International Journal of New Findings in Health and Educational Sciences (IJHES)
ISSN 2980-0641
DOI: 10.63053/ijhes.108

Predicting Parental Stress in Mothers of Children with Behavioral Problems Based on Perfectionism Mediated by Psychological Flexibility

Zahra Jannesari

Master's student in clinical psychology, Department of Psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran (Corresponding author).

ARTICLE INFO

Keywords: *Parental stress, psychological flexibility, perfectionism, behavioural problems*

ABSTRACT

The present study aimed to predict parental stress in mothers of children with behavioural problems based on perfectionism with the mediation of psychological flexibility. The research method was a descriptive correlational type and the statistical population of the present study included all elementary school students in Tehran in the fall of 1402, from which 300 mothers were selected by convenience sampling. The research tools included the Achenbach Child Behavior Disorder Inventory, the Parental Stress Questionnaire, the Acceptance and Action Questionnaire-Second Edition, and the Kaburi Multidimensional Perfectionism Cognitive Inventory. The present study's data were analyzed using the structural equation modelling method. In the present study, the results showed that the obtained fit indices support the acceptable fit of the structural model of the study with the collected data. Parental stress in mothers of children with behavioural problems is predicted based on perfectionism (P=0.001, β=0.487). Parental stress in mothers of children with behavioural problems is predicted by psychological flexibility (P=0.001, β=-0.501). Parental stress in mothers of children with behavioural problems is predicted by perfectionism with the mediation of psychological flexibility (P=0.001, β=0.206).

1. Introduction

Many children who experience emotional and behavioural problems in early childhood not only do not simply outgrow them but may continue to do so into adolescence and even adulthood. Since emotional and behavioural patterns are more difficult to change in adulthood, early detection of mental health problems in childhood and efforts to correct them are among the most important preventive public health issues (1). In recent years, mental health problems have increased significantly in children and adolescents, and given the negative effects that these problems have on children's psycho-emotional and social development, they have raised concerns at the community level. Thus, child health professionals are increasingly emphasizing the importance and necessity of diagnosing children's problems and providing appropriate treatment approaches to treat their psychological disorders (2). At the same time, most of the maladjustments and mental disorders in adolescence and adulthood are caused by neglect of children's behavioural problems and problems, as well as by the lack of proper guidance in the process of growth and development. With the acceptance of this fact, there has been increasing attention to the prevention and treatment of childhood problems and disorders (3).

Behavioural problems in early childhood, such as aggressive behaviours, are often persistent and have a poor prognosis for mental health in later life, from school failure to substance abuse and crime. Thus, research focused on the early development of disruptive behavioural problems is very important for understanding the cause and development of these behaviours (4). In addition to the adverse effects that they have on the child's current functioning and increased stress in the family, these behaviours represent risk factors or potential components of a wide range of neurodevelopmental disorders and mental health problems (5). The overall prevalence of behavioural disorders in Iranian children is estimated to be 23% (6).

The family environment is an important aspect of intervention because it can greatly enhance or hinder the emotional-social development of children and adolescents, and most of the behavioural problems of children reflect the complex interpersonal conditions of family members, especially parents (7). Among the issues that are currently being considered concerning children's behavioural problems is the stress of becoming a parent. Parental stress is caused by the pressures that an individual feels as a parent with his or her role. This stress is caused by the parents' negative cognitive evaluation of their abilities as parents. Abidin and Bruner (1995) consider parental stress to be the result of the functional interaction of the main and obvious characteristics of the parents (such as depression, sense of competence, health, attachment relationships with the child, relationships with the spouse, limitations due to role-taking or mothering) with the characteristics of the child (such as adaptability, acceptance, extraversion, temperament, hyperactivity, and reinforcement). They also believe that parent and child characteristics, along with external situational variables and life stressors (such as divorce, job problems, etc.), are the reason for the increased likelihood of functional impairment and parental stress**.**

