



# Father-daughter and mother-son relationships: Parental bonding behaviours and socially prescribed perfectionism in young adults<sup>☆</sup>

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## ABSTRACT

Theory and research suggest that parental bonding behaviours (i.e., overprotection and care) are important predictors of socially prescribed perfectionism. However, despite evidence suggesting that maternal and paternal behaviours may differ in their effects on children's development and their mental health outcomes, no studies thus far have investigated whether maternal and paternal bonding behaviours differentially influence socially prescribed perfectionism in sons and daughters. Therefore, we investigated the extent to which maternal and paternal overprotection and care predicted socially prescribed perfectionism in young men and women. A total of 456 undergraduate students (228 men and 228 women) completed the Multidimensional Perfectionism Scale and Parental Bonding Instrument for both parents. After controlling for self-oriented and other-oriented perfectionism, results from hierarchical regression analyses indicated that women's levels of socially prescribed perfectionism were positively predicted by perceived paternal overprotection and negatively predicted by paternal care, but not perceived maternal overprotection or care. In contrast, men's levels of socially prescribed perfectionism were positively predicted by perceived maternal overprotection and negatively predicted by maternal care, but not perceived paternal overprotection or care. This study contributes to the existing perfectionism literature by highlighting possible gender-specific parental behaviours in the development of perfectionism.

## 1. Introduction

### 1.1. Parental behaviours and perfectionism

Perfectionism is a pernicious, multidimensional personality construct that involves three trait components (Hewitt et al., 2017): *Self-oriented perfectionism* (SOP; i.e., the requirement or demand of perfection of oneself), *other-oriented perfectionism* (OOP; i.e., the requirement of perfection for others), and finally, *socially prescribed perfectionism* (SPP; i.e., the belief that others require perfection of oneself). Of the three trait perfectionism dimensions, SPP is seen as particularly deleterious, with a large body of research demonstrating consistent and strong associations with myriad adverse mental health outcomes, including depression, anxiety, eating disorders, and interpersonal problems (see Flett et al., 2022 for a review).

The Perfectionism Social Disconnection Model (PSDM; Hewitt et al.,

2017) posits that individuals develop perfectionism due to asynchronies in the parent-child relationships. That is, when parents are unable or unwilling to meet their child's needs for warmth, autonomy, and emotional security, the child develops perfectionistic traits and behaviours as an attempt to fulfil these unmet needs. For instance, asynchrony stemming from harsh parenting that lacks sufficient care or warmth, including neglectful and abusive parenting, may lead a child to develop perfectionism as a way of escaping or minimizing further abuse or neglect (Flett et al., 2002). In addition, parents who are overly concerned about making mistakes themselves may convey this worry to their child in the form of overprotection and fixation on perceived imperfections, thus facilitating the intergenerational transmission of a perfectionistic mindset (Flett et al., 2002).

Emerging studies testing these models have found support for the importance of early adversity and anxious rearing in the development of perfectionism (Affrunti & Woodruff-Borden, 2017; Chen et al., 2019;

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Domocus & Damian, 2018; Ko et al., 2019). However, while the theories on perfectionism suggest that all three perfectionism traits can arise from parent-child asynchronies, the extant research suggests that relative to OOP and SOP, SPP is most strongly and consistently associated with parental behaviours (e.g., Carmo et al., 2021; Domocus & Damian, 2018; Smith et al., 2022). In addition, though empirical support for these models is growing, very few studies have tested these models in the context of parental bonding behaviours (Parker et al., 1979). According to Parker et al. (1979), there are two dimensions of parental bonding behaviour: *Parental care*, which reflects a parent's displays of warmth and affection toward the child, and *parental overprotection*, which reflects behaviours that are overly controlling and restrictive of the child. Thus, given the theoretical importance of parental overprotection and care in the development of perfectionism and the growing body of research suggesting the importance of parental behaviours on SPP, further research is necessary to elucidate the relationship between parental bonding behaviours and SPP.

