

Original Article

Attention deficit/hyperactivity disorder and oppositional defiant disorder symptoms in children of mothers with high and low negative perfectionism

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Abstract

Negative personality traits in mothers play an important role in children's behavioral problems. The aim of this study was to compare the severity of Attention Deficit/Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) symptoms in female children of mothers with high and low negative perfectionism. The research method was causal-comparative. The population of this study consisted of mothers of girls aged 5 to 7 years in Arak (N=5522). Using cluster sampling, 448 mothers participated in this study. The Positive and Negative Perfectionism Scales and the Child Symptoms Scale were used to collect data. Multivariate analysis of variance (MANOVA) was used to analyze the data. The results showed that the severity of ADHD and ODD symptoms were higher in female children of mothers with high negative perfectionism than those with low negative perfectionism ($p < 0.05$). Based on the findings, paying attention to the negative aspects of mothers' negative perfectionism and educational workshops are suggested.

Keywords

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Introduction

Behavioral problems, such as disruptive behavior, are common in childhood and affect up to 20% of children aged one to seven years old (Vasileva, Graf, Reinelt, Petermann & Peterman, 2021). Two of the behavioral problems investigated in this study are attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). ADHD is one of the most common childhood neurodevelopmental disorders. It is usually first diagnosed in childhood and often continues into adulthood. The essential feature of ADHD is a persistent pattern of inattention (wandering while performing an activity, inability to follow instructions or finish an activity, difficulty maintaining concentration, and irregularity) and/or hyperactivity (excessive motor activity or excessive restlessness, loudness, or talkativeness), and impulsivity (doing hastily behavior without prior thought that could potentially harm the person) that cause dysfunction (American Psychiatric Association, 2022). The prevalence of ADHD is approximately 7.2% in children worldwide and 2.5% in adults (APA, 2022). In Iran, the prevalence of this disorder has been reported between 0.95% and 17%

(Hassanzadeh, Amraei, & Samadzadeh, 2019).

One of the co-occurring disorders with ADHD is oppositional defiant disorder (ODD), which is defined as a pattern of irritable mood, argumentative /confrontational, or retaliatory behavior lasting at least six months, and its prevalence is between 1% and 11% (APA, 2022). The prevalence rate of this disorder in Iran is also reported between 6.3% (Mohammadi et al., 2019) and 9.2% (Yousefi, Shahvesi, Shahvesi, & Servatyari, 2020).

Although the influence of genetics on ADHD and ODD is greater than other factors (APA, 2022), the effects of environmental factors should not be ignored; because the influence of parental characteristics on child development (Vrolijk, Van Lissa, Branje, Meeus, & Keizer, 2020) and especially ADHD (Hsu, Chen, Yang, & Chou, 2022) and ODD (Taghiloo, Abdolmohammadi, Jadidi, 2021) is confirmed. One of the characteristics of parents that can play a role in children's psychological problems, including ADHD and ODD is perfectionism.

Perfectionism has been defined as a strong desire to be perfect and flawless, accompanied by an excessive tendency to criticize oneself and fear of judgment (Hewitt & Flett, 1991; cited in Piotrowski, 2020). People with

positive perfectionism tend to set flexible goals according to their own characteristics, such as the ability to actively pursue activities and maintain an optimistic attitude toward results; but people with negative perfectionism tend to set rigid goals and fear of failure and are prone to be anxious (Rice, Ashby, & Slaney, 2007; cited in [Chen, Pang, Liu, Fang, & Wen, 2022](#)). Positive perfectionism prevents depression, and negative perfectionism increases the tendency to become depressed ([Liu, Han, Lu, Cao, & Wang, 2022](#)). Although perfectionism is susceptible to change and influenced by external factors ([Suh, Sohn, Kim, & Lee, 2019](#)), it remains relatively stable over time ([Sherry, Richards, Sherry, & Stewart, 2014](#)). In addition to being related to parental monitoring and children's psychological control ([Leung, Shek, Kwok, L& Cheung, 2022](#)), parental perfectionism is related to maternal exhaustion ([Raudasoja, Sorkkila, & Aunola, 2022](#)), depression ([Hewitt, Smith, Ge, Mössler, & Flett, 2022](#); [Bull, Al-Janabi, & Gittens, 2022](#)), and psychological problems ([Hosseinzadeh-Oskouei, Zamani-Zarchi, Habibi-Asgharabad & Khoshkonesh, 2021](#)). In a research, it was shown that positive perfectionism is positively and negative perfectionism is negatively related to parental acceptance; also, parents' negative perfectionism had a positive relationship with parents' criticism and negligence, and fathers' positive perfectionism had a negative relationship with child-rearing practices ([Greblo & Bratko, 2014](#)).

