

**The Impact of the Interplay Between Anxiety, Perfectionism, and Family Dysfunction on  
Adolescents in Transition: A Proposed Model**

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## **Abstract**

The aim of this work is to introduce a model that integrates the bidirectional relationships between anxiety, perfectionism, and family dysfunction into a positive feedback loop of increasingly negative influence on individuals. The model is explored in relation to adolescents transitioning from high school to post-secondary life. This population was selected due to their apparent vulnerability to the phenomenon described by the model. Subsequent to the introduction of the proposed model, a literature review explores each of the bidirectional relationships between anxiety, perfectionism, and family dysfunction, focusing on the experiences of adolescents. The literature review also explores the roles gender and culture may play in individuals' experiences of the phenomenon expressed by the model. Following the literature review, a discussion of possible applications of the model to psychological and counselling practices is presented. Finally, the limitations of this work are acknowledged and further avenues of study stemming from them are proposed.

*Key Words:* anxiety, perfectionism, family dysfunction, adolescence

## **The Impact of the Interplay Between Anxiety, Perfectionism, and Family Dysfunction on Adolescents in Transition: A Proposed Model**

For many, adolescence is a time of life characterized by transitions, the experience of which is influenced by a myriad of internal and external factors. Adolescence is the developmental time period between ages 12 and 19 (Smith et al., 2017). However, in this capstone research, the term *adolescent* is used to refer to individuals who are in Grades 11 and 12 specifically. More precisely, this specific age range correlates with the developmental period now being defined as emerging adulthood (Arnett, 2004). Emerging adulthood is the time between ages 18 and 25 where youth are transitioning developmentally from adolescents to adults.

Adolescents in Grades 11-12 face an impending life transition. As they move into emerging adulthood, they are confronted with decisions about what they want their lives to be while simultaneously figuring out who they are as individuals (Arnett, 2000). Pressures from family, friends, and society compound the challenge of the situation (Curran & Hill, 2019). Unfortunately, many adolescents succumb to the pressures of this time of their lives, with negative impacts such as declining grades, missed days of school, slower pace of completion, and withdrawal from friends and family being seen in their social and academic functioning (Arnett, 2000). This capstone research proposes a model to explain why some adolescents are more negatively impacted by this time of transition than others. Anxiety, perfectionism, and family dysfunction are proposed as three factors that intensify the effect of each other, creating a positive feedback loop of increasing maladaptive responses that impede adolescents' transitions, as evidenced by impaired social and academic functioning. Current published research supports the idea of bidirectional relationships between dyads of anxiety, perfectionism, and family

dysfunction (Karababa, 2020; Segrin et al., 2019). These ideas have been integrated and extrapolated into the proposed model.

Anxiety is one of the most prevalent mental health challenges amongst adolescents, affecting more than 24% of children and adolescents in North America (Erskine et al., 2017). For the purpose of this paper, my working definition of anxiety, synthesized from many sources, is feelings of intense worry and/or fear that result from the perception of a situation as stressful. This definition is used as it encompasses sub-clinical experiences of anxiety, which can be amplified over time and in relation to the other factors of the model, to clinic levels of anxiety. Research suggests that individuals with high anxiety are likely to struggle with decision-making and attempt to avoid such situations to minimize feelings of anxiety (Lo Cascio et al., 2013). As many of the decisions adolescents make center around family, friends, and academics, these will likely be the areas where avoidant behaviour is most noticeable. Anxiety can lead to decreased social competence (Swan & Kendall, 2016), which prompts adolescents to pull away from supports they need during this time of transition. Higher levels of anxiety also negatively impact adolescents' academic functioning (Mychailyszyn et al., 2010). As the end of high school denotes a major point of transition, adolescents may attempt to avoid that transition by consciously or unconsciously performing poorly in their academic work, having to repeat courses, and thus delaying the inevitable transition.

Rates of perfectionism are on the rise amongst adolescents (Curran & Hill, 2019). For this research perfectionism refers to socially prescribed perfectionism, a maladaptive form of perfectionism where individuals attempt to live up to what they perceive to be the standards of society (Flett et al., 2002; Mackinnon et al., 2014). This dimension of perfectionism is identified as the most negatively impactful (Curran & Hill, 2019; Flett et al., 2002; Karababa et al., 2020).

This research acknowledges that the self-oriented dimension of perfectionism, a high degree of conscientiousness and setting of high standards for oneself, is considered adaptive and beneficial (Flett et al., 2002). Thus, the specific nature of perfectionism experienced by adolescents will impact their vulnerability within the proposed model. Perfectionism can arise in adolescents in response to stressors, as adolescents may feel that if they are perfect, the stressor will cease to be problematic (Flett et al., 2002). This includes anxiety provoking situations such as making life-determining decisions. Perfectionism can be exacerbated by a turbulent home life as adolescents may increase perfectionistic strivings to avoid conflict or create a sense of control in a chaotic environment (Hewitt et al., 2017; Mackinnon et al., 2014).

Family dysfunction can take many forms. The working definition of family dysfunction I am using for this paper is negative interactions within a family, including maladaptive parenting styles, poor communication between family members, chaotic and unstable home environments, neglect, and mental/psychological, physical, or emotional abuse between family members. Parents serve as models for adolescents on how to respond to new situations, including behaviours and appropriate/acceptable emotional responses (Lo Cascio et al., 2016; Schwartz et al., 2012). If parents use harsh, critical, or neglectful parenting styles, adolescents learn maladaptive coping strategies in response to stressors (Lo Cascio et al., 2016). In particular, parental overcontrol has been correlated with higher levels of indecision and anxiety in adolescents (Lo Cascio et al., 2016). Additionally, increased parent-child conflict correlates with higher levels of internalizing symptoms in adolescents (Yong et al., 2014). Adolescence is a time naturally fraught with potential parent-child conflict as youth seek to determine their identities and push against expectations of parents (Stephanos et al., 2020).

Unlike previous generations, contemporary adolescents are going through the expected identity crisis later and stepping into expected adult responsibilities later (Arnett, 2010).

Historically, it was common to have a stable job, a spouse, and be starting a family by age 23; those adult “tasks” are now happening, on average, around age 30 (Arnett, 2010). As such, emerging adulthood is a stage of transition and exploration rather than assumption of adult responsibility previously expected of individuals at this age (Swan & Kendall, 2016). During the stage of emerging adulthood, when individuals are freed from many of the behavioural constraints of adolescents (i.e., living with parents, legal limitations on consumption of substances) but do not yet have the responsibilities of adulthood (i.e., a full-time job, mortgage, children), experimentation and exploration of self are expected and encouraged (Sussman & Arnett, 2014). However, emerging adulthood is also a period of increased emotional instability (Zimmerman & Iwanski, 2014). During this developmental phase, individual’s role remains in flux, leading to prolonged insecurity about their identity (Zimmerman & Iwanski, 2014). The expectation of experimentation, limited sense of identity, and decreased emotional stability, including increased rates of depression, make individuals in this time of transition more vulnerable to difficulties in decision making regarding their future (Zimmerman & Iwanski, 2014).

Emerging adulthood coincides with the post-secondary period in most individual’s lives. Post-secondary is often used as a short-hand term for college or university. However, for this paper it is used to define the few years directly following high school completion. This is done to acknowledge the myriad life paths individuals can take and minimize the assumption that everyone must attend some form of post-secondary institution. The scope of this research has been purposefully narrowed to the population of adolescents in transition and the factors of

anxiety, perfectionism, and family dysfunction to more clearly define and examine the proposed model. The overarching question guiding this research is: in what ways do anxiety, perfectionism, and family dynamics intersect to impact the transition of high school students to post-secondary pursuits?

### **Self-Positioning Statement**

No researcher is infallible or unbiased. However, a strong researcher understands and acknowledges their unique worldview and the impact it has on their research (Holmes, 2020). I am a 37-year-old White cis-gendered heterosexual female. I have not faced active discrimination in my life; thus, while I attempt to consider culture and gender factors in my research, I do not have the same social-justice lens others possess. However, past experiences have made me a strong advocate for children and adolescents, particularly in the fields of education and mental health. Experiences which colour my view of the following research are my career as a teacher, my theoretical alignment, and my current life transition.

I worked as a junior and senior high school teacher for fourteen years. During that time, in addition to being in the classroom, I served as a guidance counsellor and mentor to many students, especially those in Grades 11 and 12. In that capacity, I witnessed many strong students begin to struggle in multiple aspects of their lives around the middle of Grade 11. They would withdraw from their friends, miss school frequently, and begin to fail classes when they never had before. Additionally, they showed a slower pace of completion, increased emotional outbursts, a decreased ability to self-regulate, and increased tension at home. The degree to which they struggled varied, but a notable change was observed for many individual students. Some parents were concerned their children were dealing with depression and sought professional help, while others appeared unempathetic to their child and thought their child just

needed to focus and move forward. Some of the youth had no explanation for the shift in their functioning, while others suggested everything from the winter blues to a fight with a friend to, most recently, the effects of the COVID-19 pandemic. However, over time the source of these challenges became clear. These youth realized that they were heading toward the end of their high school careers and had to make a choice about what to do next. Those who had a clear plan for what they wanted to do after high school and a positive attitude toward it were largely untouched by the aforementioned concerns regarding anxiety, perfectionism, and family discord. However, those who were unsure of what they wanted to do after high school and those who were being told by family what to do but not happy about it were deeply impacted. Observing the students who were hardest hit by this phenomenon, I recognized a pattern of factors: anxiety, perfectionism, and dysfunction in their families. Each student began with a different combination of levels of those factors; however, in time all of them showed increased difficulty in those factors. The increase in anxiety, perfectionism, and family dysfunction paralleled the decrease in these students' social and academic functioning. At the time, I did not have enough tools as a teacher to address this problem and support my students to the level they needed. It was this and other needs of my students which prompted me to transition from the classroom to a career in psychology.

Understanding the needs of youth, particularly at the intersection of mental health and education, is my passion. It is through a combined lens of teacher and emerging psychologist that I pursue this research. I recognize that my experience with the phenomenon I address in this research is limited to a small population of adolescents, consisting largely of White middle-to-upper class individuals, most of whom had access to a wide variety of social/emotion/psychological supports. Additionally, I acknowledge the challenge of maintaining



a balance when viewing this topic through a combined lens. Factors that are relevant from the perspective of a teacher are not always the same factors that are relevant from the perspective of a psychologist. However, the lens of a teacher allows for seeing things in a way that just the lens of a psychologist may overlook. The choice of this lens also allows for consideration of application of this research to both school and clinical settings.

As an emerging psychologist, my theoretical orientation is still developing. Much like a tapestry on a loom, it is being woven as I experience clinical work with diverse populations and explore academic opportunities. Currently, my work is based on Adlerian and Rogerian principles, combined with acceptance and commitment therapy (ACT). Like Adler, I recognize the importance of community connection and social influence on individuals (Adler, 1935). I also believe, like Rogers, that empathy, unconditional positive regard, and authenticity are crucial to any therapeutic undertaking (Rogers, 1952). Finally, I use many of the ideas from ACT, including mindfulness and behavioural techniques (Harris, 2019). Recognizing the bias in my orientation toward humanistic and mindfulness-based approaches, I purposely sought out research which showed an alternative perspective on clinical implications for the proposed model. My theoretical orientation is one of hope and belief in individuals' ability to move beyond their challenges and grow through transformative experiences. This theme of hope is reflected throughout my research, particularly in regard to clinical implications.

As the scope of this research focuses on transition as a stressor leading into the proposed model, it is important for me to acknowledge that I am writing this at a time of transition in my own life. I recently left teaching and began the practicum for my degree. In doing so I leave behind a familiar, secure, comfortable environment where I was well-established and successful for a new environment where I am just beginning to understand and make my way. This journey

parallels that of adolescents as they move from high school into post-secondary life. In conducting this research, it is important for me to remain mindful of my own thoughts and feelings to ensure that what I develop is a reflection of a greater phenomenon and not just my personal experience. Regular self-reflection and consultation with peers and supervisors will be crucial to this process.

