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Perfectionistic Motherhood and Adolescents' Internalizing Problems: A Mediation Model Through Maternal Psychological Distress

Mükemmeliyetçi Annelik ve Ergenlerin İçe Yönelim Sorunları: Annenin Psikolojik Sıkıntıları Üzerinden Bir Aracılık Modeli

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ABSTRACT

Objective: This study aims to investigate the mediating role of maternal psychological distress in the link between maternal perfectionism and adolescents' internalizing problems.
Method: The sample of the study consisted of 380 adolescents attending middle schools and their mothers. As data collection tools, mothers were administered a Demographic Information Form, the Multidimensional Parenting Perfectionism Scale (MPPS), and the Depression Anxiety Stress Scale-21 (DASS-21); adolescents were administered a Demographic Information Form and the Strengths and Difficulties Questionnaire (SDQ).
Results: The results indicated that maternal perfectionism was positively associated with maternal psychological distress and with adolescents' internalizing problems. A significant positive relationship was found between maternal psychological distress and adolescents' internalizing problems. The indirect effect of maternal perfectionism on adolescents' internalizing problems through maternal psychological distress was statistically significant (B = 0.01, Boot SE = 0.005, 95% CI [0.009, 0.03]).
Conclusion: The findings suggest that parental perfectionism represents a critical mechanism in children's psychological development. Maternal psychological distress also emerged as a salient factor within this model.
Keywords: Parenting, parent-child relationships, perfectionism, psychological distress, anxiety

ÖZ

Amaç: Bu çalışmada, anne mükemmeliyetçiliği ile ergenlerin içe yönelim sorunları arasındaki ilişkide annenin psikolojik sıkıntılarının aracı rolünün incelenmesi amaçlanmaktadır.
Yöntem: Araştırmanın örneklemini ortaokula devam eden 380 ergen ve anneleri oluşturmaktadır. Veri toplama araçları olarak annelere Demografik Bilgi Formu, Çok Boyutlu Ebeveynlik Mükemmeliyetçiliği Ölçeği (ÇBEMÖ) ve Depresyon Anksiyete Stres Ölçeği-21 (DASS-21); ergenlere ise Demografik Bilgi Formu ile Güçler ve Güçlükler Anketi (GGA) uygulanmıştır.
Bulgular: Sonuçlara göre, anne mükemmeliyetçiliği, anne psikolojik sıkıntıları ve ergen içe yönelim sorunları ile pozitif yönde ilişki göstermiştir. Ayrıca, anne psikolojik sıkıntıları ile ergen içe yönelim sorunları arasında da pozitif yönde anlamlı bir ilişki saptanmıştır. Anne mükemmeliyetçiliğinin anne psikolojik sıkıntıları aracılığıyla ergen içe yönelim sorunları üzerindeki dolaylı etkisinin anlamlı olduğunu ortaya koymuştur (B = 0.01, Boot SH = 0.005, %95 GA [0.009, 0.03]).
Sonuç: Elde edilen veriler, ebeveyn mükemmeliyetçiliğinin çocukların ruhsal gelişimi açısından kritik bir mekanizma olduğunu göstermiştir. Ayrıca ebeveynin psikolojik sıkıntıları değişkeni de bu modelde dikkat çekmektedir.
Anahtar sözcükler: Ebeveynlik, ebeveyn-çocuk ilişkileri, mükemmeliyetçilik, psikolojik stres, anksiyete

