness, lax control and unpredictable) and coercion (related with autocratic, controllingness and inflexible rigid control) to educate their children, they would promote growth with emotional distress. These relationships are corroborated by the results obtained by Reid et al. (2015) and Skinner et al. (2005).

While the psychological distress correlated significantly and negatively with structure and autonomy support, the correlation between distress and rejection, chaos and coercion was significant and positive, for boys (Table 4). Thereby, if parental control includes structure (associated with behavioral control, directive and assertive control) and autonomy support, it can have good outcomes on psychological development. But if parenting is characterized by rejection, chaos and coercion, the repercussions for children as human beings will be bad, as Skinner et al., (2005) saw in their investigation.

The correlations discussed above were more significant in girls than boys, which is in line with the several findings that psychological distress is higher in this gender.

Based on the meaning of the dimensions presented in introduction and remembered above, it is possible to understand the correlations between maladaptive perfectionism (SPP) and some parental dimensions, in girls (Table 3). The dimensions rejection, chaos and coercion were positively and significantly correlated with SPP. This correlation had the same pattern with parents' dimensions. If adolescents with SPP have parents whose parental control includes rejection, chaos and coercion, they could easily develop anxiety and depression. If the SPP is already a maladaptive dimension of perfectionism, when adolescents do not have an adult figure of reference that provides them with a haven, they will more easily develop psychological distress.

The dimensions with more affection and support - warmth, structure and autonomy support - correlated, significantly and negatively, with SPP. So, they can act as a protective factor for the development of maladaptive perfectionism. In other words, if young people with SPP have parents who use warmth, structure and autonomy support, they will have less probability to develop anxiety and depression. Contrariwise, self-oriented perfectionism (SOP) correlated, significantly and positively, with warmth and autonomy support, which corroborates that this is a more adaptive type of perfectionism (Stoeber & Otto 2006). Accordingly, in the present study, there was no correlation between SOP and psychological distress, showing that adolescents with SOP and a good familiar support tend to not have emotional distress.

About boys (Table 4), we have to point out the correlation between rejection, chaos and coercion, which was significantly positive with SPP. This result was the same as that with girls; however there was no relationship with levels of psychological distress.

The gender differences in perfectionism in girls and boys were already reported by Kramer (1988) and Baker (1996), who concluded that girls have higher levels of perfectionism than boys.

Ours results are in line with the results of a longitudinal study (Soenens et al., 2008), showing that parental psychological control, defined by Barber (1996), as a trait of parents who pressure their children to think, feel and behave in the same ways at age 15 years predicted increased levels of maladaptive perfectionism one year later and was a risk factor for the development of depressive symptoms.

The dimensions of the parental six-dimension scale in adolescents correlated, significantly and positively, with the respective dimensions in their parents. This means that the meaning of the dimensions was perceived the same by the adolescents and their parents. Again, correlations had higher scores in girls than boys.

Self-control correlated more significantly with SPP than SOP and the scores were more significant in girls than boys, which was expected because, it is apparent that this kind of perfectionism is the most pernicious. The adolescents who expressed socially prescribed perfectionism have to achieve certain goals to be perfect in the eyes of others, so their self have to control the individual's behavior to get this perfection (Brigham, 1980). SC was also significantly and negatively correlated with warmth, structure and autonomy support, and positively with rejection, chaos and coercion. Some of these dimensions have negative outcomes (rejection, chaos and coercion) and others have positive consequences (warmth, structure and autonomy support), so it is expected that the adolescents who expressed the first dimensions will need more self-control than the others who are raised with warmth, structure and autonomy support.

In girls, the simple models of mediation showed that self-control, rejection, chaos, coercion and chaos' mediated the relationship between socially prescribed perfectionism and psychological distress such as with anxiety and depression. These mediations mean that all these negative dimensions are pathways to psychological distress. In contrast, warmth and autonomy support followed the opposite way; they mediated the relation between SPP and emotional distress as a mitigator as these dimensions are associated with lower levels of anxiety and depression.

An adolescent with high levels of self-control and perfectionism will always be express more anxiety and stress because his/her fear of failure is huge. Thus, if that failure occurs, at least in their perception, they will easily develop depressive symptoms. As we mentioned above, girls are more susceptible to be anxious, depressive and stressed and their risk is enhanced with perfectionism and absence of a potential protective factor, such as parental dimensions.