### Introduction of Proposed Model

This paper proposes a new model for understanding how the interplay between anxiety, perfectionism, and family dysfunction create a positive feedback loop that may inhibit decision making and negatively impact individuals' day-to-day functioning during times of stress. Although there appears to be wider applicability for this model, this paper is limited to considering how the model applies to adolescents/emerging adults in Grades 11 and 12, a time of significant stress for many adolescents.

#### Figure 1

*Model of the Interplay Between Anxiety, Perfectionism, and Family Dysfunction*

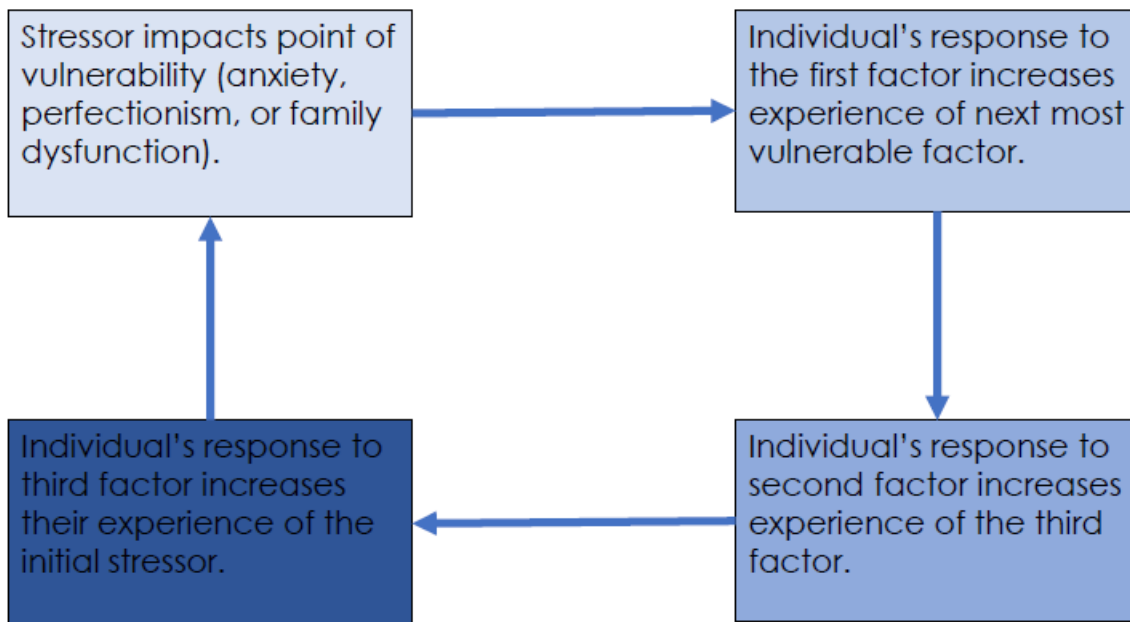
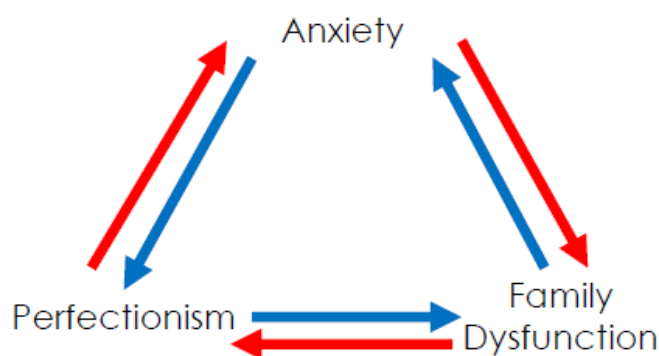


Figure 1 outlines the overall model. As will be explored in the literature review section, bidirectional relationships exist between anxiety, perfectionism, and family dysfunction. The model suggests that these factors form a cycle of influence (Figure 2), with an increase of one leading to an increase of the next indefinitely.

### Figure 2

*Integration of bidirectional relationships between anxiety, perfectionism, and anxiety in a cyclic relationship.*



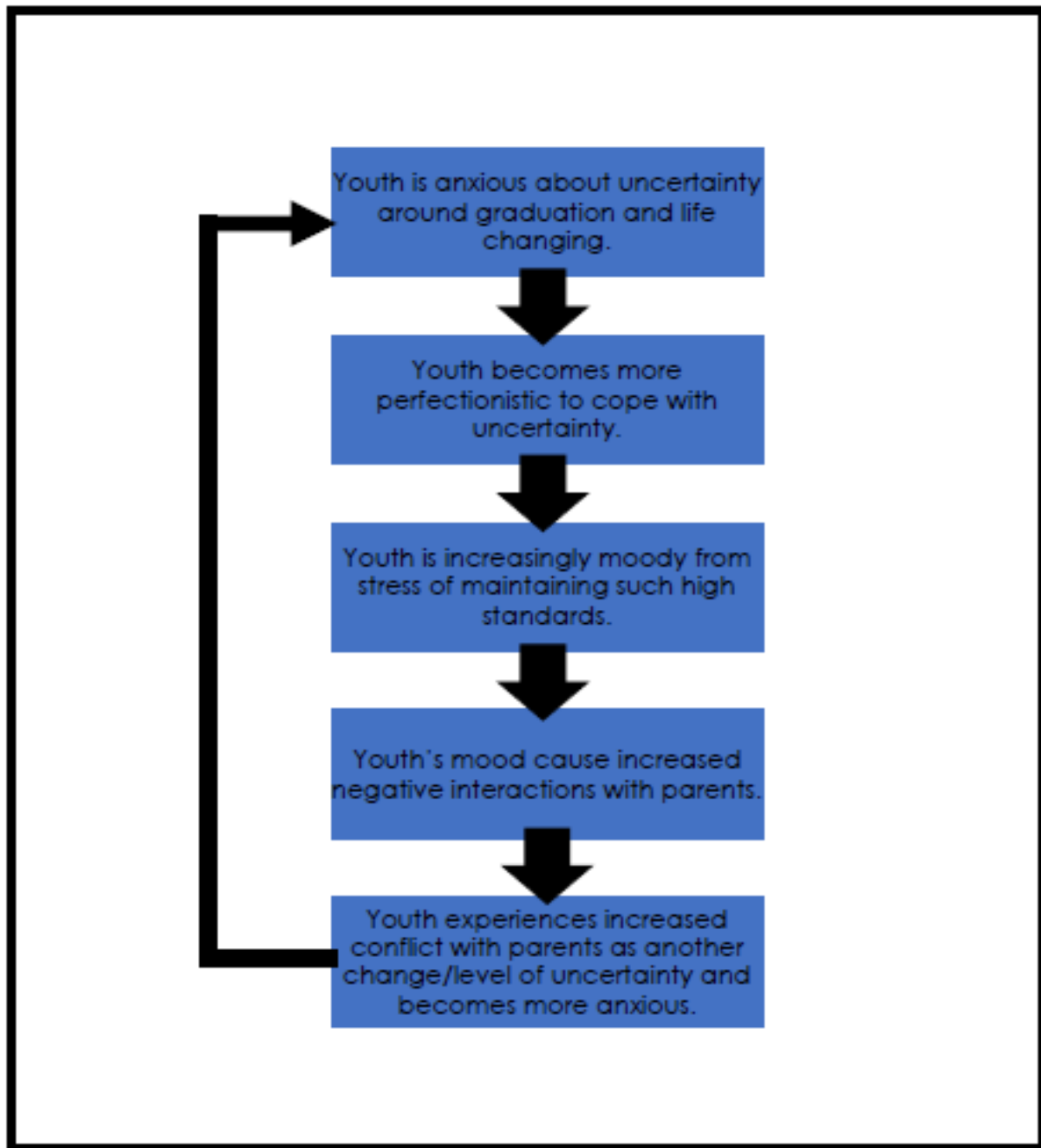
For example, if an adolescent is anxious about transitioning into post-secondary life, they may attempt to cope with that anxiety by striving to be perfect in everything they do. Constant striving for perfection and failure to attain it often leaves youth moody, increasing conflict at home (Karababa, 2020). As conflict at home rises, so do the adolescent's levels of anxiety, starting the cycle again at a more intense level (Figure 3). This model suggests that adolescents' levels of anxiety, perfectionism, and family dysfunction may start at sub-clinical levels but increase to clinically significant levels if the cycle is not broken.

The value of this model is that it accounts for individual differences as there is not just one entryway into the model. It is believed that adolescents will enter the model at their point of greatest vulnerability. For example, an adolescent with a pre-existing anxiety disorder will likely

enter the model at the point of anxiety, while an adolescent with a turbulent home life will be more likely to enter the model at the point of family dysfunction. From there, the cycle moves to the next greatest point of vulnerability, then onto the third factor.

**Figure 3**

*Example of the model applied in a real-world context.*



As anxiety, perfectionism, and family dysfunction increase, adolescents' sense of self-esteem and resiliency are eroded (Karababa, 2020; Lo Cascio et al., 2016; Schwartz et al., 2012; Skrove et al., 2013). This leads to them seeing themselves as less capable of coping with their situation and incapable of making a decision regarding their next life steps. Additionally, the decrease in self-esteem and resiliency makes adolescents more vulnerable to the next phase of the cycle, compounding the effect as adolescents move through it.

Understanding this model has clinical implications, as the reverse effect could be used to help impacted clients extract themselves from the cycle. Given the cyclic relationship of the three factors, it stands to reason that addressing one factor in therapy would have a positive correlation on the remaining factors. However, it is suggested that intervention be at the point of greatest strength for the affected individual, as they will be more likely to see themselves as having the capacity to make change in that area (Snyder et al, 2002). This idea is explored in the following literature review section, along with a deeper exploration of each component of the proposed model.

### **Literature Review**

The following literature review presents the case for why adolescents/emerging adults are more vulnerable to the phenomenon expressed in the proposed model than other populations. Next, evidence for the bidirectional relationships between anxiety, perfectionism, and family dysfunction are explored. At this time, based upon the research reviewed, no one available study shows the link between all three factors. However, as all three factors influence and are influenced by each other, a three-way relationship between these factors can be extrapolated from available studies. Afterward, ways to help youth level the cycle of the model are considered through

mitigating factors. Finally, this literature review considers cultural and gender differences for adolescents impacted by the model.

### **Increased Vulnerability in Youth**

While the proposed model may have applications for a wide variety of situations and populations, adolescents appear to be more vulnerable to the proposed phenomenon than children or adults. This vulnerability appears to originate from a number of sources, including different experiences of emotions (Bailen et al., 2019), poorer emotional regulation (Moreira et al., 2019), lower self-esteem (Donald et al., 2018), heightened levels of self-consciousness (Lo Cascio et al., 2016), and new/challenging social experiences (Donald et al., 2018).

Adolescents experience emotions at different frequencies and intensities than children or adults (Bailen et al., 2019). Older adolescents are shown to experience more frequent and higher intensity negative emotions when compared to adults and children. Additionally, older adolescents display greater emotional instability (Bailen et al., 2019). The degree of emotional clarity adolescents experienced or, in other words, how distinct and identifiable individual emotions are for them (Bailen et al., 2019), remains unevaluated in the reviewed available literature at this time.

Emotional regulation requires higher-level executive functioning and social processing, which are still developing in most adolescents (Ahmed et al., 2015). Individuals must be cognizant of why something is emotionally significant, recognize the need for regulation, and then use appropriate coping strategies. In adolescents, significant developmental changes are occurring, especially in the brain. The limbic system develops at a faster rate than the frontal cortex (Ahmed et al., 2015), meaning adolescents' experience of emotions is more intense and their ability to logically process and respond to those emotions is several steps behind. It has

been suggested that this ongoing development disrupts youths' emotional regulation pathways, making them less able to emotionally regulate and more prone to anxiety (Ahmed et al., 2015).

Older adolescents are found to be more psychologically inflexible than children or adults (Moreira et al., 2019). This leads to adolescents having fixed schema for emotional responses and the inability to choose the best emotional response for a situation. Because of this, adolescents are less able to emotionally regulate (Moreira et al., 2019). Psychological inflexibility is also correlated with increased internalizing behaviours (Moreira et al., 2019). In addition to psychological inflexibility, adolescents are found to have higher levels of cognitive fusion, which leads to them believing their thoughts instead of seeing them as a momentary state (Moreira et al., 2019). This makes adolescents more vulnerable to negative self-talk, which, in turn, reduces self-esteem.