Research shows that certain dimensions of perfectionism are associated with parental stress, distress, and reduced self-esteem in the parenting role (Flett, Hewitt, Oliver, & McDonald, 2002). Perfectionist parents push their children to try hard and do things to the best of their ability, and when they fail or fail, the parents become frustrated with them and pass on their anxiety and distress to their children. The reason for this is obvious; perfectionist parents are always looking for their children's successes to compensate for their own past failures. Children of perfectionist parents know that if they fail at something, their parents will no longer accept them because these children's self-esteem depends on their parents' acceptance and the fear that has gradually become institutionalized in them. As a result, children living in these families are constantly afraid of failure and seek perfection in everything they do (Azizi & Besharat, 2011). Perfectionism is a multifaceted trait that is associated with striving for perfection, setting very high standards for performance, and overly critical evaluation of one’s own and oother’sbbehaviours(Egan et al., 2022). According to the social disconnection model of

perfectionism (Hewitt et al., 2017), perfectionism develops as a result of a mismatch or inappropriate parent-child relationship in which the child's needs for security, nurturing, and support are inadequately or inconsistently met or completely ignored. Thus, this model suggests that the child engages in perfectionistic behaviours (i.e., the need to be perfect or appear perfect) to ensure acceptance and repair of feelings of imperfection or "inner badness" and thus be approved and accepted by those around them. From this perspective, early attachment insecurities and feelings of inferiority/shame and the negative internal functional patterns they exhibit are the core of perfectionism and perfectionisticbehaviourss. In this regard, Jalali and Behzadpour (1403) showed that high perfectionism in mothers can increase their parenting stress. Psychological flexibility is one of the variables thaaffectts the experience of parenting stress (Yavari Moghadam et al., 1402). One of the factors that can have a positive effect on promoting psychological flexibility processes is positive perfectionism (Entezari et al., 2017). As the core of cognitive control, it refers to the ability of individuals to control the circumstances focus on the current situation and use the opportunities of that situation to take steps in line with internal goals and values despite the presence of challenging or unwanted psychological events (Qiao et al., 2020). Psychological flexibility refers to the ability to be in touch with the present moment fully and to behave appropriately in service of chosen values. It is a set of skills that includes the ability to feel and think with openness, to pay attention to experiences in the present moment, and to move life in a direction that is important to the self (Hayes, 2019). Psychological flexibility includes two broader processes: acceptance and mindfulness processes, and behbehaviouralocesses. Mindfulness refers to a state of awareness in which attention is focused on present-moment phenomena, and acceptance is the willingness to experience all current experiences without changing, avoiding, or controlling them. BeBehaviouralrocesses are used to clarify one's values and take actions that lead to goal achievement (Paulacanaho et al., 2023). Intolerance of frustration, which stems from psychological inflexibility, is an irrational belief that one is unable to resist obstacles and stressful situations, which is triggered by anxiety and tension, irritability, anger, and aggression. Low frustration tolerance is typically conceptualized as impaired executive function and self-regulation problems (Bowman, 2018; Harrington, 2011) and leads to psychological distress and bbehaviouralproblems (Losco, 2014). In this regard, Yavari Moghadam et al. (1402) concluded that the role of cognitive flexibility in reducing parenting stress and promoting maternal parenting self-efficacy is vital.

According to the theory of balance between risks and resources, chronic parental stress can never be the only product of a single traumatic factor but rather results from a chronic imbalance between traumatic factors and resources in the field of parenting. Given that chronic parental stress is a stress-related disorder, demands/risk factors are defined as factors that significantly increase parental stress (Jalali & Behzadpour, 2013). This indicates the importance of educational and therapeutic programs aimed at promoting maternal health and empowerment. In addition, focusing on improving maternal cognitive flexibility may help reduce perfectionism and parenting stress and reduce its effects on maternal physical, mental, and functional health. Therefore, the present study aimed to predict parental stress in mothers of children with behavioural problems based on perfectionism and self-compassion with the mediation of psychological flexibility and frustration tolerance**.**

The present study is fundamental in terms of its purpose and is of a descriptive-correlational type. The statistical population of the present study included all elementary school students in Tehran in the fall of 1402. The sample size was determined based on the principles of structural equation modelling. Some researchers consider the minimum sample size to be 100 and describe a sample size of 200 or higher as desirable (Klein, 2016). Considering the possibility of sample attrition, the sample group of the present study included 300 people who were selected from ninth grade through convenience sampling. The entry criteria for the study included residing in Tehran and having at least a cycle of education to answer the questions, and the exclusion criteria included not living with both parents, taking medication, and suffering from retardation or chronic diseases. The tools used in the present study included the following:

Instrument

Parental Stress Questionnaire by Shirzadi et al. (2014). The Parenting Stress Questionnaire by Shirzadi et al. (8) consists of 36 items that assess three subscales of parental distress, dysfunctional parent-child interactions, and problematic child characteristics. Shirzadi et al. (8) reported a 16-day test-retest coefficient of 0.97, a Cronbach's alpha coefficient of 0.86, and satisfactory face validity for this instrument.