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Introduction

Perfectionism is a personality trait characterized by the tendency to set unrealistically high standards for oneself or others and has been a longstanding focus of psychological research (Hewitt and Flett 1991). Early conceptualizations viewed perfectionism as a unidimensional construct and described perfectionistic individuals as those who impose excessively high standards on themselves and derive their self-worth primarily from achievement (Hollender 1965, Burns 1980). However, they were limited in their ability to distinguish perfectionism from pursuits of achievement. Subsequent research established perfectionism as a multidimensional construct. The models proposed by Frost et al. (1990) and Hewitt and Flett (1991) broadened the conceptualization of the construct by addressing it within one's perceptions of the self, others, and social expectations. Contemporary literature consistently highlights that the maladaptive dimensions of perfectionism are closely associated with psychopathology. In addition to its positive associations with depression and anxiety disorders, perfectionism was identified as an important risk and maintaining factor in eating disorders (Hewitt and Flett 1991, Fairburn et al. 2003, Limburg et al. 2017). Thus, perfectionism needs to be conceptualized not only as a personality trait but also as a transdiagnostic construct that intersects diverse psychopathological processes (Kaçar-Başaran 2022).

Perfectionism is contemporarily recognized as an important disposition that influences multiple areas of one's life. However, perfectionist tendencies are not limited to intrapersonal processes but also extend to interpersonal relationships. A substantial body of research shows that multidimensional perfectionism is associated with impairments in interpersonal functioning (Holm-Denoma et al. 2008, Mackinnon et al. 2012). In addition, it was suggested that different dimensions of perfectionism may predict distinct patterns of interpersonal problems (Haring et al. 2003).

A review of the literature indicates that perfectionism is also associated with parenting behaviors, which has led to increased research attention to the concept of "parental perfectionism." Parental perfectionism refers to the tendency to set excessively high standards for oneself in the parenting role while experiencing doubts about one's adequacy as a parent (Snell et al. 2005). Parenting with criticism, excessive demands, and unrealistically high expectations is often linked with perfectionism (Barrow and Moore 1983). Contemporary parents are confronted with unrealistic ideals of parenting. The increasing volume of parenting-related information and criticism from others places considerable pressure on parents, which may foster the belief that they alone are primarily responsible for their children's development.

It was previously noted that parents' personality traits and cognitive processes are associated (positively or negatively) with children's psychological well-being (Oliveira et al. 2017, Zhang et al. 2020). In this sense, parental perfectionism may also represent a personality disposition that can adversely affect children's psychological symptoms and processes. From a developmental perspective, parental perfectionism may affect children's perceptions of mistakes and their emotion regulation abilities. Children who are exposed to consistently high expectations and criticized for their mistakes may develop a tendency to avoid failure, experience heightened anxiety, and become more vulnerable to internalizing symptoms over time (İnce et al. 2025). According to Flett et al. (2002), parents with perfectionistic tendencies may develop heightened sensitivity to mistakes and adopt overly controlling parenting behaviors in an effort to minimize the likelihood of their children making mistakes. This theoretical framework suggests that parents' conveying mistakes as threatening experiences may lead children to develop negative beliefs about making mistakes, which, in turn, emerges as a risk factor for their psychological adjustment. Consistently, elevated levels of parental perfectionism characterized by the pursuit of unattainably high standards or by distress and self-criticism despite adverse consequences (Egan et al. 2011) were shown to be associated with anxiety symptoms and anxiety disorders in children (Affrunti and Woodruff-Borden 2015).

A similar pattern was documented for depressive symptoms. For example, Soenens et al. (2006) demonstrated that parental perfectionism was significantly associated with adolescents' self-esteem and depressive symptoms in a sample of university students aged 18-24 years. Randolph and Dykman (1998) suggested that perfectionistic parenting may contribute to vulnerability to depression through mechanisms such as genetic transmission or parental modeling. In addition, a limited amount of evidence

indicates that parental perfectionism is significantly associated with internalizing symptoms during childhood and adolescence. In their study involving 97 adolescents aged 11-17 years and their parents, Cook and Kearney (2009) found that mothers' perfectionistic tendencies were associated with internalizing problems in their children. Similarly, Güngör and Buluş (2016) reported that mothers' and fathers' socially prescribed perfectionism independently predicted anxiety levels among 5-6-year-old children. More recently, İnce et al. (2025) found that mothers' socially prescribed perfectionistic tendencies were significantly associated with children's internalizing problems in a sample of children aged 3-6 years and their mothers.