### 1.2. Gender-specific parenting and perfectionism in children and youth

Although empirical support for the importance of parental behaviours in the development of perfectionism has been growing, further research is necessary to extend and clarify variables that moderate this relationship. Specifically, despite evidence suggesting that mothers and fathers differ in their impact on the development of self-esteem, attachment security, and other psychological outcomes for their daughters and sons (e.g., Ali et al., 2015; Eun et al., 2018; Fernandes et al., 2018; Keizer et al., 2019; Speirs Neumeister & Finch, 2006), only a few studies have investigated how parent and child gender may affect the relationship between parental behaviours and the development of perfectionism (Carmo et al., 2021; Enns et al., 2000; Flett et al., 1995; Frost et al., 1991). Furthermore, research on the differential impact of maternal and paternal behaviours on their children's perfectionism has been primarily limited to *authoritarian parenting*, a punitive and demanding parenting style reflecting parental overcontrol, excessively high expectations, and low parental warmth (e.g., Carmo et al., 2021; Flett et al., 1995; Frost et al., 1991). For instance, Flett et al. (1995) found in their sample of college students that perceived maternal and paternal authoritarian parenting, predicted men's SPP, but not women's SPP. In contrast, Carmo et al. (2021) found, in children ages 10 to 14, that perceived authoritarian parenting from both parents contributed more strongly to SPP in girls than in boys. Moreover, compared to fathers, mothers' authoritarian parenting contributed significantly more to SPP in both boys and girls (Carmo et al., 2021). Taken together, these studies seem to suggest that harsh maternal and paternal behaviours are important predictors of SPP, and that the relationships between these parental behaviours and SPP may differ for sons versus daughters.

While most research on the role of gender in parental behaviours and SPP has focused on authoritarian parenting, only one study to date has investigated this relationship with parental bonding behaviours (Enns et al., 2000). Enns et al. (2000) found, in a sample of adult outpatients with depression, that perceptions of maternal and paternal overprotection correlated positively with SPP in both men and women, and that perceptions of care from both parents correlated negatively with participants' SPP. Thus, contrary to research on authoritarian parenting and SPP, Enns et al.'s (2000) findings suggest that maternal and paternal bonding behaviours may not differentially predict SPP in men vs. women. However, given that maternal and paternal bonding behaviours can be significantly correlated with one another (e.g., Gao et al., 2010), further research is necessary to determine whether this finding holds when assessing the unique contribution of parental behaviours from each parent to their child's SPP.

### 1.3. The present study

Theory and research have established a strong link between harsh

parenting behaviours and SPP (Flett et al., 2002; Hewitt et al., 2017). However, despite theories of perfectionism suggesting the importance of parental overprotection and control in the development of perfectionism, few studies have investigated the role of parental bonding behaviours in children's perfectionism. Moreover, despite past research suggesting that maternal and paternal behaviours differentially impact their children's development and mental health outcomes, studies on the relationship between parental behaviours and SPP in different parent-child pairings remain limited. Finally, studies that investigated the role of paternal and maternal behaviours in children's SPP are limited in two important ways. First, most research on gender differences in parent-child dyads investigated how authoritarian parenting is related to SPP, and only one study has investigated how parental bonding behaviours are related to SPP (Enns et al., 2000). Second, Enns et al.'s (2000) study consisted of a predominantly female sample, which made it difficult to adequately tease apart the influence of different parental behaviours on men and women. Thus, our study aimed to address these limitations by investigating the relationships between perceptions of maternal and paternal bonding behaviours and SPP in a gender-balanced sample of young adults. In line with prior research (Enns et al., 2000) and the PSDM (Hewitt et al., 2017), we hypothesized that SPP would be positively associated with parental overprotection and negatively associated with perceived parental care regardless of the participants' gender. Furthermore, we explored potential gender-specific patterns that might emerge in the links between parental bonding behaviours and SPP by examining whether maternal and paternal bonding behaviours would differentially predict SPP in male and female participants.