It is important to mention some limitations. The self-reported nature of the enquiry might have interfered on the honesty of the answers. However, it is of note that the results showed that the answers about the dimensions of parental control followed the same pattern both in adolescents and in their parents. Some of the children's dimensions (rejection and coercion) and parents' dimensions (rejection and chaos) had Cronbach's alpha less than .65. This was also found in a previous study which concluded that coercion and chaos could not be perceived as different dimensions by the participants (Chew & Wang, 2013). One suggestion is to test this questionnaire in other samples, to verify if the Cronbach's alpha will change.

In conclusion, this study supplies evidence that parental control is a crucial mediator between perfectionism and psychological distress throughout adolescence. This association is clearer in girls than boys. The clarification of this relationship may be useful in clinical settings to help understand the potential determinants of adolescents' behavior. This can be instrumental for helping adolescents and their parents understand how to deal with their difficulties and lessen their suffering.

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### **ANNEXES**

### **ANNEX I**

### APPROVAL BY THE ETHICS COMMITTEE OF FMUC



FMUC FACULDADE DE MEDICINA UNIVERSIDADE DE COIMBRA

COMISSÃO DE ÉTICA DA FMUC

Of. Ref® 093-CE-2015

Data 07/09/2015

C/C aos Exmos. Senhores

Exmo Senhor

investigadores e co-investigadores

Prof. Doutor Joaquim Neto Murta

Director da Faculdade de Medicina de

Universidade de Coimbra

Assunto: Pedido de parecer à Comissão de Ética - Projecto de Investigação autónomo (refa CE-098/2015).

Investigador(a) Principal: Maria del Carmen Bento Teixeira

Co-Investigador(es): Ana Sofia Félix Morais, Jorge Manuel Tavares Lopes de Andrade Saraiva, Célia Maria de Oliveira Carvalho e António Ferreira de Macedo

Título do Projecto: "Desregulação emocional e comportamental numa população escolar".

A Comissão de Ética da Faculdade de Medicina, após análise do projecto de investigação supra identificado, decidiu emitir o parecer que a seguir se transcreve: "Parecer favoráve!".

Queira aceitar os meus melhores cumprimentos

O Presidente,

Prof. Doutor Dao Manuel Pedroso de Lima

GC

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### **ANNEX II**

### THE INFORMED CONSENT



C .

FMUC FACULDADE DE MEDICINA UNIVERSIDADE DE COIMBRA

### ESTUDO: DESREGULAÇÃO EMOCIONAL E COMPORTAMENTAL NUMA POPULAÇÃO ESCOLAR

É convidado(a) a participar voluntariamente neste estudo porque é pai/mãe de um estudante do ensino básico/secundário e encarregado de educação. Este procedimento é chamado consentimento informado e descreve a finalidade do estudo, os procedimentos, os possiveis beneficios e riscos. A sua participação poderá contribuir para melhorar o conhecimento sobre o gran de descegulação emocional (como a agressividade, a auto-lesão, a ideação suicida) e o gran de desregulação comportamental (como a dependência da internet e dos jogos de computador, o cyberbullying e o bullying) em adolescentes da cidade de Coimbra e a sua associação com o controlo e perfecionismo parentais.

Este estudo irá decorrer na Clínica Universitária de Pediatria e no Serviço de Psicologia Médica da Faculdade de Medicina da Universidade de Coimbra, como parte de um trabalho da Agência para a Prevenção da Violência em crianças e jovens. Trata-se de um estudo observacional, que não terá nenhuma implicação na sua vida. Este estudo foi aprovado pela Comissão de Ética da Faculdade Medicina da Universidade de Coimbra (FMUC) de modo a garantir a proteção dos direitos, segurança e bem-estar de todos os participantes incluídos e garantir prova pública dessa proteção. Serão incluídos cerca de 1500 estudantes e os sem país.

A participação consiste no preenchimento de um conjunto de questionários sobre pensamentos, comportamentos e maneiras de ser. Não há respostas certas ou erradas. O que interessa é que cada um responda como de facto se aplica a si. Os país farão o preenchimento em casa. Os jovens farão o preenchimento na escola. Se aceitar participar, voltaremos a solicitar o preenchimento de um questionário daqui a aproximadamente a seis semanas (país e educandos) e a entrega e recolha destes será feita do mesmo modo. Para fins de emparelhamento dos questionários, será solicitado ao seu educando (e a si), que fixe os 4 digitos que aparecem no início do primeiro questionário os quais deverá usar nos questionários seguintes.