Acceptance and Action Questionnaire - Second Edition. The Acceptance and Action Questionnaire - Second Edition, developed by Bond et al. (2011), consists of 10 items that are scored on a 7-point Likert scale from never true = 1 to always true = 7. Higher scores indicate greater psychological flexibility. Menendez-Aller et al. (2021) reported a Cronbach's alpha coefficient of 0.93 for this instrument and a correlation of this instrument with anxiety and depression as an indicator of the concurrent validity of the instrument. Costa et al. (2014) confirmed the single-factor structure of this instrument using confirmatory factor analysis and reported a Cronbach's alpha coefficient of 0.92 for this instrument. Imani (2016) reported a Cronbach's alpha coefficient of 0.86 for this instrument and the correlation of this instrument with depression, anxiety and stress as 0.57, 0.55 and 0.51, respectively. Abbasi et al. (2012) reported a Cronbach's alpha coefficient of 0.89 for this instrument and the correlation of this instrument with the Beck Depression and Anxiety Inventory as -0.59 and -0.44, respectively, as an indicator of the convergent validity of the instrument. The validity of this questionnaire in the present study will be reported in a pilot sample by calculating Cronbach's alpha coefficient. Kaburi Multidimensional Cognitive Inventory of Perfectionism. Kaburi and Tanno's (2004) Multidimensional Cognitive Inventory of Perfectionism includes 15 items and three subscales: personal criteria (questions 3, 5, 8, 10, 11, 14); perfectionism (questions 1, 2, 7, 13); and excessive worry about mistakes (questions 4, 5, 6, 9, 12) are assessed on a four-point Likert scale from never = 1 to always = 4. Motamediganeh and Shokri (2012) reported that for the personal criteria subscales, perfectionism and excessive worry about mistakes were 0.80, 0.81, and 0.79, respectively. In the study by Motamediganeh and Shokri (2012), the correlation between individual criteria and the positive affect scale ($p<0.01$, $r=0.32$) and the correlation between over-concern about mistakes and the negative affect scale ($p<0.01$, $r=-0.020$) supported the discriminant validity of the multidimensional perfectionism inventory.

After coordination and obtaining permission from the Ministry of Education, the call for participation in this study, along with the researcher's contact number, was placed in official and unofficial channels and groups of schools in Tehran. Individuals who volunteered to participate in the study contacted the researcher after being fully informed about the objectives of the study, and sent their details along with a handwritten form to the researcher to review the criteria for entering and exiting the study and to express informed consent. After reviewing the demographic characteristics, the questionnaires were prepared online and sent to the participants. Completing the questionnaires took 20 to 30 minutes. In this study, ethical principles of research, including confidentiality, privacy, and individual privacy, were observed, and participants were assured that participating in the study would not cause any potential harm to the participants. In the present study, questionnaires were collected in the fall of 1401 and the collection of questionnaires lasted for nearly 3 months. In this study, descriptive statistical methods such as mean and standard deviation were used to describe the data, and inferential statistical methods such as structural equation modelling were used to test the research hypotheses, provided that assumptions such as normality, collinearity, and multivariate normality were established. Complete structural equation modeling consists of two components, the structural model and the measurement model. Therefore, before addressing the structural model, the measurement model of the present study was evaluated to determine whether the observed variables have the necessary power to measure the latent variables. The measurement model was conducted through confirmatory and structural factor analysis using Amos Seven software and maximum likelihood estimation**.**

Findings

In the present study, 92 (30.67%) of the mothers participating in the study were in the age group under 30 years, 122 (40.67%) 30 to 40 years, 48 (16%) 40 to 50 years, and 34 (11.33%) in the age group over 50 years. In the present study, the mean age of the participating mothers was 35.33 and its standard deviation was 6.87. 76 (25.33%) of the mothers participating in the study had a diploma education, 64 (21.33%) had a post-diploma education, 132 (44%) had a bachelor's degree, 17 (3.67%) had a master's degree, and 11 (3.67%) had a doctoral degree. 102 (34%) of the mothers participating in the study were housewives, 98 (32.67%) were self-employed, and 100 (33.33%) were government employees.