## 2. Material and methods

### 2.1. Participants and procedure

A total of 456 undergraduate students (228 men and 228 women) were recruited from a major Canadian university. Participants' age ranged between 17 and 50 years ( $M = 20.60$ ,  $SD = 3.72$ ) for men and between 17 and 41 years ( $M = 20.80$ ,  $SD = 2.49$ ) for women. Ethnicity was not assessed in this study due to an omission on the questionnaire. Participants received extra course credits for their participation. The study received ethical approval from the university behavioural research ethics board.

### 2.2. Measures

*Multidimensional Perfectionism Scale* (MPS; Hewitt & Flett, 1991) is a 45-item measure that assesses trait perfectionism with three subscales: *Self-oriented perfectionism* (e.g., "One of my goals is to be perfect in everything I do"), *other-oriented perfectionism* (e.g., "I cannot stand to see people close to me make mistakes"), and *socially prescribed perfectionism* (e.g., "The people around me expect me to succeed in everything I do"). Each item is rated on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The MPS is widely used to assess perfectionism and has demonstrated good internal consistency, reliability, and validity (Hewitt & Flett, 1991).

*Parental Bonding Instrument* (PBI; Parker et al., 1979) is a 25-item questionnaire designed to assess one's subjective experience of being parented during their first 16 years. The PBI assesses two parental bonding behaviours: *Parental care* (e.g., "Enjoyed talking things over with me") and *parental overprotection* (e.g., "Tried to control everything I did"). Participants completed two versions of the questionnaire, one for their mother and one for their father. Each item was rated on a scale from 0 (*very unlike*) to 3 (*very like*). The PBI is commonly used to assess parental bonding behaviours and has shown good validity, internal consistency, and reliability (e.g., Parker et al., 1979).

### 3. Results

#### 3.1. Preliminary analyses and descriptive statistics

Participants were excluded if they were missing over 50 % of items on any measure. Accordingly, 13 participants were excluded (10 men and 3 women) out of the original 456 participants, leaving 443 participants in the final sample (218 men and 225 women). Of the remaining 443 participants, only 0.1 % of data entries were missing. Excluded participants were not significantly different in age and scale means from the remaining participants. All variables were normally distributed. Descriptive statistics and bivariate correlations for the entire sample ( $N = 443$ ) are presented in Table 1, and for women and men separately in the Supplementary Materials.

Means and standard deviations (Table 1) were consistent with previous studies using university samples (e.g., Hewitt & Flett, 1991; Wilhelm et al., 2005). All three perfectionism dimensions were positively correlated with one another (Table 1). Consequently, SOP and OOP were covaried in the subsequent regression analyses. Participants' SPP scores were negatively correlated with maternal and paternal care and positively correlated with maternal and paternal overprotection. In addition, neither SOP nor OOP were significantly associated with parental overprotection or care. Correlations for men and women, separately, showed similar patterns (Table 1 in Supplementary Materials), with the exception of a small significant positive correlation between OOP and maternal care for women. Women and men did not differ significantly in their ratings of SOP, SPP and paternal care and overprotection. Men, however, did score significantly lower than women on ratings of maternal overprotection,  $t(441) = -3.06, p = .002$ , Cohen's  $d = -0.29$ , and maternal care,  $t(441) = -4.25, p < .001$ , Cohen's  $d = -0.40$ . In addition, men scored significantly higher than women on ratings of OOP,  $t(441) = 2.07, p = .04$ , Cohen's  $d = 0.20$ .

#### 3.2. Hierarchical regressions

To investigate the effect of maternal and paternal care and overprotection on SPP for women and men, we conducted two separate hierarchical regression analyses for women and men, with their SPP scores as the criterion variable. In each analysis, we included either women or men's SOP and OOP scores in the first step, followed by their ratings of maternal and paternal care and overprotection in the second step (Table 2).