Parents with negative perfectionism provide a lot of stress to their children and cause adjustment problems among them ([Randall, Bohmert, & Travers, 2015](#)). In addition to the effect of mothers' perfectionism on children's perfectionism ([Carmo, Oliveira, Brás, & Faisca, 2021](#)), we think that the negative aspect of this characteristic in parents may cause psychological problems, including ADHD and ODD in children. Mother's negative perfectionism is related to depression and low self-esteem in girls ([Smith et al., 2017](#)), low self-esteem, and problematic identity style in boys ([Zendehdel & Mohammadi Saremi, 2019](#)). In addition, negative parental perfectionism is related to behavioral problems and problems with peers in children ([Melero et al., 2020](#)). According to the results of a research, mothers' extreme perfectionism does not directly affect behavioral problems; rather, this effect was due to the mothers' stress, which is caused by their extreme perfectionism ([Hosseinzadeh-Oskouei et al., 2021](#)). Research has shown that parents' extreme perfectionism is related to opposition, lack of attention and hyperactivity in children ([Lopes, 2020](#)). [Taghiloo et al. \(2021\)](#) showed that dimensions of mothers' perfectionism, including worry about mistakes, doubt about actions, parental criticism, and personal standards predicted oppositional defiant symptoms in their 7-10-year-old children.

Psychological problems in childhood can be caused by the psychological characteristics of parents, especially perfectionism in mothers ([Affrunti & Woodruff-Borden, 2014](#)); because perfectionist mothers may have high expectations from their children and this will most likely provide the basis for the existence of psychological

problems in their children. Investigating mother's characteristics such as perfectionism and its role in symptoms of ADHD and ODD plays an important role in the etiology of these disorders. In addition, it can help clinical psychologists to help reduce the symptoms of ADHD and ODD by adjusting the psychological characteristics of mothers, including perfectionism. Because identifying family factors related to these disorders in children can be the basis for using family-based psychological strategies to adjust those factors. Considering that up to the time of conducting this research, no research was found on the comparison of symptoms of ADHD and ODD in children of mothers with and without negative perfectionism, the results of this research can help researchers to understand the role of variables such as mothers' perfectionism in psychological problems of Children. Therefore, the research literature in this field will be strengthened. The aim of the present study was to compare the severity of ADHD and ODD symptoms in children of mothers with and without negative perfectionists.

Method

Participants

The research method was causal-comparative. The dependent variable in this research was ADHD and ODD, and the independent variable was mothers' negative perfectionism. The statistical population of this research included all mothers of 5–7-year-old girls in preschool and first grade in Arak city from public and non-public schools in 2020 (N=5522). According to [Karjesi and Morgan \(1970\)](#), 361 people have been considered as the sample size for the population of 6000. In the current study, 100 more people were added to the sample due to the possibility of dropping out, and as a result, 460 mothers were considered as a sample. Due to the large size of the population in the present study, multi-stage cluster sampling method was used. In this way, first, among the two regions of Arak, region one was randomly selected. Considering that on average there were 18 girls in each preschool and first grade class, at least 26 schools were needed to reach the community of 460 people. Therefore, among the schools of this region, 8 preschool and 18 school were randomly selected. Then, through the manager of the school and by phone, the mothers were asked to attend a meeting with the researcher and answer the questionnaires. Finally, 466 mothers participated in the research, among whom 18 did not answer the questionnaires completely and were removed from the final sample. Therefore, the final sample included 448 mothers.

The inclusion criteria were: a score of 69 and above in the subscale of negative perfectionism to identify mothers with high negative perfectionism, having a 5–7-year-old daughter, a high school education level and above, and not having a severe psychological or physical illness at the time of answering the

questionnaires. Exclusion criteria included incomplete the questionnaires and not being satisfied with participating in the research.

Instrument

Positive and negative perfectionism scale:

This scale was created by Terry-Short, Owens, Slade, & Dewey (1995). It measures perfectionism from a functional and behavioral point of view. The perfectionism scale has two subscales: positive (20 items) and negative (20 items). Each person answers the questions with a six-point Likert scale (totally agree=1, agree=2, neither agree nor disagree=3, disagree=4 and totally disagree=5). The range of scores of each person in each subscale is 20 to 100. The cut-off point of this test for people with negative perfectionism subscale is a score higher than 69. In examining the differential validity of this scale, it was shown that perfectionism scores explained 86% of the variance of people with eating disorders (Terry-Short et al., 1995). Haase and Prapavessis (2004) reported Cronbach's alpha coefficient of positive and negative perfectionism subscales as 0.83 and 0.81, respectively. Besharat (2009) reported the internal consistency coefficient of positive and negative perfectionism as 0.90 and 0.87, respectively, and the test-retest reliability coefficient of this scale as 0.86. In the present study, Cronbach's alpha coefficient of negative perfectionism was equal to 0.79.