A participação é voluntária. É inteiramente livre de aceitar ou recusar participar neste estudo. Pode retirar o seu consentimento em qualquer altura sem qualquer consequência para si, sem precisar de explicar as ranões, sem qualquer penalidade ou perda de beneficios e sem comprometer a sua relação com o Investigador que lhe propõe a participação neste estudo.

Os seus registos manter-se-ão confidenciais e anonimizados de acordo com os regulamentos e leis aplicáveis. Necessitamos de grandes amostras e as respostas não serão analisadas individualmente. Os dados serão informatizados para podermos proceder

### CONSENTIMENTO INFORMADO

De acordo com a Declaração de Helsinguia da Associação Médica Mundial e suas atualizações:

1. Declaro ter lido este formulário e aceito de forma voluntária participar neste estudo.

ao seu tratamento estatistico. A sua participação não acarreta qualquer risco.

- Fui devidamente informado(a) da natureza, objetivos, riscos, duração provável do estudo, bem como do que é esperado da minha parte.
- 3. Tive a oportunidade de fazer perguntas sobre o estudo e percebi as respostas e as informações que me foram dadas.
- Os meus dados serão mantidos estritamente confidenciais. Autorizo a consulta dos meus dados apenas por pessoas designadas pelo promotor e por representantes das autoridades reguladoras.
- 5. Aceito seguir todas as instruções que me forem dadas durante o estudo
- 6. Autorizo o uso dos resultados do estudo para fins exclusivamente científicos.
- Aceito que os dados gerados durante o estudo sejam informatizados pelo promotor ou outrem por si designado. Eu posso
  exercer o meu direito de retificação e/ ou oposição.
- Tenho conhecimento que sou livre de desistir do estudo a qualquer momento, sem ter de justificar a minha decisão e sem comprometer a qualidade dos meus cuidados médicos.

Nome do Jovem		_
Assinatura do encarregado de educação		
Assinatura do jovem:	Data:	_//_
Rasgar per aqui		
Desregulação Emocional e Comportamental numa População Esco	olar.	
Assinatura do Investigador:	(No	
CONTACTOS	/ VX	
Se tiver perguatas relativas aos seus direitos como participante deste estudo, deve contactar: l	Presid o de Étic	a da FMUC, Azinhaga de Santa
Combs. Celas - 3000-548 Cnimbre Telefone: 239 \$57 707; e-mail: comissanetica@fmed.sc.nt	U	

Se tiver questões sebre este estado deve contactar: <u>Investigadore:</u> Maria Del Carmen Bento Teipaira, Clinica Universitária de Pediatria, Faculdade de Medicina da Universidade de Coimbra, Avenida Afonso Romão, Alto da Baleia, 3000-602 Coimbra Telefone: 239 480 400, e-mail: <u>mteinaira@foned.uc.pt</u>

### ANNEX III

### PARENTS AS SOCIAL CONTEXT QUESTIONNAIRE (PASCQ)

### Parent - Report

For each sentence, you have to choose the one that best matches your degree of agreement or disagreement. Use the following rating scale:

1 – Not at all true 2 – Not very true 3 – Sort of true 4 – Very true

	1	2	3	4
1. I know a lot about what goes on for my child.				
2. I really know how my child feels about things.				 
3. I do special things with my child.				 
4. I set aside time to talk to my child about what is important to him/her.				 
5. I let my child know I love him/her.				
6. I don't understand my child very well.				
7. Sometimes my child is hard to like.				
8. At times, the demands that my child makes feel like a burden.				
9. My child needs more than I have time to give him/her.				L
10. Sometimes I feel like I can't be there for my child when he/she needs me.				
11. I make it clear what will happen if my child does not follow our rules.				<u> </u>
12. I make it clear to my child what I expect from him/her.				<u> </u>
13. I expect my child to follow our family rules.				
14. When I tell my child I'll do something, I do it.				
15. If my child has a problem, I help him/her figure out what to do about it.				<u></u>
16. I let my child get away with things I really shouldn't allow.				<u> </u>
17. When my child gets in trouble, my reaction is not very predictable.				<u> </u>
18. My child doesn't seem to know what I expect from him/her.				<u> </u>
19. I change the rules a lot at home.				<u></u>
20. I can get mad at my child with no warning.				<u></u>
21. I encourage my child to express his/her feelings even when they're hard to hear.				
22. I encourage my child to express his/her opinions even when I don't agree with them.				
23. I trust my child.				
24. I encourage my child to be true to her/himself.				
25. I expect my child to say what he/she really thinks.				
26. My child fights me at every turn.				
27. To get my child to do something, I have to yell at him/her.				
28. I can't afford to let my child decide too many things on his or her own.				
29. I sometimes feel that I have to push my child to do things.				
30. I find getting into power struggles with my child.				