For men, parental bonding behaviours together accounted for about 10 % of the unique variance in SPP,  $\Delta F(4, 211) = 8.31, p < .001$ . However, only maternal care,  $\beta = -0.19, t = -2.83, p = .005, sr^2 = 0.03$ , and maternal overprotection,  $\beta = 0.16, t = 2.28, p = .02, sr^2 = 0.02$  emerged as significant predictors of SPP scores in men. For women, parental bonding behaviours together accounted for about 16 % of the unique variance in their SPP scores,  $\Delta F(4, 218) = 15.01, p < .001$ . However, only paternal care,  $\beta = -0.12, t = -1.97, p = .05, sr^2 = 0.01$

and paternal overprotection,  $\beta = 0.29, t = 4.52, p < .001, sr^2 = 0.06$  significantly predicted SPP scores in women.

### 4. Discussion

This study was the first to explore the relationships between perceived maternal and paternal bonding behaviours (i.e., overprotection and care) and SPP in sons and daughters using a gender-balanced sample. First, we found that SPP was associated with lower parental care and higher parental overprotection across genders. This finding adds to the growing body of literature in support of the PSDM (Hewitt et al., 2017), suggesting that harsh and overprotective parenting can lead to the development of perfectionism, such as SPP (e.g., Affrunti & Woodruff-Borden, 2017; Chen et al., 2019; Domocus & Damian, 2018; Ko et al., 2019). However, after controlling for the opposite-gender parents' bonding behaviours, we found that maternal and paternal bonding behaviours differentially predicted SPP in men and women. That is, low maternal care and high maternal overprotection, but not paternal bonding behaviours, predicted SPP in men, whereas low paternal care and high paternal overprotection, but not maternal bonding behaviours, predicted SPP in women. Thus, when all possible parent-child pairings were considered, only paternal bonding behaviours emerged as significant predictors for women's SPP while maternal bonding behaviours emerged as significant predictors for men's SPP.

Our study differed from past research on perfectionism and parental bonding behaviours (i.e., Enns et al., 2000) by assessing both paternal and maternal bonding behaviours for both men and women, which enabled us to determine the unique contribution of perceived maternal and paternal behaviours on men and women's perfectionism. Our findings also differed from earlier studies that found no difference between maternal and paternal authoritarian parenting style in the prediction of sons' (Flett et al., 1995) or daughters' SPP (Carmo et al., 2021), as well as studies that found no gender difference in the links between authoritarian parenting and SPP (Miller et al., 2012; Speirs Neumeister, 2004). One possible explanation for the mixed findings is that our study assessed parental bonding behaviours, while many prior studies assessed a related yet different parenting construct (i.e., authoritarian parenting). Finally, our results are in line with a growing body of research highlighting mothers' unique importance in men's mental health outcomes and fathers' unique relevance in women's mental health outcomes (e.g., Ali et al., 2015; Eun et al., 2018; Soenens et al., 2008).

The PSDM (Hewitt et al., 2017) suggests that harsh parental behaviours can generate parent-child asynchronies, which in turn, can result in attachment insecurities and the development of SPP to compensate for the child's unmet needs for warmth, autonomy, and security. Our findings extend the PSDM by suggesting that the relationship between parental behaviours and SPP may differ, depending on the parent-child gender pairing. For instance, we found that women's SPP was uniquely predicted by high paternal overprotection and low paternal care, but not by maternal overprotection or care. This may be

**Table 1**

Means, standard deviations, Cronbach's alphas, and bivariate correlations for all participants ( $N = 443$ ).