The Child Symptom Inventory-4 (CSI-4):

This questionnaire is a behavioral rating scale developed by Spirafkin and Gado (1984; cited in Ariapooran & Eskandari, 2016) based on the DSM-III classification in order to screen 18 emotional behavioral disorders in children aged 5 to 12. It was designed in 1984 and finally revised in 1994 with the fourth edition of DSM-IV with a few changes and called CSI-4. Like the previous forms, it has two forms, teacher and parent. We used parent form. The parent form has 97 items. 18 subscales are: ADHD, ODD, generalized anxiety, social phobia, separation anxiety, obsessive-compulsive disorder, specific phobia, major depression, persistent depression, schizophrenia, pervasive developmental disorder, Asperger, vocal and motor tics, post-traumatic stress and elimination disorders [enuresis, encopresis]

(Spirafkin & Gado, 1984; cited in Ariapooran & Eskandari, 2016). Spirafkin and Gado (1984; cited in Ariapooran & Eskandari, 2016) reported the validity of this subscales between 0.37 and 0.82, and the alpha coefficient of the whole scale was 0.90. In the present study, two subscales of ADHD (18 items) and ODD (8 items) were used, and the Cronbach's alpha coefficient of all the items of these two subscales was equal to 0.81.

Implementation process and ethical considerations:

After determining the sample size, the researchers went to the preschools and elementary schools of Arak and requested the mothers through the school managers by phone to attend a meeting with the researchers and answer the questionnaires. After reviewing the completed questionnaires, they were reviewed in the final analysis. After that, multivariate analysis of variance test was used to compare ADHD, ODD in mothers with and without negative perfectionism. It should be noted that SPSS-26 software was used for data analysis and the significance level was considered as $\alpha=0.05$. All mothers completed the consent form before participating in the research. The mothers were assured that their data will be confidential and if they wish, the results will be explained to them confidentially.

Results

Based on descriptive results, 16.07% of mothers had high school education, 32.81% diploma, 20.76% associate degree, 23.66% bachelor degree, 5.36% master degree, and 1.34% doctorate. In terms of occupation, 78.8% of mothers were housewives and 21.2% were employed. The mean age of mothers and children were 34.75+46.46 and 6.14+0.771, respectively. Considering that in this study mothers with high negative perfectionism had to be identified, based on the cut point for the subscale of negative perfectionism which was 69 and above, 83 mothers (18.53%) had high negative perfectionism and 365 mothers (81.47%) low negative perfectionism. Table 1 shows the mean (M) and standard deviation (SD) of dependent variables in mothers with and without negative perfectionism.

Table 1. M and SD of dependent variables in in female children of mothers with high and low negative perfectionism

Variables	Mothers with high negative perfectionism		Mothers without high negative perfectionism	
	M	SD	M	SD
Hyperactivity with Attention Deficit	1.79	2.28	1.04	1.99
Hyperactivity without Attention Deficit	2.85	2.76	1.77	2.16
ODD	1.81	1.98	1.30	2.18

Before performing the multivariate analysis of variance (MANOVA), the Kolmogorov-Smirnov test was performed for the normality of the data distribution. The results indicated the normality of the distribution of hyperactivity with attention deficit ($p < 0.08$;

statistic=0.38), hyperactivity without attention deficit ($p < 0.057$; statistic=0.41), and ODD ($p < 0.06$; statistic=0.47). Also, the results of Levene's test showed the condition of equality of variances between groups for hyperactivity with attention deficit ($p < 0.103$;

F=2.08), hyperactivity without attention deficit ($p < 0.18$; $F=1.76$), and ODD ($p > 0.25$; $F=1.30$) confirmed. In addition, the results of the Box test confirmed the

condition of homogeneity of the variance-covariance matrices ($p < 0.091$; $f=1.67$). Table 2 shows the results of the MANOVA test.

Table 2. Results of MANOVA test to compare dependent variables in girls' children of mothers with high and low negative perfectionism

Source	Variable	SS	df	MS	F	p	Effect Size	Test Power
Group	Hyperactivity with Attention Deficit	40.09	1	40.09	9.51	0.002	0.2	0.87
	Hyperactivity without Attention Deficit	74.47	1	74.47	14.29	0.001	0.3	0.96
	ODD	18.33	1	18.33	3.98	0.047	0.01	0.51

Note: SS=Sum of Square; MS=Mean of square; ES=Effect Size; TP=Test Power

According to Table 2, there is a significant difference between the children of mothers with high and low negative perfectionism in hyperactivity with attention deficit, hyperactivity without attention deficit and ODD. In other words, attention deficit hyperactivity disorder, attention deficit hyperactivity disorder and confrontational disobedience were more common in female children of mothers with negative perfectionism than in female children of mothers without negative perfectionism.

