THE ASSOCIATION BETWEEN PERFECTIONISM AND SOCIAL ANXIETY AMONG ADOLESCENTS IN SELANGOR, MALAYSIA

Peng Aik C1, Rabbani M1, and Amini M2.

- ¹ Department of Psychology, Faculty of Social Sciences and Liberal Arts, UCSI University Kuala Lumpur, 56000 Cheras, Kuala Lumpur, Malaysia
- ² Department of English, Language and Communication, Faculty of Social Sciences and Liberal Arts, UCSI University Kuala Lumpur, 56000 Cheras, Kuala Lumpur, Malaysia

Correspondence:

Dr. Mohtaram Rabbani
Department of Psychology,
Faculty of Social Sciences and Liberal Arts,
UCSI University Kuala Lumpur,
56000 Cheras, Kuala Lumpur, Malaysia
Email: mohtaram@ucsiuniversity.edu.my

Abstract

Social anxiety is explained as noticeable anxiety or fear in one or more social situations where the individual is exposed to possible analysis by others. This research is aimed to determine the association between perfectionism and social anxiety among adolescents in Selangor, Malaysia. A final sample of 327 participants, between 13 to 18 years old, was collected. Data collection was conducted in two public secondary schools and two private high schools in Selangor. This survey included three instruments of analysis: The Child-Adolescent Perfectionism Scale, Kutcher Generalized Social Anxiety Disorder Scale for Adolescents and Demographic Questionnaire. The results showed that there is a significant positive association between perfectionism and social anxiety. This study has proved the positive association between perfectionism and social anxiety among adolescents in Selangor, Malaysia. Therefore, it is important to identify those students with these issues and guide them in an effective way to overcome the issues.

Keywords: Adolescent, Perfectionism, Social Anxiety

Introduction

Social anxiety was explained as noticeable anxiety or fear in one or more social situations where the individual is exposed to possible analysis by others. The social situations include social interactions such as conversation with others, giving speeches to others or being observed by others while drinking or eating, and the individuals are scared of receiving negative evaluations in such social situations (1). Adolescents with social anxiety might have the feeling of anxiousness in most of the routine activities such as submitting homework in the classroom, zipping their jacket in front of others or ordering food in a restaurant. Adolescents with social anxiety will also tend to be extremely emotional, lonely, socially fearful or sad compared with their peers (2).

Mackinnon et al. (3) found that perfectionistic selfpresentation had predicted social anxiety in both 'within-subject' and 'between-subject' levels. In brief, perfectionism and social anxiety relate to one another and this has brought out the need for concern in the society. Therefore, it is important to conduct research on these issues and create an awareness in the society so that preventive methods could be carried out to avoid the issue of social anxiety from becoming more and more severe.

Problem Statement

Based on diagnostic interview data from the National Comorbidity Survey Adolescent Supplement (NCS-A), an estimated 9.1% of adolescents in the United States are having 'Social Anxiety Disorder', and an estimated 1.3% of adolescents are having severe anxiety impairment (4). In Malaysia, the overall prevalence of mental health problems among children is 12.1% and the prevalence of emotional problems among children is 15.7% (5). The prevalence of 'Generalized Anxiety Disorder' among adults in Selangor, Malaysia is 8.2% (6). However, there are no specific data shown in Malaysia on 'Social Anxiety Disorder' among adolescents. Schneier et al. (4) have shown that individuals with social anxiety disorder were associated with higher anxiety, mood, personality and psychotic disorder. Ranta et

al. (5) have also shown that the male has more destructive effects from social anxiety on his academic and social behaviour compared to the female, but the female also receives some effect on her social behaviour due to social anxiety. In brief, based on past researches and statistics, perfectionism and social anxiety have been shown to be interrelated and this has brought out serious implications in society.