| Variable                   | 1      | 2      | 3       | 4       | 5       | 6       | 7     |
|----------------------------|--------|--------|---------|---------|---------|---------|-------|
| 1. SOP                     | –      |        |         |         |         |         |       |
| 2. OOP                     | 0.49** | –      |         |         |         |         |       |
| 3. SPP                     | 0.44** | 0.34** | –       |         |         |         |       |
| 4. Maternal care           | –0.05  | 0.03   | –0.26** | –       |         |         |       |
| 5. Maternal overprotection | 0.02   | –0.08  | 0.24**  | –0.37** | –       |         |       |
| 6. Paternal care           | –0.02  | –0.02  | –0.24** | 0.40**  | –0.37** | –       |       |
| 7. Paternal overprotection | 0.04   | –0.04  | 0.29**  | –0.37** | 0.51**  | –0.46** | –     |
| <i>M</i>                   | 70.76  | 58.98  | 54.69   | 25.54   | 11.89   | 24.98   | 12.91 |
| <i>SD</i>                  | 13.77  | 10.53  | 11.71   | 8.80    | 8.30    | 9.05    | 8.69  |
| $\alpha$                   | 0.89   | 0.77   | 0.83    | 0.97    | 0.90    | 0.85    | 0.88  |

Note. SOP = self-oriented perfectionism; OOP = other-oriented perfectionism; SPP = socially prescribed perfectionism.

\*\*  $p < .01$  (2-tailed).

**Table 2**

Hierarchical regression analyses predicting socially prescribed perfectionism from perceived parental care and overprotection after controlling for self-oriented and other-oriented perfectionism in men ( $n = 218$ ) and women ( $n = 225$ ).

| Predictor               | SPP in men |      |                |         |       | SPP in women |      |                |         |       |
|-------------------------|------------|------|----------------|---------|-------|--------------|------|----------------|---------|-------|
|                         | $\beta$    | SE   | Adjusted $R^2$ | 95 % CI |       | $\beta$      | SE   | Adjusted $R^2$ | 95 % CI |       |
|                         |            |      |                | LL      | UL    |              |      |                | LL      | UL    |
| Step 1                  |            |      | 0.19           |         |       |              |      | 0.23           |         |       |
| SOP                     | 0.36**     | 0.06 |                | 0.19    | 0.43  | 0.36**       | 0.06 |                | 0.19    | 0.42  |
| OOP                     | 0.14       | 0.07 |                | -0.00   | 0.29  | 0.20**       | 0.08 |                | 0.08    | 0.39  |
| Step 2                  |            |      | 0.29           |         |       |              |      | 0.38           |         |       |
| SOP                     | 0.37**     | 0.06 |                | 0.20    | 0.43  | 0.29**       | 0.05 |                | 0.15    | 0.35  |
| OOP                     | 0.13       | 0.07 |                | -0.00   | 0.28  | 0.28**       | 0.07 |                | 0.18    | 0.47  |
| Maternal care           | -0.19**    | 0.09 |                | -0.43   | -0.08 | -0.07        | 0.08 |                | -0.26   | 0.07  |
| Maternal overprotection | 0.16*      | 0.10 |                | 0.03    | 0.45  | 0.04         | 0.09 |                | -0.11   | 0.23  |
| Paternal care           | -0.04      | 0.09 |                | -0.22   | 0.13  | -0.12*       | 0.08 |                | -0.31   | -0.00 |
| Paternal overprotection | 0.01       | 0.09 |                | -0.17   | 0.20  | 0.29**       | 0.09 |                | 0.24    | 0.61  |

Note. LL = lower limit; UL = upper limit.

\*  $p < .05$ .

\*\*  $p < .01$ .

explained by research suggesting that women tend to perceive relationships with their fathers as more emotionally distant than those with their mothers (Freeman & Almond, 2010; Nielsen, 2007). Specifically, adult women's concerns about their father's criticalness and expectations of a "perfect" daughter may prevent them from discussing personal topics and engaging in difficult discussions with their father (Freeman & Almond, 2010). As such, it is possible that daughters whose perceptions of fathers are distant, critical and/or difficult to talk to may lead to greater parent-child asynchronies and daughters may respond to fathers' cold and overprotective behaviour by striving for perfection.