Discussion and Conclusion

The purpose of the current study was to compare ADHD and ODD in 5–7-year-old children of mothers with high and low negative perfectionism. The results showed that the severity of the ADHD and ODD symptoms (hyperactivity with and without attention deficit) in girl's children of mothers with high negative perfectionism were higher than in girl's children of mothers with low negative perfectionism. Although there has been no research on the comparison of symptoms of ADHD and ODD in children of mothers with high and low negative perfectionism, but this result confirms the findings of previous researchers who showed that extreme perfectionism of parents had a correlation with ADHD in Children (Lopes, 2020). It also confirms the findings of Melero et al. (2020), who showed that parents' negative perfectionism is related to children's behavioral problems.

It can be argued that people with negative perfectionism prioritize rigid goals and are prone to anxiety (Rice et al., 2007; cited by Chen et al., 2022). Therefore, mothers with negative perfectionism may consider rigid standards and goals in raising their children, especially daughters, and experience worry and anxiety; because research has shown that the worry and anxiety of perfectionist mothers can cause worry and anxiety in their children (Agostini & dos Santos, 2015; cited in Lopes, 2020), so it is possible that the children of such mothers may experience anxiety in various ways, including aggression and impulsivity (Lopes, 2020). In other words, it can be said that the negative perfectionism of mothers by causing anxiety and stress in children (Sarkhanlou, Kiamanesh and Ahadi, 2015) causes an increase in aggressiveness and impulsivity in children or intensifies the symptoms of ADHD

(hyperactivity with attention deficit and hyperactivity without attention deficit) which has been mentioned in previous studies (Lopes, 2020).

The results showed that the severity of ODD symptoms in children of mothers with negative perfectionism was higher than in children of mothers without negative perfectionism. Although previous studies have not investigated the comparison of ODD symptoms in children of mothers with and without negative perfectionism, this result has confirmed previous findings that showed a correlation between the dimensions of perfectionism (concern about mistakes, doubt about actions, parental criticism and personal standards) in mothers and children's ODD (Taghiloo et al., 2021). It also confirms the findings of Lopes (2020), who showed that extreme perfectionism of parents is related to children's opposition (Lopes, 2020).

It can be argued that because parental perfectionism is related to parental supervision and psychological control of children (Leung et al., 2022), therefore it is possible that excessive supervision and control of children, especially female children, causes disobedience and disregard for strict orders and rules. In other words, because parents' negative perfectionism is related to parents' non-acceptance, criticism, and negligence towards their children (Greblo & Bratko, 2014), therefore, mothers' lack of acceptance and negligence and their excessive criticism of their children causes their children to show symptoms of ODD by protesting and opposing parents. In other words, the excessive control and supervision and criticism of parents with negative perfectionism towards their daughters causes their daughters to disobey their strict orders, to be stubbornness with them and to oppose their behavior; Therefore, the symptoms of ODD are aggravated in them.

In general, in explaining the high rate of ADHD and ODD symptoms in daughters of mothers with negative perfectionism, it can be said that this increase in the severity of symptoms may be caused by the stress that these mothers experience; because research has shown that parents' extreme perfectionism is related to stress among them (Randall et al., 2015) and mothers' stress increases symptoms of ADHD and ODD (Chen et al., 2017). To defend this explanation, it can be said that the extreme perfectionism of mothers has an effect on the

behavioral problems of their children due to the stress of mothers caused by their extreme perfectionism (Hosseinzadeh-Oskouei et al., 2021).

Among the limitations of this research is the research sample in which mothers of 5–7-year-old girls participated in the research. Therefore, the generalization of the results to the population of sons of mothers with negative perfectionism should be done with caution. Another limitation of this research, which again goes back to the research sample, was that only the negative perfectionism of mothers was examined in this research; Therefore, based on these limitations, it is suggested that the effects of mothers' negative perfectionism on the symptoms of ADHD and ODD in 5–7-year-old boys should also be investigated in future researches. In addition, the effects of fathers' negative perfectionism on these psychological problems among children should be investigated. In addition, it is suggested to conduct this research in other age groups. Considering these limitations, the results of the study showed high severity of ADHD and ODD among daughters of mothers with negative perfectionism. Therefore, it is suggested to hold educational classes to familiarize mothers with negative perfectionism and its consequences in their children. In addition, it is suggested to psychologists and school counselors to include a chapter in family education classes with the title of strategies to adjust the negative perfectionism of parents (especially in mothers).

Disclosure Statement

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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