Most of the previous researchers including Levinson et al. (2) and Newby et al. in 2017 (7) have shown that perfectionism significantly predicted social anxiety. Besides, there is also research conducted by Goya Arce and Polo (8) which showed that social anxiety was a moderator for perfectionistic self-presentation and for loneliness or depressive symptoms. Moreover, the research conducted by Gautreau et al. (9) found that social anxiety could be an antecedent for perfectionism instead of a consequence. Therefore, the role of social anxiety and perfectionism still remains inconclusive as there are different results shown from different researches. For instance, there is a lack of research that determines the association between perfectionism and social anxiety in Asian countries, especially among the adolescent group, however, there is research shown that the onset age for social anxiety is around 13 years old, which is the stage of adolescence (9). Therefore, the aim of this research is to determine the association between perfectionism and social anxiety among adolescents in Selangor, Malaysia.

Methodology

This was a survey study designed to explore the association between perfectionism and social anxiety among adolescents in Selangor, Malaysia. This study relied on self-reported measures to obtain perfectionism level and social anxiety level. The independent variable was the perfectionism level while the dependent variable was the social anxiety level. A total of 350 students were recruited from two public secondary schools and two private high schools in Selangor, Malaysia, by using convenient sampling as the researcher failed to conduct random sampling for this current study due to the rejection by the selected government schools for data collection random sampling. Therefore, convenient sampling was used as private schools and international schools could be used for data collection only after school approval was obtained. After data clearing, a final sample of 327 participants of 13 to 18 years of age was used in this study. Regarding the ethical consideration of this study, potential risks in this research were determined before the research started. The identities of the respondents remained anonymous to protect the participants from social risks. Besides that, informed consent forms were given to all participants and their parents before they participated in this research.

The two instruments of analysis used were the Child-Adolescent Perfectionism Scale and the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents. The Child-Adolescent Perfectionism Scale was developed by Flett

et al. (10). This scale contains 22 items which includes 12 items on self-oriented perfectionism and 10 items on socially prescribed perfectionism. This perfectionism scale consists of a five point Likert scale, where '1' indicates "Not at all True of me" and '5' indicates "Very True of me". However, there are three reverse scoring items in this perfectionism scale (10). The reliability of The Child-Adolescent Perfectionism Scale in this study is high with the Cronbach's alpha of α =0.86 for the full analysis. The validity of this questionnaire was confirmed (9). The Kutcher Generalized Social Anxiety Disorder Scale for Adolescents was developed by Brooks and Kutcher (11). This scale contains 47 items which includes 18 items for discomfort, anxiety and distress, 18 items for avoidance and 11 items for distress quotient. This social anxiety scale for adolescents consists of a four point Likert, where '0' indicates "Never" and '3' indicates 'Severe/Total Avoidance" (11). The reliability of the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents in this study is high with the Cronbach's alpha of α =0.83 for the full analysis. The validity of this questionnaire was confirmed

Ethical Consideration

Potential risks in this research were determined before the research started. The respondents remained anonymous to protect the participants from social risks. Besides that, informed consent forms were given to all participants before commencement of this research. Research procedures and aspects of the research that might influence the individuals' willingness to participate were described in the informed consent form. However, more ethical issues needed to be considered when the participants were adolescents under 18 years old, as the researcher needed to obtain the approval from at least one of the parents or guardians of the respondent before data collection. In this case, in the informed consent forms, the researcher obtained the signatures of either parents or guardians and also of the respondents.

Results

Demographic characteristics comprised of age, gender, race, school and number of siblings based on 327 respondents from the data collection. Table 1 represents the profile of the respondents which included 151 (46.2%) males and 176 (53.8%) females, of ages between 13 to 18 years old. Table 1 reflects the descriptive statistics of the age of the respondents which indicated 86 (26.3%) being in their early adolescent stage (13 - 14 years old), 137(41.9%) being in their middle adolescent stage (15 – 16 years old) and 104 (31.8%) being in their late adolescent stage (17 – 18 years old). Moreover, the results also showed the descriptive statistics of the respondents' races which indicated 140 (42.8%) being Malays, 165 (50.5%) being Chinese, 10 (3.1%) being Indian and 12 (3.7%) being of other races. Likewise, it was shown that 138 respondents (42.2%) studied in public schools and 189 respondents (57.8%) studied in private schools. Furthermore, the

results also showed that 66 respondents (20.2%) had no siblings, 43 respondents (13.1%) had one sibling and 218 respondents (66.7%) had two siblings or more.