The theoretical perspectives and empirical findings reviewed above highlight the importance of understanding the nature of the relation between parents' multidimensional perfectionism and psychological problems in children and adolescents. A meta-analytic study by Lilley et al. (2020) examined the association between parental perfectionism and psychological outcomes in children and discovered a small but significant positive association between maladaptive parental perfectionism and psychological distress among children. They suggested that the association between parental perfectionism and children's psychological distress may be transmitted through third variables. Consistent with this view, previous research demonstrated that parental overcontrol mediates the relation between parental perfectionism and internalizing symptoms in children and adolescents (Soenens et al. 2006, Affrunti and Woodruff-Borden 2015). In this framework, parental psychological distress may also be a potential mediator in the association between parental perfectionism and children's internalizing problems. Parental perfectionism is often linked with psychological distress (depression and anxiety) among adults, while parents' depressive and anxiety symptoms are identified as important risk factors for anxiety and depressive symptoms in children. For example, Goodman et al. (2011) demonstrated that parental depression is significantly and consistently associated with children's internalizing problems and that this association may be fostered through emotional availability and parenting behaviors within parent-child interactions. From a theoretical perspective, children and adolescents may also learn from their parents through observational processes. Social Learning Theory (Bandura and Walters 1977) suggests that children can acquire emotional responses and coping strategies by observing their parents' reactions and behavioral patterns.

Overall, it is assumed that the association between parental perfectionism and children's internalizing problems may emerge indirectly through parents' psychological distress. Intense self-criticism linked with perfectionistic tendencies may contribute to increased anxiety and emotional strain in parents, which may, in turn, adversely influence their emotional interactions with their children and increase children's vulnerability to internalizing symptoms. In this study, we included mothers because they typically spend more time with their children and play a more prominent role in daily interactions (Niu et al. 2018) and are considered primary caregivers with a greater influence on children's development (Pan et al. 2024). A study in the Turkish context reported that women tend to prioritize their maternal identity over other social identities (Erdem et al. 2022). Therefore, we focus exclusively on mothers to gain a more detailed understanding of the nature of mother-child interactions. In this regard, we aimed to examine the mediating role of maternal psychological distress in the association between maternal perfectionism and adolescents' internalizing problems. We, thus, hypothesized positive and significant associations between maternal perfectionism, maternal psychological distress, and adolescents' internalizing problems. We also expected maternal psychological distress to mediate the association between maternal perfectionism and adolescents' internalizing problems.

Method

Sample

Initially, 521 participants were reached within the scope of the study. However, some participants were excluded from the study due to inattentive response patterns (n = 12), questionnaires being completed by fathers rather than mothers (n = 62), and the absence of children from school on the day of data collection

or the inability to administer the measures because permission was not granted by the school due to classroom activities (n = 67). Consequently, the final sample comprised 380 adolescent–mother dyads residing in Denizli, including adolescents (M = 12.08, SD = 1.21) and mothers (M = 39.84, SD = 4.84). The mothers' age ranged from 29 to 52 years. Most of the mothers (86.3%) were married and living with their spouses, and 63.4% (n = 254) had completed at least a high school education. Among the adolescents, 59.2% (n = 225) were girls. When examined by gender, the mean age was 12.10 years (SD = 1.18) for girls and 12.05 years (SD = 1.26) for boys. Furthermore, 83.7% of the adolescents reported having one or two siblings (Table 1).