Table 1. Skewness, kurtosis, tolerance coefficient, and variance inflation of research variables

Variance inflation	*Tolerance factor*	*Elongation*	*Skewness*	Variables
4/55	0/220	0/689	0/404	Perfectionism
2/35	0/425	0/138	0/039	Inflexibility
-	-	-0/905	0/212	Parenting Stress

Table 1 shows that the distribution of univariate data in the present study is normal because the skewness and kurtosis indices of none of the research variables are outside the ±2 range. Klein (2015) believes that the Kolmogorov-Smirnov and Shapiro-Wilk values are sensitive to sample size and are not appropriate methods for assessing the assumption of normality. He further recommends that to assess the assumption of normality of the shape of the data distribution in studies with a sample size higher than 100, skewness and kurtosis indices should be used. He believes that if the kurtosis and skewness values are within ±2, the distribution of the variable data is normal. Also, evaluating the values of the tolerance coefficient and variance inflation shows that the assumption of collinearity among the predictor variables is valid. Because the coefficient of tolerance and variance inflation of the predictor variables were greater than 0.1 and smaller than 10, respectively (Myers, Gamsett, & Guarino, 2016).

Table 2. Fitness indices of the structural research model

CFI	**IF**	**PCFI**	**PNFI**	**RMSEA**	**χ^2/df**	**χ^2**	Fitness Indices
0/905	0/906	0/710	0/682	0/093	3/28	394/10	Revised Structural Model
0/90<	0/90<	0/5<	0/5<	0/1>	5<	***P***>0/05	Acceptable Values

Table 2 shows that the obtained fit indices support the acceptable fit of the research structural model with the collected data.

Table 3. Direct and indirect path coefficients between research variables

Sig	**S.E**	**β**	**b**	Direct path coefficients
0/001	0/064	0/487	0/489	Mothers' perfectionism-Parenting stress
0/001	0/034	-0/501	-0/568	Mothers' flexibility-Parenting stress
0/001	0/078	-0/411	-0/478	Mothers' perfectionism-Parenting flexibility
Sig	**S.E**	**β**	**b**	Indirect path coefficients
0/001	0/027	0/206	0/112	Mothers' perfectionism-Parenting stress

Table 3 shows that parental stress in mothers of children with behavioural problems is predicted by perfectionism (P=0.001, β=0.487). Parental stress in mothers of children with behavioural problems is predicted by psychological flexibility (P=0.001, β=-0.501). Parental stress in mothers of children with behavioural problems is predicted by perfectionism with the mediation of psychological flexibility (P=0.001, β=0.206).

Discussion and Conclusion

The results showed that parental stress in mothers of children with behavioural problems is predicted by perfectionism with the mediation of psychological flexibility.

In explaining the present findings, it can be said that perfectionism is a personality trait characterized by very high standards of performance and concern about mistakes and the social consequences of not being perfect, and thus is characterized as a multidimensional concept. Research has shown that the various dimensions of perfectionism lead to two broader dimensions: perfectionistic strivings and perfectionistic concerns (Damian et al., 2017). Worrying about mistakes is the negative and maladaptive aspect of perfectionism (Ghanbari et al., 2010). On the other hand, the desire for order organization and personal standards is the maladaptive aspect of perfectionism (Becks et al., 2015). The maladaptive dimension of excessive perfectionistic concerns can make individuals vulnerable through social situations, social cognitions, and ineffective coping strategies (Becks et al., 2015). Individuals who are often preoccupied with perfectionistic states may become more focused on their concerns when faced with a task, and as a result, their cognitive resources are reduced (Desnoyers and Arpin-Kribi, 2015). On the one hand, perfectionists equate their worth with the fulfilment of idealized and unrealistic standards. This misconception of personal value always exposes the perfectionist to danger and the threat of not achieving idealistic standards. Worrying about mistakes, as a main component of perfectionism, also contributes to the continuation of this concern by providing context and internal readiness. Perfectionism, through the dominance of unrealistic shoulds, does not tolerate or accept any mistakes or failures and does not give the individual an opportunity to gain satisfaction from relative successes. The individual's continuous perceived shortcomings under the influence of perfectionistic characteristics also increase his or her concerns about repeating this situation. Perfectionism, through characteristics such as unrealistic expectations, non-acceptance of personal limitations, and inflexibility, causes the individual to be unable to fulfil his or her parental duties and experience parental stress (Beshart et al., 2015). Psychological flexibility refers to the degree to which an individual is susceptible to internal and external experiences. This personality trait exists in different individuals to varying degrees and determines the type of response individuals have to new experiences. Psychological flexibility states that flexibility requires the ability to connect with the present moment and the power to distinguish oneself from thoughts and experiences within the psyche. Flexible individuals are curious about the internal and external worlds and their lives are rich in experience. Because they like new experiences and want more experience. They not only do not avoid encountering internal and external experiences, bu sometimes even seek to gain new experiences (Chang et al., 2023). Cognitive flexibility is also defined as an individual's ability to inhibit a dominant but ineffective and inappropriate response and the ability to access more distant alternative responses, so it is thought to include two subcategories of inhibiting irrelevant items and shifting attention and focus to different mental tasks or dispositions. Cognitive flexibility, which has positive effects on an individual's ability to cope with internal and external stressors and also has positive effects on the well-being and comfort of individuals in the family's interactive environment, plays a key role in the formation and development of various capabilities in individuals (Feldman et al., 2023).