Table 1: Demographic profile of respondents (N = 327)

Variables	N	%					
Gender							
Male	151	46.2					
Female	176	53.8					
Age							
Early Adolescence (13-14)	86	26.3					
Middle Adolescence (15-16)	137	41.9					
Late Adolescence (17-18)	104	31.8					
Race							
Malay	140	42.8					
Chinese	165	50.5					
Indian	10	3.1					
Others	12	3.7					
School							
Public School	138	42.2					
Private School	189	57.8					
Number of Siblings							
No Siblings	66	20.2					
1	43	13.1					
≥2	218	66.7					

Table 2 shows the descriptive statistics of all main variables (perfectionism and social anxiety). The total perfectionism score of the respondents ranged between 32 to 103 with a mean of 72.02 (SD = 13.11). The skewness is -0.216 and kurtosis is -0.194, indicating that it fulfils the normality requirement. The total social anxiety score of the respondents ranged between 1 to 113 with a mean of 58.36 (SD = 19.93). The skewness is -0.211 and kurtosis is 0.265, indicating that it fulfils the normality requirement.

Table 2: Descriptive statistics of the measures

Measures	Range	Min	Max	Mean	SD	Skewness	Kurtosis
The Child- Adolescent Perfectionism Scale Perfectionism	71	32	103	72.02	13.11	-0.216	-0.194
Kutcher Generalized Social Anxiety Disorder Scale for Adolescents Social Anxiety	112	1	113	58.36	19.93	-0.211	0.265

The Pearson correlation analysis was used to describe the association between perfectionism and social anxiety. Table 3 shows a significant positive association between perfectionism and social anxiety (r=0.16, $p \le 0.05$).

Table 3: Association between perfectionism and social anxiety

Variables	Pearson Correlation Coefficient 'r'	р
Perfectionism	0.16	0.004

Discussion

Perfectionism and Social Anxiety

Our result was supported by the study conducted by Levinson et al. (2) where high perfectionism and low personal standards had predicted high level of social anxiety. Besides that, the research conducted by Newby et al. (7) had shown a similar result where both socially prescribed perfectionism and self-oriented perfectionism had predicted social anxiety uniquely. The researches above had supported the results on association between perfectionism and social anxiety. However, these researches were conducted to examine the prediction of perfectionism on social anxiety but not the association between perfectionism and social anxiety and also, these researches were conducted on Western subjects and had limited data on adolescents. Therefore, our study has proved the association between perfectionism and social anxiety among adolescents in the Asian context.

Additionally, students who are in the 'at-risk level' will be referred to school counsellors and clinical psychologists for further assessment and therapy, as perfectionism and social anxiety are classified as mental health issues which can be reduced through counselling and psychotherapy.

Implications

This current research was not supported by the Baumrind Theory of Parenting Styles where restrictiveness of the parents had shown positive correlation between parental hostility and their children's passivity and social withdrawal (12). This theory had indicated that parenting styles were associated with social anxiety as too much parental restriction will cause the child to have difficulty in making decisions on his/her own, and to become more withdrawn and less sociable. The discrepancy occurred as this current study has shown that there is no significant difference between types of parenting styles and the level of social anxiety. This discrepancy may be due to cultural differences as the other studies were conducted on Western respondents and this current study on Asian subjects. Future studies should be conducted to verify the discrepancy as most researches had shown the differences

between types of parenting styles and social anxiety level. Moreover, this theory has only explained about three types of parenting styles which are authoritative parenting style, authoritarian parenting style and permissive parenting style with the absence of uninvolved parenting style, whereas the Parental Perception Questionnaire had introduced four types of parenting styles which included the uninvolved parenting style.