Table 1. Demographic characteristics of the sample

Variables	**n**	**%**	**M (SD)**
Maternal Age			39.84 (4.84)
Child Age			12.08 (1.21)
Maternal Education Level			
Literate (no formal education)	9	2.4	
Primary school	63	16.6	
Secondary school	62	16.3	
High school	139	36.6	
University and above	106	27.9	
Not specified	1	0.3	
Maternal Employment Status			
Employed	213	56.1	
Unemployed/Retired	165	43.5	
Not specified	2	0.5	
Maternal Marital Status			
Married	328	86.3	
Divorced/Widowed/Separated	51	12.4	
Not specified	1	1.3	
Monthly Family Income			
Low	58	15.3	
Low-Middle	65	17.1	
Middle	224	58.9	
Middle-High	28	7.4	
Not specified	5	1.3	
Child Gender			
Girl	225	59.2	
Boy	155	40.8	
Number of Siblings			2.29 (0.80)

N = 380. M = Mean; SD = Standard Deviation

The inclusion criteria were as follows: for adolescents, being between 10 and 15 years of age and having sufficient ability to understand the long and/or complex sentences included in the measurement instruments, for mothers, being literate. Although there is no consensus in the literature regarding the exact onset of adolescence, many sources identify adolescence as beginning at the age of 10 years (Sawyer et al. 2018). Accordingly, individuals between the ages of 10 and 15 years were classified as adolescents in the present study.

The sample size obtained in the present study (N = 380) was adequate for conducting mediation analyses. Although there is no universally accepted rule regarding the required sample size for mediation analysis, some researchers have suggested that a sample of at least 200 participants is necessary to obtain more

reliable and accurate results (Kyriazos 2018). Accordingly, the present sample size substantially exceeded this recommendation and provided adequate statistical power for the hypothesized mediation analysis.

Procedure

Before data collection, ethical approval was obtained from the Social and Human Sciences Scientific Research and Publication Ethics Committee of Pamukkale University (Approval Date: September 23 2024, Approval No. 68282350/2024/16, Decision No. 16-37). Participants were recruited through schools affiliated with the Turkish Ministry of National Education. Accordingly, permission to conduct the study was received from the Denizli Provincial Directorate of National Education. To enhance the representativeness of the sample, neighborhoods in which the schools were located were categorized as having low, middle, or high socioeconomic status using a stratified sampling approach. First, the overall socioeconomic characteristics of the neighborhoods were evaluated based on multiple indicators, including parental educational attainment, income level, and living conditions, with guidance from educational experts and expert opinions obtained from Pamukkale Municipality. After consensus had been reached regarding the socioeconomic classification of the neighborhoods, schools within each neighborhood were identified and randomly chosen. The researchers subsequently visited the schools and explained the purpose of the study to the school administrators and school counselors. To ensure confidentiality, questionnaire packets and informed consent forms (for both parents and adolescents) were sent to parents in sealed envelopes through the schools and were requested to be returned to the school in sealed envelopes within approximately one week. After obtaining parental consent and adolescents' assent, the study measures were administered to middle school students by the research team. Data collection was conducted either in classrooms or in school facilities such as conference halls or cinema halls. To protect participants' confidentiality, teachers and school administrators were not present during data collection, and all procedures were conducted by the research team. Data collection took approximately 30-40 minutes. The response rate was 62%.

Measures

Demographic Information Form

Two demographic information forms developed by the researchers were used in the study. The maternal demographic information form consists of 18 items developed to collect demographic information of the mothers, while the adolescent demographic information form consists of 15 items developed to obtain demographic characteristics of the adolescents. The maternal demographic information form includes questions regarding demographic characteristics such as age, educational level, and marital status, while the adolescent demographic information form includes questions regarding demographic characteristics such as age, number of siblings, and gender.

The Multidimensional Parenting Perfectionism Questionnaire – B Form

The scale developed by Snell et al. (2005) measures parenting perfectionism. It was adapted into Turkish by Tulay and Maraş (2021). The scale consists of 23 items (sample item: Being organized as a parent is very important to me) and is rated on a 5-point Likert scale (1 = Does not describe me at all, 5 = Describes me completely). In the Turkish adaptation, four subscales were identified: Partner's parenting expectations and criticism, parenting organization, doubts about parenting capacity, and personal parenting standards. In the adaptation study, the Cronbach's alpha internal consistency coefficient of the scale was reported as .93. In the present study, the Cronbach's alpha coefficient was found to be .88.