When compared with child and adult populations, adolescents are found to have lower self-esteem which correlates with higher levels of anxiety (Donald et al., 2018; Muris et al., 2016). Poor self-esteem translates into lower evaluations of one's self-worth and capacity in life, and further into reduced self-compassion (Muris et al., 2016). This reduced self-compassion can result in rumination, increased social comparison, and feelings of shame (Donald et al., 2018). Thus, adolescents are more likely to judge themselves harshly for not meeting goals, compare their successes/failures to those of others regardless of the applicability to themselves, and feel ashamed of not achieving what those around them are. Youth tend to forgo beneficial opportunities if they believe they will fail in order to preserve or restore their self-esteem (Donald et al., 2018).

Levels of perfectionism have increased in adolescent populations in recent years (Segrin et al., 2019). In their 2019 meta analysis of works on perfectionism spanning from 1989 to 2016,

Curran & Hill found that rates of socially prescribe perfectionism have increased by 32% in that 27 year interval. They attribute this largely to a cultural shift (Curran & Hill, 2019), which I will address later in this work. Adolescence is seen as a prime period for the development of perfectionism as adolescents are typically more self-conscious than children or adults (Flett et al., 2002). Perfectionism is an identified risk factor for anxiety amongst youth (Segrin et al., 2019). The transition between high school and post-secondary life also brings new social stressors, including changing friend groups, leaving a familiar academic environment, and moving away from family (Mackinnon et al., 2014). These social/ego-involving stressors correlate with increased loneliness, negative affect, and lower self-esteem, which are predictive of developing perfectionism (Mackinnon et al., 2014). Even known social experiences, such as going to school, take on new dynamics as individuals progress through adolescence, as experiences such as dating begin to happen and changing peer dynamics or increased academic pressure with post-secondary in mind. For youth with existing anxiety disorders, these factors are identified as some of the most significant negative influences on their symptoms (Mychailyszyn et al., 2010). This is found to lead to increased social and academic impairment for anxious youth as they attempt to avoid anxiety-provoking experiences (Mychailyszyn et al., 2010).

Anxiety is one of the most prevalent mental health concerns for youth in industrialized countries (Erskine et al., 2017). When left unaddressed, anxiety disorders in adolescents can have resounding negative impacts later in life (Swan & Kendall, 2016). Adolescence is a time of change in individual's lives, which can be anxiety provoking for many individuals (Swan & Kendall, 2016). Additionally, this is a time of increased self-awareness and sense of being judged by others, especially peers (Flett et al., 2002). Combined with increased emotional instability due to the uneven development of the limbic system and prefrontal cortex, adolescents



are at an increased risk for the development of anxiety (Bailen et al., 2019). In adolescents, higher levels of anxiety correlate with increased experiential avoidance, leading to poorer academic performance, including higher rates of high school drop-out, and lower levels of perceived social competency (Swan & Kendall, 2016).

Family dysfunction can have a profound impact on adolescents' development and social/emotional trajectories (Andra et al., 2006). Although physical, emotional, and mental abuse are manifestations of family dysfunction, it is not limited to these actions. Family dysfunction manifests as poor communication between family members (Lo Cascio et al., 2013), unstable environments; including insecure living conditions and availability of food, parental or sibling substance use, and frequent shifts in family make-up (Morris et al., 2007), and maladaptive parenting styles. The family unit models for adolescents how to respond during conflict and distressing situations (Sanders et al., 2015). Based on their interactions with their families, adolescents develop schema for how to respond to future demands (Morris et al., 2007). If families do not support healthy expression of emotions, adolescents are at a significant disadvantage when learning how to emotionally regulate (Morris et al., 2007; Sanders et al., 2015).

### ***The Bidirectional Relationship Between Perfectionism and Anxiety***

Contemporary published research acknowledges a bidirectional link between anxiety and perfectionism but suggests that more research is needed to solidify that understanding (Curran & Hill, 2019; Ferrari et al., 2018; Karababa, 2020; Smith et al., 2018). A meta-analysis of 11 longitudinal studies featuring a variety of clinical and non-clinical populations suggests that perfectionistic tendencies such as concern over mistakes and doubt about actions are predictive

of increased anxiety (Smith et al., 2018). The following review of available articles clearly establishes a link between the two conditions.

Maladaptive perfectionism, specifically socially prescribe perfectionism, is driven by an overwhelming need for approval and an extreme fear of critical feedback (Ferrari et al., 2018; Karababa, 2020). This fear increases feelings of worry and distress, inciting a sense of anxiety toward those fear-provoking situations and an overall negative affect (Mackinnon et al., 2014). Additionally, anxiety arises from a continuous cycle of trying, failing, and feeling frustrated with oneself (Karababa, 2020). Perfectionistic adolescents routinely set high, and often times unachievable goals for themselves that they are unable to meet. However, instead of seeing the problem in the types of goals they set, they see the failure as a result of their own shortcomings (Karababa, 2020). This can lead to adolescents engaging in maladaptive coping styles, such as experiential avoidance (Karababa, 2020; Smith et al., 2018). Conversely, some anxious individuals can seek to alleviate their anxiety by trying to be perfect all of the time (Ferrari et al., 2018). Either situation, experiential avoidance or perfectionism, suggests lower levels of emotional intelligence, the ability to identify and regulate emotional experiences (Tiffin & Paton, 2020), which is found to act as a buffer between perfectionism and anxiety (Abdollahi & Abu Talib, 2015).

Rising levels of perfectionism correlate with increasing levels of anxiety in adolescents. Research suggests this stems from an increasing inability of adolescents to cope with perceived external pressures (Curran & Hill, 2019). In the case of adolescents embarking on the transition from high school to post-secondary, there are numerous perceived external pressures, including family, teacher, and societal expectations. If perfectionistic adolescents see themselves as failing to meet these expectations, they may become more anxious about their interactions with others

and withdraw socially. Additionally, in an attempt to avoid the stressor – making a decision about post-secondary life – the adolescent may seek to avoid a precipitating event, graduation, by reducing or stopping effort in their academics.

### ***The Bidirectional Relationship Between Anxiety and Family Dysfunction***

Adolescents are highly impacted by the environment they grow up in. In turn, they respond to influence that environment. Adolescents who live in a turbulent environment are shown to have higher levels of anxiety than those who live in more stable homes (Morris et al., 2007). A dysfunctional home environment can take many forms, including a chaotic situation, neglect, or physical, mental, or emotional abuse (Andra et al., 2006). Early and ongoing exposure to adverse living conditions have a profound developmental effect on youth (Andra et al., 2006). High levels of parental aggression are found to be predictive of higher levels of anxiety in adolescents, as it is theorized that parental aggression is destabilizing to adolescents' mental health (Schwartz et al., 2012; Swan & Kendall, 2016). Conversely, high levels of positive parent-child interactions correlate with lower levels of adolescent anxiety (Schwartz et al., 2012). Available research suggests that anxious adolescents are more likely to have critical parents, and longitudinal data shows that criticism from parents correlates with symptoms of anxiety over time (Schwartz et al., 2012; Swan & Kendall, 2016; Yong et al., 2014). Increased levels of parent-child conflict correlate with lower feelings of self-worth in adolescents and higher rates of internalizing symptoms (Yong et al., 2014). All of this contributes to a decreased ability of adolescents to emotionally regulate during times of stress (Morris et al., 2007; Yong et al., 2014), such as the transition from high school to post-secondary. As such, many adolescents develop maladaptive coping strategies such as avoidance behaviours.

Instances of joint problem-solving are found to exacerbate critical parent-child interactions (Schwartz et al., 2012). This is important to note, as adolescents in transition from high school to post-secondary are likely to engage in planning/problem-solving with their parents as they make their decisions. During these times, parents who are highly critical or dismissive of the adolescents' input and actions, or who exhibit high levels of anxiety themselves, can induce higher levels of anxiety in the adolescents (Schwartz et al., 2013). These higher levels of anxiety can prompt avoidance behaviours from adolescents as they seek to escape negative thoughts and feelings (Lo Cascio et al., 2013). Parents may also become frustrated or experience elevated levels of anxiety during this process, causing them to pull away from their child; in essence, this can be perceived as a withdrawal of support, which leaves the youth more vulnerable to internalizing symptoms moving forward (Yong et al., 2014). Conversely, parents may attempt to alleviate their child's anxiety by over-controlling the situation; however, controlling parental behaviour correlates with higher levels of anxiety in adolescents (Swan & Kendall, 2016), thus perpetuating rather than diminishing the problem.

Adolescents learn how to emotionally respond to situations through modelling parental responses (Morris et al., 2007; Sanders et al., 2015). They create internal schema of how they should respond in different situations, including the expected level of emotional response. In families with higher levels of negative emotions, adolescents are found to exhibit increased negative emotions (Morris et al., 2007). Many adolescents are experiencing emotional situations, such as heartbreak and leaving home, for the first time, and will look to their parents as models of how they should respond. If parents respond with high levels of worry, fear, or anxiety, adolescents are more likely to do the same (Morris et al., 2007). Additionally, if parents do not allow adolescents to explore or express their emotions, those adolescents are at increased risk for

emotional dysregulation, as they do not learn effective coping strategies (Morris et al., 2007; Sanders et al., 2015).

The ways in which families communicate also impact adolescents' levels of anxiety and, subsequently, levels of indecisiveness. Poor family communication, whether non-communication or harsh/critical communication, is found to increase adolescent's feelings of anxiety and decrease their sense of self-esteem (Lo Cascio et al., 2013). Low self-esteem diminishes adolescents' sense of self-worth and reduces their sense of agency in decision making. Combined with the experiential avoidance that often accompanies elevated levels of anxiety (Hayes et al., 2012), this creates a perfect storm for withdrawal from the process of post-secondary transition. In adolescents, this can be seen through them withdrawing socially and putting less effort into their academic work. When family communication is poor, adolescents are less likely to seek out support from their parents, leading to their mental health needs going unmet and social-emotional and academic challenges to mount, creating another source of anxiety (Lo Cascio et al., 2013).

An anxious adolescent influences their family environment as much as they are influenced by it. However, this phenomenon has been studied very little in current research. Available research suggests that families with anxious children experience more family distress, and that this effect is amplified by the presence of a comorbid condition (Swan & Kendall, 2016), such as perfectionism. In a study by Swan and Kendall (2016), families of anxious adolescents reported a higher frequency and intensity of negative family interactions than families of non-anxious adolescents. It was found that if adolescents' anxiety levels decreased, parental anxiety levels decreased as well, resulting in less family conflict, regardless of if treatment was individual treatment for the youth or family treatment (Silverman et al., 2009).

### *The Bidirectional Relationship Between Perfectionism and Family Dysfunction*

In considering the myriad studies that link family dysfunction and perfectionism, I found that the relationship between perfectionism and family dysfunction can be described in two ways: (a) perfectionism in adolescents causes discord in the family that the adolescent tries to compensate for with increased perfectionistic strivings, and (b) that family dysfunction makes the adolescent susceptible to perfectionism that then increases conflict between adolescents and their families. Research explored below suggests that both of these descriptions are equally true, thus demonstrating the bidirectional relationship between perfectionism and family dysfunction. The makeup of families – single parent, shared custody, nuclear families – is not provided in the articles reviewed, thus is not considered in the discussion that follows. However, it is noted that adolescents whose parents are separated or divorced are more likely to have lower self-compassion, a risk factor for increased perfectionism (Donald et al., 2018). Available research primarily focuses on the relationships between adolescents and their parents. Thus, the following discussion centers on how dysfunctional parent-child dynamics impact and are impacted by perfectionism.