Lastly, the association between perfectionism and social anxiety was supported by the self-discrepancy theory. According to Higgins (13), the 'self' was classified into three basic domains as follows: actual self, ideal self and ought self. The actual self is the self that symbolizes the attributions of self or the beliefs of others in what you actually possess. The ideal self is the self that symbolizes the attributions of self or the expectation of others on you ideally. The ought self is the self that symbolizes the attributions of self or the beliefs of others in what you should possess (13). According to Hewitt and Flett (14), perfectionism was constructed based on both personal and social components which were also known as self-oriented perfectionism and socially prescribed perfectionism. According to Flett et al. (10), self-oriented perfectionism was associated with several maladjustments comprising various types of anxieties and depression when there is a discrepancy between actual self and ideal self. Moreover, socially-prescribed perfectionism had commonly shown some negative results comprising excessive emotional states such as social anxiety and depression (14). When the perfectionists are having discrepancies between actual self and ideal self, they will feel anxious because they believe that they are not doing their best and they are afraid of getting negative evaluation from others, and this resulted in their having social anxiety and withdrawal. This current study supported the theory that the higher the level of perfectionism of an individual, the higher the level of social anxiety. The result of this research is important for society. This study indicates the need for intervention with the purpose of disputing the negative thoughts of the perfectionists, as lack of perfectionism affects one's level of confidence and leads to the feeling of social anxiety. Therefore, it is important to identify students with these issues so that effective guidance is given to them.

In addition, this current research benefits the parents as our results show that types of parenting styles might not cause social anxiety, however, more studies should be conducted as previous researches had shown conflicting results. Besides, this research has revealed a relatively high number of uninvolved parenting styles and this should be a concern to parents as uninvolved parenting styles might have indirectly affected the children's development as the parents were not involved in parenting them. Awareness campaign on the importance of parenting styles should be conducted to promote a healthy parenting style.

Lastly, it is important for schools and teachers to be aware that achieving students may have higher perfectionism level and may also experience tremendous stress and pressure from their school work and projects. The present research finds that perfectionistic students are at a risk for emotional adjustment. Therefore, school teachers could help students cope with their negative emotions so that they do not worsen and lead to social anxiety.

Recommendation of Study

Firstly, it is suggested that future researchers should conduct the data collection themselves so as to reduce respondent bias and data missing from the pool of data collected.

In addition, it is suggested that future researchers could apply for more schools selected from the Government departments, as backup in case there is rejection from the selected schools; this is important if random sampling method is used. Hence, the problem of insufficient schools to conduct data collection and insufficient participants for the research would be prevented.

Moreover, the use of other parenting style scale is suggested to be used for measuring the level of each parenting style as the Parental Perception Questionnaire used by us can only target the group but not measure the level of each parenting style. Thus, there are some parenting style scales that might be better in comparing the discrepancy between parents' perception and their children's perception on their parents' parenting style.

Lastly, future researchers should figure out the interaction effect between each variable with the use of advanced analysis methods. The advanced analysis might have addressed more widely on the hypothesis as well as the variable in the study as the researcher needs to consider different methods before conducting the advanced analysis method.

Limitations

Firstly, there is a risk of getting response bias from the respondents. The questionnaires were distributed by the teachers and school counselors on behalf of the researcher due to school policies that do not allow outsiders to enter the classes to conduct the data collection. Consequently, more than half of the students did not fill up some questions such as parents' education levels, parents' occupations and parents' income. Moreover, there were some participants' responses that were meaningless and hence not valid for the data collection.

Besides that, the results from this study could not be stated as that on an adolescent population in Selangor, Malaysia. This is because only three out of nine districts in Selangor were being selected for data collection and from this, only one or two schools were obtained in each district. In addition, the researcher failed to conduct random sampling for this current study because the request to conduct data collection in the selected government schools was rejected. The researcher had selected only six government schools randomly from three districts in Selangor and had applied for permission from the Ministry of Education, Malaysia

and from the Selangor State Education Department, but four government schools rejected the request on conducting the study at their for data collection due to school examinations and school holidays. The researcher could not proceed with the study without a sufficient number of participants and the Selangor State Education Department did not allow the researcher to collect data at other government schools not on the list of application. Therefore, convenient sampling was used for data collection. Private schools and international schools in Selangor were being used in the research because data collection could be done with only the approval of these schools. Hence, UCSI International School and Sri UCSI Private School were included in the data collection.