Depression Anxiety Stress Scale-21 (DASS-21)

The scale was developed by Lovibond and Lovibond (1995) to assess individuals' levels of depression, anxiety, and stress. It was adapted into Turkish by Sarıçam (2018). The scale comprises 21 items (sample item: I felt down-hearted and blue) and is scored on a 4-point Likert scale: 0 (never) 1 (sometimes) 2 (quite often), and 3 (always). In the original study, the internal consistency coefficients were .94 for the

depression subscale, .87 for the anxiety subscale, and .91 for the stress subscale. In the Turkish adaptation study, the internal consistency coefficients were .87 for depression, .84 for anxiety, and .85 for stress. In the current study, Cronbach's alpha coefficients for the depression, anxiety, and stress subscales were .87, .83, and .82, respectively. The Cronbach's alpha coefficient for the total scale was .93.

Strengths and Difficulties Questionnaire – Adolescent Form

The scale was created by Goodman (1977) and adapted into Turkish by Güvenir et al. (2008). It consists of 25 items and is scored on a 3-point Likert scale: 1 (not true) 2 (somewhat true), and 3 (certainly true). The scale consists of five subscales: hyperactivity/inattention, conduct problems, emotional problems, peer problems, and prosocial behavior (sample item: I am often unhappy, depressed or tearful). The scale provides separate scores for each subscale as well as a Total Difficulties Score, which is calculated by summing the scores of four of the five subscales. Moreover, an internalizing problems score is calculated by combining the emotional problems and peer problems subscales, whereas an externalizing problems score is obtained by summing the hyperactivity/inattention and conduct problems subscales. In the Turkish adaptation study, the Cronbach's alpha coefficient for the SDQ–Adolescent Form was reported as .73. In the present study, Cronbach's alpha coefficient for the total scale was .63.

Statistical Analysis

SPSS (version 26.0) was used to run the analysis. Before the statistical analysis, missing values were completed using the mean imputation method. Pearson correlation analysis was conducted to investigate the relationships among perfectionism, maternal psychological distress, and adolescents' internalizing problems. In order to explore the mediating role of maternal psychological distress in the link between maternal perfectionism and adolescents' internalizing problems, a simple mediation analysis was performed using the PROCESS Macro (Model 4) developed by Hayes (2018). In this model, maternal perfectionism was included as the independent variable (X), maternal psychological distress as the mediator (M), and adolescents' internalizing problems as the dependent variable (Y). The significance of the indirect effect was evaluated using the bootstrapping procedure with 5000 resamples. A 95% bootstrap confidence interval that did not include zero indicated that the indirect effect was statistically significant. Unstandardized coefficients were reported for all analyses.

Results

Descriptive statistics and bivariate correlations among the study variables are presented in Table 2. As shown in the table, the correlations were statistically significant and in the expected direction. The results indicated that maternal perfectionism was positively associated with maternal psychological distress ($r = .25$, $p < .01$) and adolescent internalizing problems ($r = .11$, $p < .05$). In addition, a significant positive association was found between maternal psychological distress and adolescent internalizing problems ($r = .26$, $p < .01$).

Table 2. Descriptive statistics and correlations among study variables

Variable	M (SD)	1	2	3	4	5	6	7	8
1. Maternal Perfectionism	65.13 (13.31)	1							
2. Maternal Psychological Distress	12.17 (10.81)	.25**	1						
3. Maternal Depression	3.83 (3.94)	.25**	.93**	1					
4. Maternal Anxiety	3.40 (3.70)	.21**	.92**	.77**	1				
5. Maternal Stress	4.93 (3.99)	.23**	.94**	.80**	.80**	1			
6. Adolescent Internalizing Problems	16.71 (4.11)	.11*	.26**	.25**	.26**	.21**	1		
7. Adolescent Peer Problems	8.08 (2.49)	.19**	.20**	.19**	.21**	.16**	.80**	1	
8. Adolescent Emotional Problems	8.64 (2.58)	-.01	.21**	.21**	.21**	.17**	.82**	.31**	1