However any research, in its essence, seeks the relationship between factors and the extent of its effect. However, it will have a set of limitations within itself. In the present study, the researcher was not able to control variables such as socio-economic class. In the present study, a non-random sampling method was used to collect data because random data collection was impossible for the researcher due to his

limitations. It is suggested that in future research, possible influential variables be examined or controlled, and random sampling methods be used in future research.

References

- *Simmons SC, Augenstern JM, Tolan PH. Urban Violence, Youth. In: Kurtz LR, editor. Encyclopedia of Violence, Peace, & Conflict (Third Edition). Oxford: Academic Press; 2022. p. 83-90.*
- *Morelli V, Nettey C. Chapter 1 - Adolescent Health Screening: Toward A More Holistic Approach. In: Morelli V, editor. Adolescent Health Screening: an Update in the Age of Big Data: Elsevier; 2019. p. 1-5.*
- *Leung C, Tsang S, Ng GSH, Choi SY. Efficacy of parent–child interaction therapy with chinese ADHD children: Randomized controlled trial. Research on Social Work Practice. 2017;27(1):36-47.*
- *Stormshak EA, Bierman KL, McMahon RJ, Lengua LJ. Parenting practices and child disruptive behavior problems in early elementary school. Conduct Problems Prevention Research Group. J Clin Child Psychol. 2000;29(1):17-29.*
- *Charach A, Bélanger SA, McLennan JD, Nixon MK. Screening for disruptive behaviour problems in preschool children in primary health care settings. Paediatr Child Health. 2017;22(8):478-93.*
- *Mohammadi M, Vaisi Raiegani AA, Jalali R, Ghobadi A, Abbasi P. Prevalence of Behavioral Disorders in Iranian Children. Journal of Mazandaran University of Medical Sciences. 2019;28(169):181-91.*
- *Wang J, Yang Y, Tang Y, Wu M, Jiang S, Zou H. Longitudinal links among parent-child attachment, emotion parenting, and problem behaviors of preadolescents. Children and Youth Services Review. 2021;121:105797.*
- *Shirzadi P, Framarzi S, Ghasemi M, Shafiee M. Investigating Validity and reliability of Parenting Stress Index – short form among Fathers of normal child under 7 years old. Rooyesh-e-Ravanshenasi Journal(RRJ). 2015;3(4):91-110.*

Entezari, Marzieh., Shamsipour Dehkordi, Parvaneh., & Sahaf, Rabab. (2017). The effectiveness of physical activity on cognitive flexibility and perfectionism in the elderly. Salamand: Iranian Journal of Aging, 12 (4), 402-413.

- *Imani, Mehdi. (2016). Investigating the factor structure of the Psychological Flexibility Questionnaire in students. Journal of Education and Learning Studies, 8 (1), 181-162.*
- *Besharat, Mohammad Ali., Roghieh El-Sadat, Mirjalili., & Hadi, Bahrami Ehsan. (2015). The mediating role of metacognitive beliefs and cognitive emotion regulation deficits in the relationship between cognitive perfectionism and worry in patients with generalized anxiety disorder. Principles of Mental Health, 17 (3), 121-116.*
- *Jalali, Seyedeh Zahra., & Behzadpour, Samaneh. (2014). The moderating role of emotional intelligence in the relationship between perfectionism and parental stress: A descriptive study. Journal of Rafsanjan University of Medical Sciences, 23 (5), 420-407.*
- *Abbasi, Imaneh., Fati, Ladan., Moludi, Reza., & Zarrabi, Hamid. (2012). Psychometric adequacy of the Persian version of the Acceptance and Practice Questionnaire - Second Edition. Psychological Methods and Models, 3(10), 65-80.*
- *Ghanbari, Saeed., Javaheri, Abedin., Seyed Mousavi, Parisa., & Malhi, Elnaz. (2010). The relationship between dimensions of students' perfectionism and their positive relationships with others. Quarterly Journal of Applied Psychology, 16(4), 72-84.*
- *Motamediganeh, Negin., & Shokri, Omid. (2012). Psychometric test of the Multidimensional Perfectionism Cognitive Inventory. Developmental Psychology Quarterly, Iranian Psychologists, 10(38), 175-185.*
- *Yavari Moghadam, Farzaneh., Hosseinian, Simin., Emami, Fatemeh., and Azad, Najmeh. (2013). The moderating role of cognitive flexibility in the relationship between parenting stress and perceived maternal parenting self-efficacy. Clinical Psychology, 15(60), 38-29.*
- Abidin, R. R. (1990). *Parenting Stress Index* [Database record]. APA PsycTests. https://doi.org/10.1037/t02445-000
- Abidin, R. R. (1992). The Determinants of Parenting Behavior. Journal of Clinical Child Psychology, 21(4), 407-412.
- Azizi, K., & Besharat, M. A. (2011). The relationship between parental perfectionism and child perfectionism in a sample of Iranian families. *Procedia - Social and Behavioral Sciences, 15*, 1287-1290. https://doi.org/https://doi.org/10.1016/j.sbspro.2011.03.279