### Child - Report

### Parents

For each sentence, you have to choose the one that best matches your degree of agreement or disagreement. Use the following rating scale:

1 – Not at all true 2 – Not very true 3 – Sort of true 4 – Very true

	1	2	3	4
1. My parents let me know they love me.				
2. My parents enjoy being with me.				
3. My parents are always glad to see me.				
4. My parents think I'm special.				
5. Sometimes I wonder if my parents like me.				
6. My parents think I'm always in the way.				
7. My parents make me feel like I'm not wanted.				
8. Nothing I do is good enough for my parents.				
9. When I want to do something, my parents show me how.				
10. When I want to understand how something works, my parents explain it to				
me.				
11. If I ever have a problem, my parents help me to figure out what to do about				
it.				
12. My parents explain the reasons for our family rules.				
13. When my parents make a promise, I don't know if they will keep it.				
14. When my parents say they will do something, sometimes they don't really				
do it.				
15. My parents keep changing the rules on me.				
16. My parents get mad at me with no warning.				
17. My parents trust me.				
18. My parents accept me for myself.				
19. My parents let me do the things I think are important.				
20. My parents try to understand my point of view.				
21. My parents are always telling me what to do.				
22. My parents boss me.				
23. My parents think there is only one right way to do thingstheir way.				
24. My parents say "no" to everything.				

### Mothers

	1	2	3	4
1. My mother lets me know she loves me.				
2. My mother enjoys being with me.				
3. My mother is always glad to see me.				
4. My mother thinks I'm special.				
5. Sometimes I wonder if my mother likes me.				
6. My mother thinks I'm always in the way.				
7. My mother makes me feel like I'm not wanted.				
8. Nothing I do is good enough for my mother.				
9. When I want to do something, my mother shows me how.				
10. When I want to understand how something works, my mother explains it to				
me.				
11. If I ever have a problem, my mother helps me to figure out what to do about				
it.				
12. My mother explains the reasons for our family rules.				
13. When my mother makes a promise, I don't know if she will keep it.				
14. When my mother says she will do something, sometimes she doesn't really				
do it.				
15. My mother keeps changing the rules on me.				
16. My mother gets mad at me with no warning.				
17. My mother trusts me.				
18. My mother accepts me for myself.				
19. My mother lets me do the things I think are important.				
20. My mother tries to understand my point of view.				
21. My mother is always telling me what to do.				
22. My mother bosses me.				
23. My mother think there is only one right way to do thingsher way.				
24. My mother say "no" to everything.				

### Fathers

	1	2	3	4
1. My father lets me know he loves me.				
2. My father enjoys being with me.				
3. My father is always glad to see me.				
4. My father thinks I'm special.				
5. Sometimes I wonder if my father likes me.				
6. My father thinks I'm always in the way.				
7. My father makes me feel like I'm not wanted.				
8. Nothing I do is good enough for my father.				
9. When I want to do something, my father shows me how.				
10. When I want to understand how something works, my father explains it to				
me.				
11. If I ever have a problem, my father helps me to figure out what to do about				
it.				
12. My father explains the reasons for our family rules.				
13. When my father makes a promise, I don't know if he will keep it.				
14. When my father says he will do something, sometimes he doesn't really do				
it.				
15. My father keeps changing the rules on me.				
16. My father gets mad at me with no warning.				
17. My father trusts me.				
18. My father accepts me for myself.				
19. My father lets me do the things I think are important.				
20. My father tries to understand my point of view.				
21. My father is always telling me what to do.				
22. My father bosses me.				
23. My father think there is only one right way to do things – his way.				
24. My father say "no" to everything.				

Note: Adapted from an earlier version of Parents as Social Context Questionnaire (PASCQ) (Skinner, Regan, & Wellborn, 1986).