One element of family dysfunction that is particularly impactful on the development of perfectionism in adolescents is maladaptive parenting practices. The expectations that parents' have for adolescents, as well as the behaviours they model, influence how adolescents perceive themselves and interact with the world around them (Segrin et al., 2019). According to the social expectations model (Flett et al., 2002), adolescents learn that they will only receive approval from their parents if they are perfect. High expectations from parents are not problematic by themselves; if high expectations are coupled with high levels of parental warmth and support, adolescents are less likely to develop maladaptive perfectionism than if high parental

expectations are combined with low levels of parental warmth (Flett et al., 2002; Watlton et al., 2020). If parental approval is contingent on adolescents meeting and exceeding high standards, the youth is at risk of developing contingent self-worth (Curran, 2018; Segrin et al., 2019) and low self-esteem (Flett et al., 2002). That is, the youth come to see themselves as only being acceptable if they attain a high level of success at all times. In line with this model, adolescents who are not able to meet parents' expectations are prone to feelings of helplessness and hopelessness (Flett et al., 2002). Perfectionism can develop as a way for the adolescent to avoid these feelings and negative feedback from their parents (Segrin et al., 2019).

Flett et al. (2002) highlight that even those with adaptive forms of perfectionism are vulnerable to adjustment issues if their perfectionism arises from contingent self-worth. Conditional acceptance is a form of psychological control, a common theme found throughout maladaptive parenting practices that correlates with the development of perfectionism in emerging adults (Segrin et al., 2019). Anxious rearing, parents showing internal and external anxious behaviours during interactions with adolescents, can lead to parents becoming overcontrolling. Overcontrolling parenting practices are also problematic in that parental responses to assumed or imagined dangers model for adolescents that perfection is the only way to avoid negative outcomes (Segrin et al., 2019). Perfectionism can also be transmitted from parents to children more directly through the social learning model (Bandura, 1977) that suggests adolescents will imitate the behaviours of their parents in response to new situations (Flett et al., 2002). If parents cope with new situations through perfectionistic strivings, adolescents will mimic these behaviours as they want to be as perfect as their parents (Flett et al., 2002). Lastly, the social reaction model explains that adolescents may develop perfectionism in response to a

harsh home environment, including physical, emotional, and psychological abuse or a chaotic family situation. (Flett et al., 2002).

Adolescents develop perfectionism either to avoid further harm, assuming that if they are perfect they are safe, or to establish control in their world (Flett et al., 2002; Walton et al., 2020). It is important to note that parenting practices arise in response to behaviours of adolescents; thus, while they are not responsible for the actions of their parents, the role of adolescents in these interactions must be acknowledged. Equally important to note is that parents' behaviours can be in response to perceived societal pressures to raise perfect children (Curran & Hill, 2019). Adolescents are often aware that their "failure" is seen as their parents' "failure" and attempt to minimize it through perfectionistic striving (Curran & Hill, 2019). In contrast to the preceding ideas, it has been noted in research that positive parenting practices can serve as protective factors against perfectionism (Walton et al., 2020). Adolescents with parents who had a high degree of openness to experience were more likely to display adaptive perfectionistic traits such as setting high but attainable personal standards and being more organized (Walton et al., 2020). Adolescents who acquired high levels of agreeableness from their parents were buffered against maladaptive perfectionistic qualities such as worrying about mistakes and poor response to criticism (Walton et al., 2020).

Parents are influenced by their children as well. If adolescents are perceived as uncommunicative or unresponsive to parental interactions, parents may become more controlling in an attempt to connect with their child. While well-intentioned, this increased attention can cause the adolescent to withdraw more, impacting the parent's perception of themselves (Walton et al., 2020). This is particularly dangerous if the parent struggles with perfectionism, as the more they demonstrate perfectionistic behaviours toward the problem, the more the youth sees



that as a model of how to respond to challenges. Because of the strong link between anxiety and perfectionism, parents of perfectionistic adolescents will be exposed to the adolescents' anxiety. Research shows a correlation between adolescent anxiety levels and parent anxiety levels, as adolescent anxiety levels decrease through individual therapeutic interventions, parental anxiety levels show a corresponding, slightly delayed, decrease (Silverman et al., 2009).

Research on perfectionism as a direct cause of conflict within families could not be found at this time. Work by Walton et al. (2020) highlights that the chronic state of worry experienced by individuals with perfectionism negatively impacts said individual's mood, making them more disagreeable toward others. Socially prescribed perfectionists, as defined above, are also found to have poorer social interactions as they perceive themselves as constantly not living up to the standards of others (Mackinnon et al., 2014). This leads to both social withdrawal and conflict when an adolescent assumes their parents see them as failures. In conjunction with this, adolescents are found to have poorer emotional regulation when faced with stressors and underdeveloped coping strategies (Yong et al., 2014). This suggests that conflict is likely within families with perfectionistic adolescents. However, this remains an area for future consideration to determine the exact nature of the relationship.

### **A Self-Reinforcing Cycle**

Perfectionism, anxiety, and family dysfunction are all shown to have reciprocal relationships. However, the proposed model suggests that these relationships can be extended from bi-directional to cyclic when all three factors are considered. For example, as an adolescent becomes more anxious, there may be more tension with their parents, leading the youth to attempt to compensate through higher levels of achievement, increasing their levels of socially-prescribed perfectionism. As the youth's levels of perfectionism rise, so do their levels of

anxiety, starting the cycle all over again. This is supported by the work of Yong et al. (2014) who describe a cascading effect, where dysfunction in one area spreads to other areas of individual's functioning. This includes social-emotional, behavioural, and cognitive functioning (Yong et al., 2014).

### **Breaking the Loop: Mitigating Factors**

To fully understand the model and why some individuals are more vulnerable than others, it is necessary to not only conceptualize negative impacts but also mitigating factors and subsequent clinical implications. In a clinical setting, be it school counsellor, family therapist, or individual therapist, the bidirectional positive feedback loop can be interrupted and transformed into a positive influence. In theory, an intervention that targets an individual's point of greatest strength (Snyder et al., 2002) in the model will have a ripple effect throughout the cycle, diminishing the size of the original cycle's effect.

There are numerous factors which enhance an individual's resiliency and decrease their vulnerability to the impact of the factors within the model. In this case, resilience is defined using Skrove et al.'s (2013) definition of factors that enhance positive psychological outcomes even when risk factors are present. These include external relational supports and individual resources that may function independently or in an integrated fashion (Skrove et al., 2013). While it is assumed that these factors likely apply across all populations, given the scope of this research this section focuses on those most impactful to adolescents.

#### ***External Relational Supports***

While negative family dynamics lead individuals to become more entrenched in the cycle, the opposite is also true. For adolescents, healthy family connectedness is found to be a protective factor against mental health issues (Skrove et al., 2013). Connected, conversation-

oriented families appear to instill increased sociability and self-esteem in adolescents (Lo Cascio et al., 2016). Connection and conversation-oriented are both factors that contribute to cohesive families. Typically, cohesive families show low signs of anxious rearing and conditional regard, which contributes to lower levels of both anxiety and perfectionism for adolescents raised in such families (Segrin et al., 2019). Both constructive family and peer relationships, through an increased sense of social competency, can mitigate symptoms of anxiety (Skrove et al., 2013).

### ***Individual Resources***

All individuals carry within them many positive traits which mitigate the impact their experience of the cycle proposed by the model; however, the degree to which individuals can access the traits determines the extent of their impact. Self-esteem is the foundational trait that impacts all others. High self-esteem correlates with lower levels of psychological distress in adolescents (Skrove et al., 2013), while low self-esteem positively correlates with indecisiveness (Lo Cascio et al., 2016). Additionally, higher levels of self-esteem are predictive of greater levels of self-compassion (Donald et al., 2018). This is believed to occur because positive self-evaluation leads adolescents to see themselves as worthy of self-compassion (Donald et al., 2018).

Self-compassion, defined as an individual's openness and willingness to be moved by their own suffering, a non-judgemental stance regarding their failures, and the experience of kindness toward themselves (Ferrari et al., 2018; Muris et al., 2016) – is found to have a moderating influence on the relationship between maladaptive perfectionism and negative affect (Ferrari et al., 2018). Self-compassion allows individuals to embrace rather than avoid painful experiences as they recognize that such challenges are part of the human experience (Ferrari et al., 2018). Increasing the positive ways individuals relate to themselves should decrease the

impacts of perfectionism and anxiety through the reduction of negative schema of themselves and decreased cognitive fusion (Muris et al., 2016).

Hope negatively correlates with anxiety in adolescents. It is thought to be a moderating influence on maladaptive perfectionism, which reduced levels of anxiety in adolescents (Karababa, 2020). In the face of failure, hope reduces the impact of failure by allowing the adolescent to see other pathways or possible futures (Karababa, 2020). Snyder et al. (2002) define hope as an active process that incorporates setting goals, recognizing multiple pathways through which those goals can be achieved, and the believe in oneself that they are capable of achieving those goals. Hope is seen to improve the use of adaptive coping strategies by allowing individuals to access more positive information in the face of crisis (Karababa, 2020).

### **Impact of Gender and Culture**

In exploring any phenomenon, it is important to consider individuals' gender and culture, as gender and culture influence the way individuals experience and interact with the world. Through traversing the available literature on anxiety, perfectionism, and family interactions it became apparent to me that individuals experience those factors in very different ways, depending on their gender and their cultural background. The following sections offer an exploration of ways an individual's gender and culture may impact their experience of the phenomenon explored in this work.

#### ***Gender***

While the model can be applied to both males and females, it is important to note that the rates at which individuals are affected will likely vary. Consistently, research shows that girls have a higher prevalence of anxiety than boys (Lo Cascio et al., 2013; Skrove et al., 2013; Swan & Kendall, 2016). This suggests that the proposed model will have more application when

working with female adolescents than male adolescents. When comparing adolescent males and females, females show higher levels of emotional frequency, intensity, and instability of both positive and negative emotions than males, in addition to lower emotional clarity (Bailen et al., 2019). This could account for the discrepancy in the rates of anxiety and mood disorders in adolescent males and females. This suggests that anxiety, in particular, could be the most likely point of vulnerability for adolescent females entering the model.

Published literature also suggests that adolescent females are more indecisive than adolescent males (Lo Cascio et al., 2013), which may make them more susceptible to the phenomenon demonstrate by the proposed model in the first place. Additionally, adolescent females are found to have lower self-esteem overall than adolescent males (Donald et al., 2018; Lo Cascio et al., 2013), a difference that is more pronounced in late adolescence/emerging adulthood (Donald et al., 2018). Consistent with literature on the connection between self-esteem and self-compassion, adolescent males are found to have higher levels of self-compassion than adolescent females (Donald et al., 2018; Moreira et al., 2019). This has been attributed, in part, to the noted difference in psychological inflexibility seen between adolescent males and females (Moreira et al., 2019). In conjunction, adolescent females display increased levels of experiential avoidance when compared to their male counterparts (Moreira et al., 2018). Thus, interventions that target self-esteem may be more effective for adolescent males than adolescent females. Low academic functioning is found to increase internalizing symptoms for adolescent females; however, the opposite – academic achievement – is a strong predictor of internalizing symptoms in adolescent males (Yong et al., 2014). Thus, when working with adolescent males and females, it is important to recognize the differing implications high or low academic achievement may

have on the development of internalizing symptoms such as anxiety, as anxiety can be an entry point into the proposed model.

Family dynamics and dysfunction are also influenced by the genders of adolescents and their parents (Flett et al., 2002; Lo Cascio et al., 2016). Fathers are found to exert more psychological control on sons than daughters, whereas there appears to be no difference between sons and daughters in levels of maternal psychological control (Lo Cascio et al., 2016). In conjunction with this, adolescent males' self-esteem is primarily impacted by paternal psychological control, while adolescent females' self-esteem is equally impacted by psychological control from both parents (Lo Cascio et al., 2016). It is suggested that adolescent males acquire a more negative view of their relationships with parents because of increased expectations of them to be more independent from their parents at an earlier age (Lo Cascio et al., 2016). Parental perfectionism impacts adolescents (Flett et al., 2002). In particular, adolescents appear to be affected more by their same-gendered parent (Flett et al., 2002); however, research on this is limited and focused primarily on mother-daughter dyads (Flett et al., 2002). Parenting practices are experienced differently by adolescent males and females; published literature suggests this is due to adolescents identifying more strongly with their same-gendered parent and imitating their patterns of interactions (Moreira et al., 2019).