M = Mean; SD = Standard Deviation. **p < .01, *p < .05

Mediation Analysis

To examine the mediating role of maternal psychological distress in the relationship between maternal perfectionism and adolescent internalizing problems, a mediation analysis was conducted using Hayes' PROCESS macro (Model 4, 5,000 bootstrap samples). This model explained approximately 7% of the variance in adolescent internalizing problems. The results indicated that the direct effect of maternal perfectionism on maternal psychological distress was statistically significant (B = 0.20, p < .001). In addition, the direct effect of maternal psychological distress on adolescent internalizing problems was also significant (B = 0.09, p < .001). However, the direct effect of maternal perfectionism on adolescent internalizing problems was not significant (B = 0.01, p > .05). The tested model is presented in Figure 1.

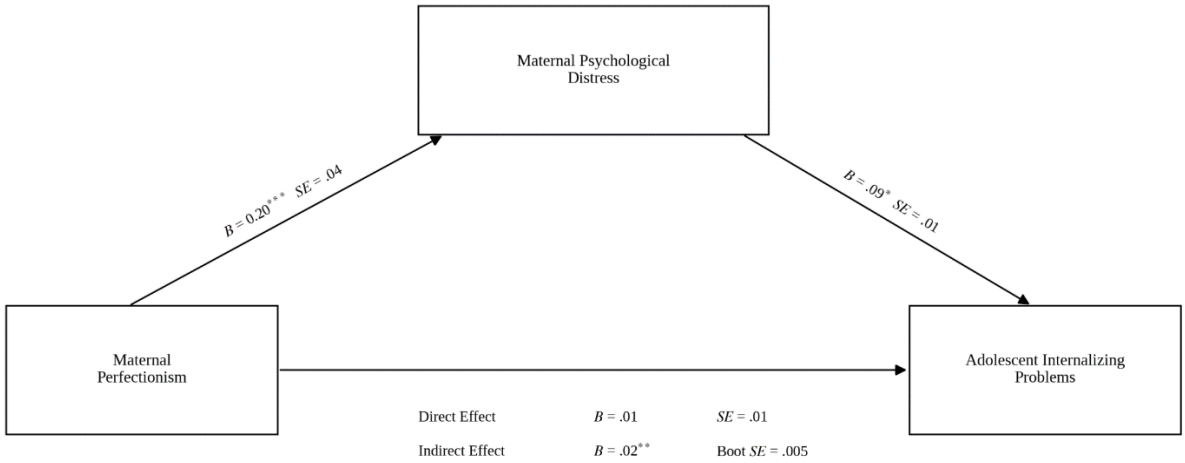


Figure 1. Results of the proposed mediation model

B = unstandardized coefficient, SE = standard error, *** p < .001, ** p < .01, * p < .05

With respect to the indirect effect, the findings of the present study revealed that the indirect effect of maternal perfectionism on adolescent internalizing problems through maternal psychological distress was significant (B = 0.02, Boot SE = 0.005, 95% CI [0.009, 0.03]). In other words, maternal psychological distress mediated the relationship between maternal perfectionism and adolescent internalizing problems. Furthermore, the total effect of maternal perfectionism on adolescent internalizing problems was also significant (B = 0.03, SE = 0.01, 95% CI [0.001, 0.06]). The findings are presented in Table 3.