- Békés, V., Dunkley, D. M., Taylor, G., Zuroff, D. C., Lewkowski, M., & Elizabeth, J. (2015). Chronic Stress and Attenuated Improvement in Depression Over 1 Year: The Moderating Role of Perfectionism. *Behavior Therapy, 64*(4), 478-492.
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire–II: A Revised Measure of Psychological Inflexibility and Experiential Avoidance. *Behavior Therapy, 42*(4), 676-688. https://doi.org/https://doi.org/10.1016/j.beth.2011.03.007
- Bouman, D. E. (2018). Frustration Tolerance. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of Clinical Neuropsychology* (pp. 1509-1509). Cham: Springer International Publishing.
- Chong, Y. Y., Frey, E., Chien, W. T., Cheng, H. Y., & Gloster, A. T. (2023). The role of psychological flexibility in the relationships between burnout, job satisfaction, and mental health among nurses in combatting COVID-19: A two-region survey. *Journal of Nursing Scholarship.*
- Desnoyers, A., & Arpin-Cribbie, C. (2015). Examining cognitive performance: Do perfectionism and rumination matter? *Personality and Individual Differences*, 76, 94-98.
- Egan, S. J., Wade, T. D., Fitzallen, G., O'Brien, A., & Shafran, R. (2022). A meta-synthesis of qualitative studies of the link between anxiety, depression and perfectionism: implications for treatment. *Behavioural and cognitive psychotherapy*, *50*(1), 89–105. https://doi.org/10.1017/S1352465821000357
- Feldman, G., Martin, S., & Donovan, E. (2023). Psychological flexibility as a predictor of mental health outcomes in parents of pre-school children during the COVID-19 pandemic: A two-year longitudinal study. *Journal of Contextual Behavioral Science.*
- Flett, G. L., Hewitt, P. L., Oliver, J. M., & Macdonald, S. (2002). Perfectionism in children and their parents: A developmental analysis. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (p. 89–132). American Psychological Association.
- Harrington, N. (2005). The Frustration Discomfort Scale: development and psychometric properties. *Clinical Psychology & Psychotherapy, 12*(5), 374-387.
- Hayes, S. C. (2019). Acceptance and commitment therapy: towards a unified model of behavior change. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, *18*(2), 226–227. https://doi.org/10.1002/wps.20626
- Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: A relational approach to conceptualization, assessment, and treatment.* The Guilford Press.
- Kabori, O., & Tanno, y. (2004). Development of Multidimensional Perfectionism Cognition Inventory. *Japanese Journal of Personality*, *13*(1), 34-43.
- Kline, R. B. (2016). *Principles and practice of structural equation modelling* (4th Ed). New York, NY, US: Guilford Press.
- Levesque, R. J. R. (2011). Tolerance. In R. J. R. Levesque (Ed.), *Encyclopedia of Adolescence* (pp. 2995-2996). New York, NY: Springer New York.
- Menéndez-Aller, Á., Cuesta, M., Postigo, Á., González-Nuevo, C., García-Fernández, J., & García-Cueto, E. (2021). Validation of the acceptance and action questionnaire-ii in the general Spanish population. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues.* Advanced online publication. https://doi.org/10.1007/s12144-021-02447-3
- Qiao, L., Xu, M., Luo, X., Zhang, L., Li, H., & Chen, A. (2020). Flexible adjustment of the effective connectivity between the fronto-parietal and visual regions supports cognitive flexibility. *NeuroImage*, *220*, 117158