### *Culture*

Recognizing that family dynamics, rates of perfectionism, and experiences of anxiety differ between cultures, it was important to include studies from around the world in this research. Articles were included from Portugal, Italy, Australia, Iran, and North America. Each article within itself presented a largely homogenous population, but between the studies populations were distinct from one another. Collectively, the articles suggested a globally shared

phenomenon of a negative impact of indecision/decision avoidance amongst emerging adults transitioning from high school to post-secondary (Abdollahi & Abu Talib, 2015; Curran & Hill, 2019; Lo Cascio et al., 2013; Segrin et al., 2019; Skrove et al., 2013; Walton et al., 2020;). While parenting practices differ between cultures, the observed impacts on sons and daughters were consistent, with adolescents being most affected by their same-gendered parent. Rates of anxiety and perfectionism were slightly higher in North America, which was attributed to the high levels of individualism found there (Curran & Hill, 2019). One exception was the work of Walton et al. (2020), who found high levels of self-oriented perfectionism amongst Middle Eastern female university students; this was attribute to their relatively recent access post-secondary education and resultant drive to succeed at it (Walton et al., 2020).

Consideration of culture means not just looking at the impact of country of origin, race, ethnicity, religion, etc., it means considering the cultural differences created by generational differences (Curran & Hill, 2019), which are particularly relevant to the current research. The developmental stage of emerging adulthood is relatively new (Arnett, 2004), with adolescents today and their parents on either side of the resultant issue. Many parents of today's adolescents grew up in a time where it was expected that after high school one either got a job or completed training to then get a job; jobs were seen as a necessity, not an extension of who one is (Arnett, 2010). In contrast, today's adolescents experience the stage of emerging adulthood, a time of personal exploration and growth that incorporates much of the identity crisis previously found in adolescence (Arnett, 2004). Adolescents expect the jobs they obtain to be personally relevant and spend more time building personal understanding before finding jobs (Arnett, 2010). This can create discord within families as parents' experiences and resultant expectations of how high school to post high school transitions work differ dramatically from the expectations of

adolescents. An additional cultural difference experienced by adolescents in highly individualized societies is an increase in competitiveness, which emphasizes individual success and perfecting oneself (Curran & Hill, 2019). Internalization of this cultural value this is reflected in a decrease in empathy, toward self and others, and an increase in personal expectations, both of which contribute to higher levels of anxiety and perfectionism (Curran & Hill, 2019).

### **Implications for Counselling Psychology and Recommendations for Practice**

Individuals in transition, particularly adolescents, can become overwhelmed by the experience and feel like they are unable to move forward (Lo Cascio et al., 2016). The model presented in this paper offers a way to explain why individuals may become increasingly stuck as time passes and less able to cope with the transition. This understanding is valuable for individuals, caregivers, and clinicians because knowing there is a viable reason why one is struggling can be reassuring, even therapeutic, for individuals caught in the cycle shown in the model.

The model presented in this paper extends understanding of the interactions and relationships between perfectionism, anxiety, and family dysfunction. It highlights how these factors do not occur isolation; rather, they impact and are impacted by each other until the cycle is disrupted. When activated, the positive feedback loop shown in the model causes experiences of anxiety, perfectionism, and family dysfunction to increase until there is a suitable intervention or a significant change in environment that mitigates the situation. As this model is based on subjective observations and literature on the bidirectional relationships between the three factors, the exact upper thresholds of these experiences are unknown at this time and require further investigation that is beyond the scope of this project. The positive feedback loop can be



interrupted and made to work in reverse. Just as the elevation of one factor leads to the elevation of the next, the reduction of one factor can also lead to the reduction of the next. By working with clients to improve one key area of the triumvirate, it is hypothesized that clinicians can support a decrease in all three areas over time.

When addressing the impacts of the model in a clinical setting, it is important to choose interventions based on clients' areas of greatest strength in the model. In Snyder's model of hope (Snyder et al., 2002) individuals must feel a sense of agency if they are working toward goals. In the therapeutic setting, that means clients must believe in their own capacity to achieve the agreed upon therapeutic goals. By choosing interventions that start from clients' strengths, practitioners create increased opportunity for that sense of agency (Snyder et al., 2002). For example, if a client is highly anxious and showing high levels of maladaptive perfectionism but reports that family dysfunction is a relatively recent occurrence, interventions that target family dysfunction will be more successful for that client as their family likely was a support for them in the recent past. Conversely, if a practitioner decides to first address the area of greatest problem, which likely appears to be the most distressing to the client, their efforts may be futile and reinforce the client's sense of helplessness. Lo Cascio et al. (2013) would disagree with this, stating that interventions that target only one level of dysfunction are not addressing the core issue; however, their research did not consider the bidirectional impact of family dysfunction and anxiety nor the role of perfectionism on the interactions between those two factors. Given the diverse scenarios encompassed by the proposed model, and the myriad interventions available to practitioners, multiple approaches to therapy must be considered as possible means of disrupting the feedback loop created when individuals enter into the circumstances of the proposed model. Clinical interventions could come in the form of either individual therapy or family therapy.

## **Individual Therapy**

Individual therapy with adolescents can take place in both a conventional clinical setting and a school-based setting. Within available current published literature, there are numerous therapeutic interventions which could prove useful for various client needs (Ferrari et al., 2018; Greco et al., 2008; Lo Cascio et al., 2013; Snyder et al., 2002; Swan & Kendall, 2016).

Interventions that target increasing self-esteem may be effective for minimizing anxiety (Lo Cascio et al., 2013). Such interventions have the added bonus of reducing indecisiveness as levels of anxiety decrease (Lo Cascio et al., 2013), which benefits the adolescent in moving forward. Acceptance and commitment therapy (ACT) is found to mitigate perfectionism and anxiety as it promotes psychological flexibility and increased self-compassion (Ferrari et al., 2018). This, in turn, reduces the impact of negative and intrusive thoughts (Ferrari et al., 2018). Interventions based on self-compassion can be used in conjunction with other interventions or on their own (Ferrari et al., 2018). ACT changes the way individuals interact with their thoughts, creating a healthier pattern of interactions over time (Greco et al., 2008). Cognitive behavioural therapy (CBT) is another possible intervention, but rather than modify how individuals interact with their thoughts, it seeks to change those thoughts and through that change the individual's behaviours (Swan & Kendall, 2016). CBT is found to be successful in reducing anxiety in adolescents and subsequently increasing social competence (Swan & Kendall, 2016). CBT has also been found effective in treating perfectionism (Egan et al., 2014). Interventions based on Snyder's model of hope (Snyder et al., 2002) may be particularly effective in a school-based setting, as they have practical application in student's day-to-day functioning at school (Snyder et al., 2002). Snyder suggests that emotions are connected to goal-directed thought, and that small success in attaining goals day-to-day can help regulate negative emotions (Snyder et al.,

2002). These interventions can be integrated into the classroom and may be beneficial to adolescents who rely on peers for support in place of a dysfunctional family. Further research in this area is warranted. Additional consideration must be given to interventions that target adolescents' self-esteem. As highlighted earlier, self-esteem is foundational to both self-worth and self-compassion, which can serve as buffers against stress for anxious and perfectionistic youth. The following sections explore each of these interventions and their relevance to the model in more depth.

### *Self-Esteem Interventions*

To effectively cope with anxiety, perfectionism, and family dysfunction, adolescents need resiliency. High self-esteem is identified as a key factor in resiliency (Skrove et al., 2013). Both self-esteem and self-worth are negatively impacted by self-criticism, which can result from family dysfunction and perpetuate the cycle of dysfunction (Neff & McGehee, 2010). This is problematic because self-esteem and self-worth are the foundation to self-compassion (Donald et al., 2018). Self-compassion happens when individuals are aware of their own suffering and respond to it with care, kindness, and understanding through a non-judgemental attitude of any failures or inadequacies (Ferrari et al., 2018). Studies highlight self-compassion as a mitigating factor for anxiety (Lo Cascio et al., 2016), perfectionism (Ferrari et al., 2018), and family dysfunction (Neff & McGehee, 2010). Self-compassion supports individuals experiencing difficult emotions and reduces their avoidance of them (Ferrari et al., 2018). Thus, individuals are able to address and work through those experiences, rather than being caught in them. This would allow the positive feedback loop presented in the model to be disrupted. Self-compassion increases self-kindness and acceptance, which can create a buffer against criticism (Ferrari et al., 2018), both from oneself and external sources, such as family. Self-esteem based interventions

have been found effective for both perfectionism (Ferrari et al., 2018) and coping with family dysfunction (Neff & McGehee, 2010).

Interventions that foster self-esteem can take many forms. One key aspect is to reduce the sense of isolation individuals feel, which often exacerbates feelings of self-pity and self-criticism (Neff & McGehee, 2010). Many adolescents perceive their peers as making the transition from high school to post-secondary life without challenge when the opposite is often true. However, this perception of struggling more than their peers deeply affects adolescents' self-esteem (Ferrari et al., 2018). Through normalizing the challenges an adolescent is facing, the clinician can help the youth see they are not alone in their experience, and that many adolescents struggle with transition to post-secondary life. Self-esteem building interventions can be used individually or in combination with other interventions (Ferrari et al., 2018). One complementary intervention noted in literature is mindfulness-based practices, such as acceptance and commitment therapy (ACT) (Muris et al., 2016).

### ***Acceptance and Commitment Therapy (ACT)***

ACT is an empirically-based therapy that is based on mindfulness (Greco et al., 2008). Unlike other therapies, it does not seek to change an individual's cognitions, but, rather, the way the individual interacts with their cognitions (Hayes et al., 2012). This is done through increasing psychological flexibility, decreasing cognitive fusion, and living a values-driven life (Greco et al., 2008). Psychological flexibility is an individual's ability to see other possibilities and not be caught by negative cognitions (Greco et al., 2008). Cognitive fusion refers to individual's perception of things in a singular way (Greco et al., 2008). For example, if an individual is cognitively fused to the idea that perfection is the only way to succeed, they will see all other outcomes as failures. ACT encourages individuals to approach their cognitions with a non-

judgemental attitude. This decreases cognitive fusion and helps to reduce the impact judgemental cognitions have on individuals' psychological well-being (Ferrari et al., 2018). ACT recognizes that individuals may become locked into maladaptive patterns of behaviour because they feel those behaviours are providing relief for them in the moment, when, in fact, those behaviours are more damaging in the long term (Greco et al., 2008). This is reflected in the proposed model, where behaviours such as perfectionistic strivings may seem like an adaptive way to cope with anxiety or reduce tension at home, but are creating more problems, like increasing conflict with parents or elevating experiences of anxiety, respectively. Commonly, adolescents engage in experiential avoidance, where they withdraw from situations that are anxiety-provoking (Hayes et al., 2012). Doing so can have significant consequences on academic functioning, social experiences, and family life. This is seen in individuals with anxiety and perfectionism, and is viewed as a maladaptive coping strategy, which can be addressed through ACT (Hayes et al., 2012). ACT has been found to be effective for individuals with perfectionism as it reduces individuals' rigid thought patterns and allows them to build new, more adaptive schema or ways they view the world (Ferrari et al., 2018). Anxiety has also been successfully addressed through ACT interventions (Greco et al., 2008). Mindfulness practices play an integral role in ACT, as they promote present focus and an attitude of non-judgement (Hayes et al., 2012).

### ***Cognitive Behavioural Therapy (CBT)***

CBT remains a popular therapeutic choice, as it is empirically validated (Swan & Kendall, 2016; Silverman et al., 2009). Most prominently in adolescent populations, CBT is used to treat anxiety (Silverman et al., 2009; Swan & Kendall, 2016). The use of CBT to treat adolescent anxiety has been linked to improved school and social functioning (Silverman et al., 2009; Swan & Kendall, 2016). This is important because social competence is linked to

increased self-esteem which, as noted in previous sections of this work, has a significant impact on individuals' capacity to cope with stressors (Donald et al., 2018). Thus, by decreasing anxiety, adolescents may become better able to emotionally regulate in a wider range of situations and develop more adaptive coping strategies. This would effectively disrupt the positive feedback loop in the presented model and induce a reverse cycle, reducing perfectionism and family dysfunction in turn. Studies have shown that as youth complete CBT for anxiety and their anxiety levels lower, parental anxiety levels also lower, even when parents are not involved in treatment (Silverman et al., 2009). This suggests that family dynamics could improve, decreasing family dysfunction. CBT has also been proven an effective treatment for perfectionism in countries around the world (Abdollahi et al., 2019; Egan et al., 2014; Zikopoulou et al., 2021), however the majority of research conducted has been with adult populations. Further, it has been found that addressing perfectionism can lead to reductions in other symptoms, such as anxiety (Abdollahi et al., 2019; Zikopoulou et al., 2021). Group CBT has been suggested as an effective treatment for perfectionism (Zikopoulou et al., 2021). More research is needed to confirm that CBT for perfectionism is as effective with adolescent populations as it is with adults.