Table 3. Direct, indirect, and total effects for the proposed mediation model

	B	SE	95% CI	
Direct Effects			Lower	Upper
Maternal Perfectionism → Adolescent Internalizing Problems	0.01	0.01	-0.01	0.04
Maternal Psychological Distress → Adolescent Internalizing Problems	0.09	0.01	0.05	0.13
Maternal Perfectionism → Maternal Psychological Distress	0.20	0.04	0.12	0.28
Indirect Effect				
Maternal Perfectionism → Maternal Psychological Distress → Adolescent Internalizing Problems	0.02	0.005	0.009	0.03
Total Effect				
Maternal Perfectionism → Adolescent Internalizing Problems	0.03	0.01	0.001	0.06

B = unstandardized coefficient; SE = standard error; CI = confidence interval

Discussion

This study aimed to contribute to the literature by examining the associations among maternal perfectionism, maternal psychological distress, and adolescents' internalizing problems and the mediating role of maternal psychological distress in the association between maternal perfectionism and adolescents' internalizing problems. Overall, this study sought to delve into psychological processes through which maternal perfectionism may be associated with adolescents' internalizing problems.

Our analyses showed maternal perfectionism to be positively associated with both maternal psychological distress. The significant association between parental perfectionistic tendencies in parents and parental psychological distress (i.e., depression, anxiety, and stress) implies that parental perfectionism is closely linked with parents' psychological functioning. A plethora of evidence demonstrated that perfectionism is linked with depression and anxiety (Leung 2022, Kaçar-Başaran and Arkar 2023, Kaçar-Başaran 2023). For instance, Limburg et al. (2017) conducted a meta-analysis examining the associations between perfectionism and psychopathology in adults and found that perfectionistic efforts and concerns are significantly associated with psychopathological symptoms. In particular, perfectionistic concerns showed moderate and significant relations with anxiety and depression. Similarly, a study conducted with parents found that parental perfectionism was related to parental anxiety (Cook and Kearney 2014). Overlapping with these results, Leung (2022) reported that perfectionism among both fathers and mothers was associated with depression, anxiety, and parenting stress. Given that relatively few studies focused on the association between parental perfectionism and parental psychological distress, our results exemplify the powerful influence of the transdiagnostic nature of perfectionism in different samples.

The significant association between maternal perfectionism and adolescents' internalizing problems represents another noteworthy finding of this study. This finding suggests that rigid standards and excessive expectations among parents may be linked with adolescents' emotional difficulties. Previous research similarly indicated that parents' unrealistic standards and critical attitudes are associated with increased anxiety and depressive symptoms among adolescents. In their study with Chinese children and their mothers, Tong and Lam (2011) found a significant relation between parents' performance goals for their children and children's depressive symptoms. Oros et al. (2017) reported similar findings among Argentine children, showing that excessive parental demands increased the likelihood of developing perfectionistic tendencies during childhood and that perfectionistic tendencies in children were associated with higher levels of depressive symptoms. In addition, Stiles et al. (2020) utilized latent profile analysis among high school students in the United States and identified a distinct family profile characterized by high levels of maternal and paternal criticism and expectations. Adolescents in this profile reported the highest levels of both internalizing and externalizing problems. Collectively, the present findings suggest that parental perfectionism may represent a potential risk factor for adolescents' psychological adjustment.

We found that maternal psychological distress significantly mediated the association between maternal perfectionism and adolescents' internalizing problems. This finding is consistent with previous research examining the relation between parental perfectionism and psychological outcomes in children and adolescents. A meta-analysis by Lilley et al. (2020) reported a small but significant positive association between maladaptive parental perfectionism and psychological distress in children. The authors further suggested that this association is likely to operate through some intervening variables rather than through a direct pathway. In line with this proposition, previous research noted that parental overcontrol mediates the association between parental perfectionism and internalizing symptoms in children and adolescents (Soenens et al. 2006, Affrunti and Woodruff-Borden 2015). Our findings extend these results by suggesting that parental psychological distress may also represent an important mediating variable linking parental perfectionism to adolescents' internalizing problems. Indeed, family-related factors are known to play an important role in children's psychological well-being (Horesh et al. 2015). Consistent with this perspective, our results suggest that parents' depression, anxiety, and stress may constitute one of the mechanisms through which parental perfectionism is associated with adolescents' internalizing problems. The persistent pursuit of unattainable standards and the fear of failure may contribute to elevated psychological distress in parents. In turn, this psychological distress may trigger adolescents' vulnerability to internalizing problems. A similar pattern was also reported in eating disorders. For example, a recent study by Kfoury et al. (2025) found that parental psychological distress has a significant indirect effect on the association between parental perfectionistic tendencies and disordered eating behaviors in children.