Our study also found that men's SPP was uniquely predicted by low maternal care and high maternal overprotection. Although mother-son relationships are by far the least studied parent-child relationship, research suggests that in childhood, sons tend to be emotionally closer to their mothers than their fathers (Matthews et al., 1996). However, sons also tend to have more conflicts with their mothers, oftentimes due to feelings of mothers' overinvolvement (Matthews et al., 1996). Therefore, it is possible that mothers' tendencies to get overly involved in their sons' lives thwart their development of autonomy. As such, these men may develop an overreliance on external validation and others' approval to maintain a cohesive sense of self, as in the case of SPP. Moreover, research suggests that SPP in men may sometimes manifest as overt hostility and aggression (e.g., Hewitt et al., 2021; Sherry et al., 2014). This coincides with past research suggesting that maternal behaviours play a unique role in predicting sons' hostile and antisocial behaviours (Criss et al., 2003; Matthews et al., 1996).

Finally, we found a small, positive correlation between OOP and perceived maternal care in women. This stands in contrast to the PSDM positing that greater parental care should be associated with lower perfectionism including OOP. However, our finding is not entirely inconsistent with earlier research (e.g., Chen et al., 2015) showing a positive correlation between OOP and anxious attachment, hence reflecting an underlying need for comfort, emotional closeness, and security among women high in OOP. Finally, while our study did not find evidence for the influence of either maternal or paternal care and overprotection on SOP and OOP, a recent meta-analytic review suggests other parental variables (e.g., parental expectations) can have a significant impact on these perfectionism traits (see Smith et al., 2022). Thus, future studies should investigate the effects of other parental behaviours on SOP and OOP and whether the gender of a child and/or parent moderates these relationships.

#### 4.1. Limitations and future directions

This study has several limitations that warrant further research. First, given that this study is cross-sectional, conclusions about causal

relationships between parental bonding behaviours and SPP cannot be ascertained. Longitudinal studies are necessary to determine the causal relationship between parental bonding behaviours and perfectionism. In addition, this study was conducted with undergraduate students and therefore needs to be replicated in other populations and age groups. Second, our study relied solely on participants' self-reports, thus future research should also adopt a multi-method, multi-informant approach to reduce potential bias associated with self-report measures. Moreover, while the PBI (Parker et al., 1979) has been used extensively in past studies, it assesses only a specific subset of parental control or overprotection. Thus, future research should assess other forms of parental control (e.g., psychological control) to determine their relationship with SPP in different parent-child dyads. Our study is also limited in that we treated parents as separate units and did not assess the joint effects of parental behaviours on participants' perfectionism. It has been suggested that there is a dynamic interaction between parenting behaviours and styles, whereby one parent may take a particular parenting approach to complement the other parent's approach (Bögels & Perotti, 2011). Thus, further research should be conducted to evaluate whether gender of the parents or specific parenting roles (in the case of same-gender or single parent households) are more consequential for the development of perfectionism. Finally, our study did not investigate potential sociocultural differences in the links between parental behaviours and perfectionism. Past research suggests culture may be an important factor when considering the impact of parent-child dyads on the parental behaviour and perfectionism relationship (Kawamura et al., 2002; Walton et al., 2020), which also warrants further investigations.

## 5. Conclusions

The present study found that maternal bonding behaviours are important predictors of SPP in men and that paternal bonding behaviours are important predictors of SPP in women. These findings provide support for and expand on the PSDM (Hewitt et al., 2017) by highlighting the importance of examining moderators (such as gender of the parent and child in the model) and suggesting a need for further research on the impact of different parent-child relationships in the development of perfectionism.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.paid.2022.112007>.

#### CRediT authorship contribution statement

**Sabrina Ge:** Conceptualization, Formal analysis, Writing – original draft. **Chang Chen:** Conceptualization, Investigation, Supervision, Formal analysis, Writing – review & editing. **Paul L. Hewitt:** Funding



acquisition, Supervision, Writing – review & editing. **Gordon L. Flett:** Conceptualization, Funding acquisition.

## Declaration of competing interest

We have no conflicts of interests to disclose.

## Data availability

Data will be made available on request.

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