### ***Instillation of Hope***

Hope is an important protective factor for both anxiety and perfectionism (Karababa, 2020). As levels of hope increase, experiences of anxiety and perfectionism are found to decrease (Karababa, 2020). It is believed that hope allows individuals to conceptualize challenges as opportunities for growth rather than impediments (Karababa, 2020). Hope is also instrumental in making decisions about the future. Hope is what allows individuals to conceive of successful futures based on the choices they make (Snyder et al., 2002). This is important for

adolescents who are transitioning to post-secondary life, as they are moving out of the comfort of a known way of life and into a largely unknown developmental phase. Hope is defined by Snyder et al. (2002) as being an active process that requires goals, pathway thinking, and agency thinking. Clinicians can support adolescents in all three of these areas.

Goals can be simply described as what an individual hopes to achieve (Snyder et al., 2002). They need to be purposeful, tangible, and realistic as they serve as anchors for individuals' actions as they move forward (Snyder et al., 2002). Clinicians can support clients by helping them to set SMART goals (goals that are specific, measurable, attainable, realistic, and time-based) that reflect both their desires and their capabilities. Goal setting may be particularly difficult with clients who have a high degree of helplessness (Snyder et al., 2002). In such cases, it will be important for clinicians to explore clients' values and strengths to find places where small, easily attainable goals can be developed (Snyder et al., 2002). It is important that goals be of an appropriately challenging level; if goals are too challenging, clients will not have the sense of agency necessary to accomplish them while if goals are too easy, clients are likely to not feel like they have accomplished much when they achieve them (Snyder et al., 2002).

Pathway thinking is an individual's ability to conceptualize different routes to achieve their goals (Snyder et al., 2002). This is similar to, and supported by, psychological flexibility seen in ACT (Hayes et al., 2012). It is necessary for individuals to conceptualize multiple pathways toward their goals as many paths may fail in the process (Snyder et al., 2002). Because adolescents are typically less psychologically flexible, clinicians can support pathway thinking through interventions that improve psychological flexibility (i.e., ACT) (Hayes et al., 2012), and, more directly, help clients to conceptualize alternative pathways they may not otherwise consider. Agency thinking is an individual's belief that they are capable of achieving their goals

(Snyder et al., 2002). When an individual has an increased sense of agency, they are more motivated to work toward their goals (Snyder et al., 2002). Agency can be built through recognition of one's abilities over time and increased self-esteem. Pathway thinking and agency thinking are largely intertwined with each other (Snyder et al., 2002). If an individual is capable of envisioning many pathways but does not see themselves as capable of pursuing them, they are unlikely to achieve their goal (Snyder et al., 2002). Conversely, individuals who believe in themselves but are not able to conceptualize different pathways to achieve their goals are likely to lose motivation over time (Snyder et al., 2002). It is important for clinicians to recognize that re-goaling may be necessary during the process when new understandings and insights develop and normalize this experience for their clients (Snyder et al., 2002). Self-efficacy is entwined with agency thinking, as well as self-esteem and self-worth. While an exploration of self-efficacy is beyond the scope of this work, future work in this area should explore its impact more thoroughly. The works of Yap and Baharudin (2016), Iancu et al. (2015), and Piekarska (2020) may be of interest to future researchers.

Instillation of hope can be both a therapeutic intervention in response to experiences and a preventative intervention if begun early in youth's lives. Schools are an effective setting for the instillation of hope, as the skills of goal setting, pathway thinking, and agency thinking can be addressed in an ongoing fashion in the classroom and through school counsellors (Snyder et al., 2002). Fostering goal-specific hope is important because repeated failures in a goal can impact an adolescents hope in the related wider domain (Snyder et al., 2002). For example, if an adolescent loses hope in their ability to perform well in Math class, this can lead to a loss of hope in their academic functioning overall. If this continues, it can negatively impact youth's global hope (Snyder et al., 2002). Snyder et al. (2002) suggest that low hope can have deleterious



effects on individual's mental health, especially in relation to internalizing behaviours. Increased internalizing behaviours can directly impact youth's academic and social functioning (Swan & Kendall, 2016; Silverman et al., 2009). Thus, fostering hope in the school environment is important for adolescents' overall academic success.

### **Family Therapy**

Family dynamics have a significant impact on adolescent functioning. Higher levels of family connectedness are found to be a mitigating factor against poor psychological health (Skrove et al., 2013). Family cohesion can be directly impacted by parenting practices (Segrin et al., 2019). Caring parenting can develop self-compassion in youth, while non-supportive parenting can foster self-criticism that leads to anxiety or perfectionism in youth (Neff & McGehee, 2010). Adolescents who are members of families that support their individuation are found to have higher self-esteem than those who are part of conformity-oriented families (Lo Cascio et al., 2013). Thus, addressing family dysfunction through family therapy can have a significant effect on adolescents' overall psychological wellbeing, breaking the positive feedback loop seen in the proposed model and allowing the reverse positive-positive feedback loop to commence.

Family-oriented interventions can take many forms, depending on the needs and strengths of clients. Yong et al. (2014) found that family-focused interventions during adolescence were effective in reducing both externalizing and internalizing symptoms, both of which can be seen in youth affected by the model. Both ACT and CBT can be used in the family context, the former being suitable for understanding the values and dynamics that drive a family (Hayes et al., 2012) and the latter being useful in addressing maladaptive beliefs and behaviours in families (Swan & Kendall, 2016).

ACT-based interventions may include mindful parenting, which encourages parents to be present with and pay non-judgemental attention to their children (Moreira et al., 2019). Parents are taught to listen with their full attention and cultivate emotional awareness (Duncan et al., 2009). This requires increased emotional regulation (Duncan et al., 2009). This strategy is found to increase attunement, compassion, and listening and decrease conflict between parents and adolescents (Moreira et al., 2019). By engaging in mindful parenting, parents can shift from a goal-oriented perspective that focuses on adolescents complying with their parents' wishes to a relationship-oriented perspective that increases relationship satisfaction of all parties (Duncan et al., 2009). Relationship satisfaction, particularly between adolescents and adults is a key factor in facilitating more intimate communication and self-disclosure (Jiang et al., 2017). Increased intimate communication and a less judgemental family environment could have a significant impact on adolescents' experiences of anxiety and perfectionistic responses. Thus, mindful parenting practices have the potential to circumvent the phenomenon of the model and initiate the reverse positive-positive feedback loop, moving adolescents toward improved mental health and, subsequently, improved social and academic functioning.

Often times when adolescents struggle, their parents experience elevated levels of anxiety as they attempt to cope with their child's challenges (Curran & Hill, 2019). They may feel as though they are not successful as parents, which, in turn, impacts adolescents who perceive themselves as the cause of their parents' failure in their role (Curran & Hill, 2019). This can be seen in the bi-directional relationships between family dysfunction (represented here by increased parent anxiety and perceived pressure on the adolescent) and both perfectionism and anxiety. Family cognitive behavioural therapy (FCBT) is an option that supports both parents and adolescents in managing their connected, yet different, experiences of anxiety (Flett et al.,

2002). FCBT can support parents by teaching them effective coping strategies that help them feel confident in their parental role (Flett et al., 2002). FCBT has been successful in reducing youth's anxiety however, it was noted that for CBT-based interventions, youth typically saw a reduction in anxiety with even minimal parental involvement, and parents often showed reduced levels of anxiety when just youth participated in CBT (Silverman et al., 2009). Conversely, FCBT is specifically recommended over individual CBT with adolescents when there are comorbid or complicating factors, such as ADHD (Maric et al., 2018).

Understanding the nature of a family and what leads to parent-child conflict is important, as addressing those behaviours, particularly on the part of the parent, can reduce the conflict and, as a result, reduce adolescents' anxiety levels (Schwartz et al., 2012). Reviewed research suggests that there is a significant correlation between authoritarian parenting styles and increased levels of perfectionism and anxiety (Zikopoulou et al., 2021). Conversely, increased warmth and stability, along with consistent structure and expectations, from parents correlates with a decreased risk of perfectionism and anxiety (Walton et al., 2018). Increasing positive conflict resolution skills within families may also serve as a protective factor against future symptoms of anxiety and perfectionism (Schwartz et al., 2013). Some research suggests that addressing attachment style may indirectly reduce anxiety, perfectionism, as fostering secure attachment can improve adolescents' capacity for self-compassion (Neff & McGhee, 2010), an identified mitigating factor against anxiety and perfectionism. In particular, maternal support is positively correlated with adolescents' capacity for self-compassion (Neff & McGhee, 2010). Attachment style plays a significant role in the nature of interactions within families and the ways youth view themselves. As such, it likely is a contributing factor to the phenomenon described by the proposed model. A meaningful review of the impact of attachment style is

beyond the scope of this paper. However, future consideration should be given to the work of Kidd and Sheffield (2005), Debbané et al. (2017), and Schiffrin and Liss (2017), who examine the impact of attachment style on the various factors of the proposed model.

Reviewed literature offers many ideas as to what interventions could be applied to mitigate the impact of the phenomenon described by the presented model. Ultimately, which intervention is chosen needs to be reflective of client need and strengths, as well as practitioner competency. The presented phenomenon is likely to most visible at school, where both academic and social decline can be readily observed. Adolescents spend much of their time in the school environment and are deeply impacted by it (Snyder et al., 2002). Thus, interventions that can be used in a school-based setting, such as mindful practices and instillation of hope, may be particularly useful. Clinicians can support this through individual skill development with adolescents and their families in a therapeutic setting. However, this paper is just an introduction to the proposed model and therapeutic suggestions made are based on literature review, rather than direct research. In order for interventions to be successful, more research is needed.

### **Fundamental Next Steps for Research**

Furthering this capstone research requires first understanding the common limitations of the research underpinning it. One universally acknowledged issue with the research this work is based on is the use of cross-sectional rather than longitudinal studies (Abdollahi et al., 2018; Baker & Galvan, 2020; Neff & McGehee, 2010; Sanders et al., 2015; Segrin et al., 2019; Walton et al., 2020; Yong et al., 2014). Due to the cross-sectional nature of the studies, only correlation, not causation, can be assumed between the factors. Future research should, therefore, focus on longitudinal studies to improve understanding in this area (Lo Cascio et al., 2013; Lo Cascio et al., 2016; Skrove et al., 2013; Smith et al., 2018). Another common theme in the literature

reviewed was the use of self-report instruments. Authors of the studies highlighted that self-report measures can be impacted by a social desirability bias, where participants are not accurate in their self-representation as they want to please the researchers or appear better than they are (Abdollahi et al., 2018; Lo Cascio et al. 2013; Mackinnon et al., 2014; Skrove et al., 2013; Smith et al., 2018; Swan & Kendall, 2016). To mitigate this, it is important for future research to move beyond single sources of information and consider a broader approach in addition to self-representation measures when gathering information (Mackinnon et al., 2014; Smith et al., 2018).

Although this work explored possible applications of the model in various therapeutic settings, more research on appropriate interventions is needed. Many of the current interventions to improve parent-child relationships are designed for younger children (Yong et al., 2014); there remains a dearth of similar interventions for improving parent-adolescent relationships. This area should be further explored. Additionally, self-esteem and self-compassion appear frequently in the reviewed literature as influences on experiences of anxiety and perfectionism. However, there is need for more research on the benefit of self-compassion-based interventions in clinical settings, particularly with adolescent populations (Ferrari et al., 2018). The proposed model has significant implications for counselling in school settings. As such, further research is needed on the applicability of the model and its resultant impact on practitioners' approach to counselling should be investigated for diverse school populations. This includes culturally diverse populations, different age ranges, and neurodiverse students.