The present study has several strengths. One of its primary strengths is its originality. To the best of our knowledge, no previous study has examined the mediating role of parental psychological distress in the link between parental perfectionism and adolescents' internalizing problems. Another strength is the

relatively large sample, which included 380 mother-adolescent dyads. In addition, working on data from both mothers and adolescents allowed for a more comprehensive, multi-informant examination of the associations among the research variables.

Nevertheless, it has some limitations that should be acknowledged. First, we employed a cross-sectional design and collected the data at a single point in time. Therefore, no causal inferences can be drawn regarding the associations among the variables. Second, all measures were based on self-report, raising the possibility that the findings may have been influenced by response biases (social desirability). In addition, the exclusive use of quantitative methods limited a more in-depth understanding of the associations between the variables. Another limitation is that the study exclusively focused on mothers. Although mothers continue to serve as the primary caregivers in many families and primary caregivers are thought to have a particularly important influence on children's development (Pan et al. 2024), future research should also examine the role of fathers' perfectionistic tendencies. Finally, the response rate was 62%. Despite no consensus regarding an acceptable response rate in survey research (Morton et al. 2012), the response rate in this study was comparable to the 60% threshold suggested by Fincham (2008). Nevertheless, the response rate should be considered when interpreting the findings, as it may have implications for the reliability of the data. Finally, the inability to determine whether participating mothers and adolescents differed systematically from non-participants may be an additional limitation of the study.

Conclusion

In light of the present findings, we may recommend several directions for future research. First, longitudinal designs are needed to provide a clearer understanding of the causal nature of the associations between parental perfectionism and adolescents' internalizing problems. Such studies would allow researchers to examine how these associations are uncovered over the course of development. As this study relied on total scale scores, future research could also examine the subdimensions of these constructs to provide a more nuanced understanding of their interrelations. In addition, qualitative studies may offer valuable insights into the mechanisms underlying parental perfectionism and deepen our understanding of this construct. Future research would also benefit from incorporating multiple sources of information, including reports from parents, teachers, and other caregivers, in addition to self-reports from parents and children/adolescents. In addition, the generalizability of the findings is restricted, as our study was limited to public middle schools in Denizli. It seems valuable to replicate the study across different sociocultural contexts and more diverse samples. Beyond internalizing problems, future studies should also examine the relation between parental perfectionism and adolescents' externalizing problems to provide further evidence for individual differences. Finally, examining the mediating or moderating roles of parental characteristics (overprotective parenting and parenting stress) and adolescent characteristics (emotion regulation skills) may further clarify the processes linking parental perfectionism to adolescents' psychological adjustment.

In summary, our study makes a novel contribution to the literature by demonstrating the role of maternal psychological distress in the association between maternal perfectionism and adolescents' internalizing problems. The findings suggest that parental perfectionism may be associated with adolescents' psychological adjustment not only directly but also indirectly through parents' psychological distress. These results, therefore, highlight the importance of considering adolescents' internalizing problems not solely at the individual level but also within the context of parental psychological functioning and personality characteristics. Accordingly, interventions should consider assessing and addressing parents' perfectionistic tendencies and accompanying psychological distress. Focusing not only on parental perfectionism but also on strengthening parents' psychological well-being may play an important role in reducing adolescents' internalizing problems in preventive and intervention studies. The development of psychoeducational and psychological support programs for parents may also contribute to improving parental well-being and reducing the risk of internalizing problems among children and adolescents. In particular, family-based interventions targeting perfectionism and stress management skills may help reduce vulnerability to psychological difficulties at an early stage.

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