Conclusion

In conclusion, the current research has examined the association between parenting styles, perfectionism and social anxiety among adolescents in Selangor, Malaysia. Previous research on parenting styles, perfectionism and social anxiety were more focused on Western countries and there was little data on social anxiety in adolescents. Therefore, this study was conducted in Malaysia, an Asian country, and the targeted participants were adolescents, with ages ranging from 13 to 18 years old. Our research focused on adolescents because the onset age for social anxiety is around 13 years old (8). The results of this research have shown that there is no significant difference between types of mother parenting styles on social anxiety among adolescents in Selangor, Malaysia. Besides that, this research also shows that there is no significant difference between types of father parenting styles on social anxiety among adolescents in Selangor, Malaysia. Lastly, this research had shown that there is a positive significant association between perfectionism and social anxiety among adolescents in Selangor, Malaysia.

Acknowledgment

This research was supported by UCSI University. We thank all participants in this research.

Competing Interests

The authors declare that they have no competing interests.

References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, Virginia: American Psychiatric Publishing. 2013.
- 2. Levinson CA, Rodebaugh TL, Shumaker EA, Menatti AR, Weeks JW, White EK, *et al*. Perception matters for clinical perfectionism and social anxiety. J Anxiety Disord. 2015;29:61-71.
- Mackinnon SP, Battista SR, Sherry SB, Stewart SH. Perfectionistic self-presentation predicts social

- anxiety using daily diary methods. Pers Individ Differ. 2014,56:143-8.
- 4. Schneier FR, Foose TE, Hasin DS, Heimberg RG, Liu SM, Grant BF, et al. Social anxiety disorder and alcohol use disorder co-morbidity in the National Epidemiologic Survey on Alcohol and Related Conditions. Psychol Med. 2010;40(6):977-88.
- Ranta K, La Greca AM, Kaltiala-Heino R, Marttunen M. Social phobia and educational and interpersonal impairments in adolescence: A prospective study. Child Psychiatry Hum Dev. 2016;47(4):665-77.
- 6. Knappe S, Beesdo-Baum K, Fehm L, Stein MB, Lieb R, Wittchen HU. Social fear and social phobia types among community youth: differential clinical features and vulnerability factors. J Psychiatr Res. 2011;45(1):111-20.
- Newby J, Pitura VA, Penney AM, Klein RG, Flett GL, Hewitt PL. Neuroticism and perfectionism as predictors of social anxiety. Pers Individ Dif. 2017; 106:263-7.
- 8. Goya Arce AB, Polo AJ. A Test of the Perfectionism Social Disconnection Model among Ethnic Minority Youth. J Abnorm Child Psychol. 2017;45(6):1181-93.
- Gautreau CM, Sherry SB, Mushquash AR, Stewart SH.
 Is self-critical perfectionism an antecedent of or a consequence of social anxiety, or both? A 12-month, three-wave longitudinal study. Pers Individ Dif. 2015;82:125-30.
- Flett GL, Hewitt PL, Besser A, Su C, Vaillancourt T, Boucher D, et al. The Child—Adolescent Perfectionism Scale: Development, psychometric properties, and associations with stress, distress, and psychiatric symptoms. J Psychoeduc Assess. 2016; 34(7):634-52.
- 11. Brooks SJ, Kutcher S. The Kutcher Generalized Social Anxiety Disorder Scale for Adolescents: assessment of its evaluative properties over the course of a 16-week pediatric psychopharmacotherapy trial. J Child Adolesc Psychopharmacol. 2004;14(2):273-86.
- 12. Baumrind D. Effects of authoritative parental control on child behavior. Child Dev. 1966;37(4):887-907.
- 13. Higgins ET. Self-discrepancy: a theory relating self and affect. Psychol Rev. 1987;94(3):319.
- 14. Hewitt PL, Flett GL. Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. J Pers Soc Psychol. 1991;60(3):456.