Regarding family dysfunction, this capstone research primarily focused on the relationship between parents and adolescents. However, family dynamics are not solely between an adolescent and their parents, they encompass all members of the nuclear family, including

siblings and other individuals who reside in the family homes such as grandparents. Future investigations into the impact of dysfunctional sibling relationships and dysfunctional grandparent-child relationships are needed to enhance the overall understanding of the relationship between family dysfunction and perfectionism. Additionally, the majority of the parent-child research used in this work looked at mother-child pairings (Mychailyszyn et al., 2010; Silverman et al., 2009). Limited research was found on father-child influences (Curran, 2018; Lo Cascio et al., 2016; Schwartz et al., 2012). Further, the research found and used in this study assumed heteronormative, typically gendered family constructs. Future research on the relationships between family dysfunction and perfectionism and anxiety should consider more diverse family situations and account for any additional societal stressors that could impact the level of dysfunction in families that do not align with the assumed structure of traditional nuclear families. The research considered in this capstone work did not account for the psychological health of parents and the impact that can have on family dynamics (Schwartz et al., 2012). Further research should be done to consider how parental mental health impacts the mental health of adolescents and the contribution it makes to perpetuating family dysfunction.

In order to extrapolate this research globally, it will be necessary to further examine the nature of the phenomenon illustrated by the model as it appears in adolescents from different cultures. Focus should be placed on what influences experiences of anxiety in different cultures and if that impacts adolescents' experience of the model. The international studies used in this work typically featured university-based, English-speaking populations, which may have created a population similar to the North American studies, thereby not fully accounting for cultural differences (Walton et al., 2020). Even within North American studies, populations were largely Caucasian and did not account for the impact of ethnic/racial differences on experiences of

anxiety, perfectionism, or family dysfunction (Yong et al., 2014). Future studies should account for this by incorporating more diverse populations of youth, accounting for the impacts of racial/ethnic differences, and conducting research in the native language of those youth. As well, all of the mitigating factors discussed in this research were from North American-authored studies (Walton et al., 2020). Consideration of mitigating factors from other cultures need to be considered to form a broader understanding of supports and interventions for adolescents. Given the scope of this research, cultural considerations focused on adolescent experiences. To apply the model to a wider population, cultural experiences of different generations must be considered.

While the model presented in this capstone research was based on the observed social/emotional experiences of adolescents transitioning to post-secondary life, there is potential for the model to be extrapolated to other life transitions. Anxiety, perfectionism, and family dysfunction are not only experienced by adolescents; rather, they are experiences that transcend age, socioeconomic status, and all other demographics. Future research should consider if this model is applicable to other life transitions, such as starting a family, divorce, and retirement. Doing so may require adjusting the concept of “family dysfunction” to “dysfunctional core relationships” in order to fully encapsulate the diverse social/relational constellations in individuals’ lives. This leads to an additional consideration for the model presented, both for adolescents and others in times of transition. Each other the factors in the model – anxiety, perfectionism, and family dysfunction – was presented as a single entity. However, future research should consider if each point of the triumvirate is actually a cluster of factors. The factors considered rarely exist in isolation, and often have many comorbid complications (Segrin et al., 2019; Skrove et al., 2013; Smith et al., 2018) For example, anxiety may actually be a

combination of anxiety, depression, and trauma, while perfectionism may be a combination of perfectionism, obsessive-compulsive disorder, and autism spectrum disorder. These expanded clusters could allow for more diverse profiles within the model and more focused clinical supports. Additionally, future iterations of this research will want to consider the impact of attachment style on family dysfunction, the possible mitigating role of self-efficacy, and the potential differences of family interactions in collectivistic versus individualistic cultures.

Finally, and most importantly, while the bi-directional relationships between anxiety, perfectionism, and family dysfunction are substantiated by the reviewed literature, no literature was found at this time, within the databases reviewed, that shows a relationship between all three factors. The connections between each factor contributing to the positive feedback loop in the model is largely derived from observations in a classroom setting. Thus, while the individual pieces suggested are supported by existing literature, much more research on the model as a whole is required, especially in clinical settings.

### **Reflexive Self Statement**

This project originated from observations I made as a teacher. At that time, I recognized a recurring phenomenon amongst my Grade 11 and 12 students but was not able to explain how it developed or why some students were more impacted by it than others. This paper required me to break down the phenomenon I observed into tangible pieces, then determine the connections between those pieces. Through exploring extensive literature, I came to understand that bidirectional relationships exist between perfectionism, anxiety, and family dysfunction. However, I also recognized that there was a dearth of literature exploring the connection between all three of these factors and the cyclic, compounding effect they appear to have on each other. Thus, I developed the proposed model to exemplify the phenomenon I previously observed.



Moreover, through my literature review, I recognized that the positive feedback loop presented in the proposed model could be expropriated through clinical interventions and used to diminish individual's experiences of anxiety, perfectionism, and family dysfunction.

My review of available literature solidified my belief in the viability of the model presented in this paper. However, it also expanded my view of what factors the model could incorporate. Literature suggests that other comorbid factors, such as depression, non-familial social supports, and trauma could also contribute to the phenomenon the model describes. Thus, it was necessary to expand my thinking and propose that future research consider a triumvirate of clusters of factors (e.g., anxiety, depression, and trauma; perfectionism, OCD, ASD; and family relationships, peer interactions, social supports).

Throughout my master's degree, I have struggled to set aside my teaching career and focus on developing skills as an emerging psychologist. While I knew I wanted to continue working with youth, particularly adolescents, I was determined to develop the mindset of a psychologist and believed I had to leave all of my teacher self behind in order to do so. However, this project showed me that my knowledge and understanding of students in a classroom setting can be beneficial in clinical practice. As students spend up to a third of their time at school, teachers, like I was, are privy to a wide range of their experiences. This means teachers are often on the front lines of mental health, witnessing the direct impacts of psychological distress in youth, including diminished classroom performance, poor attendance, and reduced social functioning. Wanting to support my students' learning, I had to educate myself about the challenges they faced and work to understand how all of their life circumstances impacted them at school. These skills positioned me so that I was able to recognize the phenomenon depicted in

the presented model as significant for the adolescents I worked with. My innate curiosity made me want to understand the phenomenon and how it could be used to better assist youth.

During the process of developing and writing this capstone project, I consulted regularly with my peers to ensure I approached it with the lens of an emerging psychologist, rather than that of a curious teacher. However, I realized that those two roles frequently intersect. It is important to be curious as a psychologist, as curiosity drives me to learn more about clients and understand them better. Additionally, the instincts I cultivated as a teacher, to see the possibility through challenges and integrate materials from various sources into a cohesive whole that can inform and instruct others, have been invaluable during the process of completing this capstone research. Through these discussions, I became aware of the possible wider applicability of the proposed model, beyond adolescents transitioning to post-secondary life. Peers suggested that this model could have applications to times of transition throughout life, including marriage, starting families, divorce, loss, and retirement. Although it is beyond the scope of this capstone research, I am curious to see if others will apply the proposed model to some of those situations in the future.

### **Conclusion**

This capstone research presented a triumvirate model to explain an observed phenomenon occurring in many Grade 11 and 12 students. The proposed model shows how the bi-directional relationships between perfectionism, anxiety, and family dysfunction intersect to create a continuous pathway of influence. Further, this research suggests that the pathway, once established, is self-reinforcing, building a positive feedback loop of deepening negative experiences. The phenomenon represented by the model does not have one entry point, nor does it travel in just one direction. Rather, the proposed model was designed to reflect the various

experiences adolescents may have while still being impacted by the phenomenon represented by the model. For this capstone research, anxiety is defined as feelings of intense worry and/or fear that result from the perception of a situation as stressful, perfectionism is refers to socially prescribed perfectionism or where individuals attempt to live up to what they perceive the standards of society to be, and family dysfunction is conceptualized as negative interactions within a family, including maladaptive parenting styles, poor communication between family members, chaotic and unstable home environments, neglect, and mental/psychological, physical, or emotional abuse between family members. These broader definitions are used to encompass the varying points from which adolescents could enter the cycle described in the proposed model, including sub-clinical populations.

It is believed that individuals enter into the cycle represented by the model at their point of greatest vulnerability. For example, an adolescent who has always had anxious tendencies may enter the cycle at the anxiety point, while an adolescent who comes from an unstable living environment may enter the cycle at the family dysfunction point. Once an adolescent has entered into the cycle, the factor they are experiencing will lead to an elevated experience of their next most vulnerable factor. For example, an anxious youth may become emotionally dysregulated, leading to more conflict with their parents, particularly if there is already some strain at home. This could then proceed further into the cycle if the youth attempts to rectify the conflict by becoming a model child, increasing their perfectionistic leanings. As this youth strives more and more for perfection, their levels of anxiety increase. Thus, the cycle continues, but at an elevated level each time. The longer an individual is stuck in the cycle represented by the model, the more entrenched they become in it.

As experiences of anxiety, perfectionism, and family dysfunction increase, adolescents are likely to show the strain through decreased academic and social functioning. Adolescents who struggle with anxiety and perfectionism are prone to experiential avoidance, meaning they avoid situations that provoke those anxiety or perfectionistic responses. This can appear as poor attendance at school, withdrawal from social groups, or decreased academic performance/a perceived lack of effort in their work.

This research is valuable to clinical practices because it suggests that when faced with a complex presentation, addressing one key aspect of it may be more effective than attempting to work with multiple challenges at once. The proposed model suggests that focusing clinical interventions on the client's area of strength may be most beneficial; as a client achieves success in one factor, the reduction in symptomology is likely to create a cascade effect that positively impacts the other factors in the cycle. For example, if perfectionism is a relatively new occurrence for an adolescent who lives in a chaotic home environment and regularly experiences anxiety, addressing the perfectionism first would be the best choice, as the youth is likely to garner the most success there (Snyder et al., 2002). This sense of accomplishment can help to reduce feelings of anxiety, which may support more positive interactions with family members. While the exact intervention approach taken will depend on client needs and practitioner competency, this capstone research highlighted several areas which may be particularly beneficial for adolescents, including instillation of hope, self-esteem based interventions, acceptance and commitment therapy, and cognitive behavioural therapy. Family therapy was also explored at length, as parenting practices can have a profound effect on adolescent mental health. Overall, instillation of hope and mindfulness-based practices appear promising, as they can be implemented in school environments both as therapeutic and preventative interventions.

The proposed model presented in this capstone research is in its infancy. It is a preliminary design, based on real-world observations. While there appears to be theoretical backing for it in the reviewed literature, to my knowledge, there is no direct research on the relationship between all three factors: anxiety, perfectionism, and family dysfunction. In order for the proposed model to gain traction, more research is needed. This includes exploring the prevalence of the phenomenon in a more diverse adolescent population, consideration of clusters of factors not just the three proposed factors, and the possible application of the proposed model to transitions throughout the life cycle, not just adolescents to post-secondary life. This proposed model may just be emerging, but with sufficient research, it has the potential to impact a wide range of counselling practices in years to come.

## References

- Abdollahi, A., & Abu Talib, M. (2015). Emotional intelligence moderates perfectionism and test anxiety among Iranian students. *School Psychology International*, *36*(5), 498–512.  
<https://doi.org/10.1177/0143034315603445>
- Abdollahi, A., Hosseinian, S., Panahipour, H., & Allen, K. A. (2019). Cognitive behavioural therapy as an effective treatment for social anxiety, perfectionism, and rumination. *Current Psychology (New Brunswick, N.J.)*, *40*(9), 4698-4707. <https://doi.org/10.1007/s12144-019-00411-w>
- Adler, A. (1935). The fundamental views of individual psychology. *The Journal of Individual Psychology*, *1*(1), 5-8. <https://doi.org/10.1353/jip.2019.0023>
- Ahmed, S. P., Bittencourt-Hewitt, A., & Sebastian, C. L. (2015). Neurocognitive bases of emotion regulation development in adolescence. *Developmental Cognitive Neuroscience*, *15*, 11–25. <https://doi.org/10.1016/j.dcn.2015.07.006>.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Ch. Whitfield, Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, *256*(3), 174-186.  
<http://dx.doi.org/10.1007/s00406-005-0624-4>
- Arnett, J.J. (2010). Oh, grow up! Generational grumbling and the new life stage of emerging adulthood-commentary on Trzesniewski & Donnellan (2010). *Perspectives on Psychological Science*, *5*(1), 89 – 92. <https://doi.org/10.1177/1745691609357016>
- Arnett, J.J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press.

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *The American Psychologist*, *55*(5), 469-480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Bailen, N. H., Green, L. M., & Thompson, R. J. (2019). Understanding emotion in adolescents: A review of emotional frequency, intensity, instability, and clarity. *Emotion Review*, *11*(1), 63–73. <https://doi.org/10.1177/1754073918768878>.
- Bandura, A. (1977). *Social learning theory*. Prentice-Hall.
- Curran, T. (2018). Parental conditional regard and the development of perfectionism in adolescent athletes: The mediating role of competence contingent self-worth. *Sport, Exercise, and Performance Psychology*, *7*(3), 284-296. <http://dx.doi.org/10.1037/spy0000126>
- Curran, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin*, *145*(4), 410-429. <http://dx.doi.org/10.1037/bul0000138>
- Debbané, M., Badoud, D., Sander, D., Eliez, S., Luyten, P., & Vrticka, P. (2017). Brain activity underlying negative self- and other-perception in adolescents: The role of attachment-derived self-representations. *Cognitive, Affective and Behavioral Neuroscience*, *17*(3), 554-576. <http://dx.doi.org/10.3758/s13415-017-0497-9>
- Donald, J. N., Ciarrochi, J., Parker, P. D., Sahdra, B. K., Marshall, S. L., & Guo, J. (2018). A worthy self is a caring self: Examining the developmental relations between self-esteem and self-compassion in adolescents. *Journal of Personality*, *86*(4), 619-630. <https://doi.org/10.1111/jopy.12340>

- Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Clinical Child and Family Psychology Review*, 12(3), 255-70. <http://dx.doi.org/10.1007/s10567-009-0046-3>
- Egan, S. J., Wade, T. D., Shafran, R. and Antony, M. M. (2014). *Cognitive-Behavioral Treatment of Perfectionism*. Guilford Publications.
- Erskine, H. E., Baxter, A. J., Patton, G., Moffitt, T. E., Patel, V., Whiteford, H. A., & Scott, J. G. (2017). The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiology and Psychiatric Sciences*, 26(4), 395-402. <http://dx.doi.org/10.1017/S2045796015001158>
- Ferrari, M., Yap, K., Scott, N., Einstein, D.A., Ciarrochi, J. (2018). Self-compassion moderates the perfectionism and depression link in both adolescence and adulthood. *PloS ONE*, 13(2). E01920022. <https://doi.org/10.1371/journal.pone.0192022>
- 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; Perfectionism: Theory, research, and treatment*. (pp. 89-132, Chapter xiv, 435 Pages). American Psychological Association, American Psychological Association, Washington, DC. <http://dx.doi.org/10.1037/10458-004>
- Greco, L. A., Lambert, W., & Baer, R. A. (2008). Psychological inflexibility in childhood and adolescence: development and evaluation of the avoidance and fusion questionnaire for youth. *Psychological Assessment*, 20(2), 93–102. <https://doi.org/10.1037/1040-3590.20.2.93>.



- Harris, R. (2019). *Act made simple: An easy-to-read primer on acceptance and commitment therapy*. ProQuest Ebook Central <https://ebookcentral.proquest.com>
- Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and commitment therapy as a unified model of behavior change. *The Counseling Psychologist, 40*(7), 976–1002. <https://doi.org/10.1177/0011000012460836>.
- Holmes, A.G.D. (2020). Researcher positionality - A consideration of its influence and place in qualitative research - A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1-10. <https://doi.org/10.34293/education.v8i4.3232>
- Iancu, I., Bodner, E., & Ben-Zion, I. (2015). Self-esteem, dependency, self-efficacy and self-criticism in social anxiety disorder. *Comprehensive Psychiatry, 58*, 165-171. <http://dx.doi.org/10.1016/j.comppsy.2014.11.018>
- Jiang, L. C., Yang, I. M., & Wang, C. (2017). Self-disclosure to parents in emerging adulthood: Examining the roles of perceived parental responsiveness and separation—individuation. *Journal of Social and Personal Relationships, 34*(4), 425-445. <https://doi.org/10.1177/0265407516640603>
- Karababa, A. (2020). The moderating role of hope in the relationship between maladaptive perfectionism and anxiety among early adolescents. *The Journal of Genetic Psychology, 181*(2-3), 159-170. <https://doi.org/10.1080/00221325.2020.1745745>
- Kidd, T. & Sheffield, D. (2005). Attachment style and symptom reporting: Examining the mediating effects of anger and social support. *British Journal of Health Psychology, 10*(4), 531–541. <https://doi.org/10.1111/j.2044-8287.2005.tb00485.x>

- Lo Cascio, V., Guzzo, G., Pace, F., Pace, U., & Madonia, C. (2016). The relationship among paternal and maternal psychological control, self-esteem, and indecisiveness across adolescent genders: Research and reviews. *Current Psychology, 35*(3), 467-477. <http://dx.doi.org/10.1007/s12144-015-9315-0>
- Lo Cascio, V., Guzzo, G., Pace, F., & Pace, U. (2013). Anxiety and self-esteem as mediators of the relation between family communication and indecisiveness in adolescence. *International Journal for Educational and Vocational Guidance, 13*(2), 135-149. <http://dx.doi.org/10.1007/s10775-013-9243-1>
- Mackinnon, S. P., Sherry, S. B., Pratt, M. W., & Smith, M. M. (2014). Perfectionism, friendship intimacy, and depressive affect in transitioning university students: A longitudinal study using mixed methods. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement, 46*(1), 49-59. <http://dx.doi.org/10.1037/a0033764>
- Maric, M., van Steensel, F. J. A., & Bögels, S. M. (2018). Parental involvement in CBT for anxiety-disordered youth revisited: Family CBT outperforms child CBT in the long term for children with comorbid ADHD symptoms. *Journal of Attention Disorders, 22*(5), 506–514. <https://doi.org/10.1177/1087054715573991>
- Muris, P., Meesters, C., Pierik, A., & de Kock, B. (2016;2015;). Good for the self: Self-compassion and other self-related constructs in relation to symptoms of anxiety and depression in non-clinical youths. *Journal of Child and Family Studies, 25*(2), 607-617. <https://doi.org/10.1007/s10826-015-0235-2>
- Mychailyszyn, M., Mendez, J., & Kendall, P. (2010). School functioning in youth with and without anxiety disorders: Comparisons by diagnosis and comorbidity. *School Psychology Review, 39*, 106–121. <https://doi.org/10.1080/02796015.2010.12087793>

- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*(3), 225-204.  
<https://doi.org/10.1080/15298860902979307>
- Piekarska, J. (2020). Determinants of perceived stress in adolescence: The role of personality traits, emotional abilities, trait emotional intelligence, self-efficacy, and self-esteem. *Advances in Cognitive Psychology, 16*(4), 309–320. <https://doi.org/10.5709/acp-0305-z>
- Rogers, C. R. (1952). “Client-centered” psychotherapy. *Scientific American, 187*(5), 66–75.  
<http://www.jstor.org/stable/24944053>
- Sanders, W., Zeman, J., Poon, J., & Miller, R. (2013;2015;). Child regulation of negative emotions and depressive symptoms: The moderating role of parental emotion socialization. *Journal of Child and Family Studies, 24*(2), 402-415.  
<https://doi.org/10.1007/s10826-013-9850-y>
- Schiffrin, H. H., & Liss, M. (2017). The effects of helicopter parenting on academic motivation. *Journal of Child and Family Studies, 26*(5), 1472-1480.  
<http://dx.doi.org/10.1007/s10826-017-0658-z>
- Schwartz, O. S., Dudgeon, P., Sheeber, L. B., Yap, M. B., H., Simmons, J. G., & Allen, N. B. (2012). Parental behaviors during family interactions predict changes in depression and anxiety symptoms during adolescence. *Journal of Abnormal Child Psychology, 40*(1), 59-71. <http://dx.doi.org/10.1007/s10802-011-9542-2>
- Segrin, C., Kauer, T.B., Burke, T.J. (2019). Indirect effects of family cohesion on emerging adult perfectionism through anxious rearing and social expectations. *Journal of Child and Family Studies, 28*, 2280-2285. <https://doi.org/10.1007/s10826-019-01444-2>

- Silverman, W. K., Kurtines, W. M., Jaccard, J., & Pina, A. A. (2009). Directionality of change in youth anxiety treatment involving parents: An initial examination. *Journal of Consulting and Clinical Psychology, 77*, 474–485. <https://doi.org/10.1037/a0015761>
- Skrove, M., Romundstad, P., & Indredavik, M. S. (2013). Resilience, lifestyle and symptoms of anxiety and depression in adolescence: the Young-HUNT study. *Social Psychiatry and Psychiatric Epidemiology, 48*(3), 407-16. <http://dx.doi.org/10.1007/s00127-012-0561-2>
- Smith-Adcock, S., & Tucker, M. C. (2017). *Counseling children and adolescents: Connecting theory, development, and diversity*. SAGE Publications, Inc.
- Snyder, C. R., Feldman, D. B., Shorey, H. S., & Rand, K. L. (2002). Hopeful choices: A school counselor's guide to hope theory. *Professional School Counseling, 5*(5), 298. <https://www.proquest.com/scholarly-journals/hopeful-choices-school-counselors-guide-hope/docview/213331345/se-2?accountid=1230>
- Stefanos, M., Van der, G. J., Deković Maja, Meeus Wim, H. J., & Branje, S. (2020). Parent–adolescent conflict across adolescence: Trajectories of informant discrepancies and associations with personality types. *Journal of Youth and Adolescence, 49*(1), 119-135. <http://dx.doi.org/10.1007/s10964-019-01054-7>
- Sussman, S., & Arnett, J. J. (2014). Emerging adulthood: Developmental period facilitative of the addictions. *Evaluation & the Health Professions, 37*(2), 147-155. <https://doi.org/10.1177/0163278714521812>
- Swan, A. J., & Kendall, P. C. (2016). Fear and missing out: Youth anxiety and functional outcomes. *Clinical Psychology (New York, N.Y.), 23*(4), 417-435. <https://doi.org/10.1111/cpsp.12169>

- Tiffin, P. A., & Paton, L. W. (2020). When I say ... emotional intelligence. *Medical Education*, 54(7), 598-599. <https://doi.org/10.1111/medu.14160>
- Venta, A., Hart, J., & Sharp, C. (2013). The relation between experiential avoidance, alexithymia and emotion regulation in inpatient adolescents. *Clinical Child Psychology and Psychiatry*, 18(3), 398-410. <https://doi.org/10.1177/1359104512455815>
- Walton, G.E., Hibbard, D.R., Coughlin, C., & Coyl-Shepherd, D.D. (2020). Parenting, personality, and culture as predictors of perfectionism. *Current Psychology*, 39, 681-693. <https://doi.org/10.1007/s12144-018-9793-y>
- Yap, S. T., & Baharudin, R. (2016). The relationship between adolescents' perceived parental involvement, self-efficacy beliefs, and subjective well-being: A multiple mediator model. *Social Indicators Research*, 126(1), 257-278. <http://dx.doi.org/10.1007/s11205-015-0882-0>
- Yong, M., Fleming, C. B., McCarty, C. A., & Catalano, R. F. (2014). Mediators of the associations between externalizing behaviors and internalizing symptoms in late childhood and early adolescence. *The Journal of Early Adolescence*, 34(7), 967–1000. <https://doi.org/10.1177/0272431613516827>
- Zimmermann, P., & Iwanski, A. (2014). Emotion regulation from early adolescence to emerging adulthood and middle adulthood: Age differences, gender differences, and emotion-specific developmental variations. *International Journal of Behavioral Development*, 38(2), 182-194. <https://doi.org/10.1177/0165025413515405>
- Zikopoulou, O., Nisyraiou, A., & Simos, G. (2021). A randomised controlled CBT intervention for maladaptive perfectionism: Outcome and predictors. *Psychiatry International*, 2(3), 287-299. <https://doi.org/10.3390/psychiatryint2030022>