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Demoralization during Adolescence: The Role of Perfectionism and Social Support

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Demoralization is conceptually distinct from depression, yet little attention has been paid to understanding demoralization and its underlying factors. Furthermore, existing studies on demoralization primarily concentrate on clinical populations and patients, neglecting its prevalence and detrimental impact on the general populations. Considering adolescents' susceptibility to demoralization when confronted with identity challenges, the present study investigated the influence of perfectionism and perceived social support on demoralization among 537 adolescents in Taiwan. The high school students responded to a hardcopy questionnaire consisting of the Mandarin version of the Demoralization Scale, Bi-mode Multidimensional Perfectionism Scale, and Multidimensional Perceived Social Support Scale. Hierarchical multiple regression analysis revealed several key findings: a) lower demoralization level in Senior 2 students than their juniors, b) positive relationship between maladaptive perfectionism and demoralization, and c) negative association of adaptive perfectionism and perceived social support to demoralization. The present study not only extends the literature on demoralization to ordinary adolescents but also offers empirical support to the buffering effect of adaptive perfectionism and perceived social support. These findings provide a valuable foundation for future research aiming at mechanisms underlying the buffering effect of adaptive perfectionism and perceived social support on demoralization.

Key words: Asia, adaptive perfectionism, demoralization, high school students, maladaptive perfectionism, perceived social support

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Introduction

Demoralization syndrome refers to "a distinct psychiatric disorder in which loss of meaning and hope can potentially spoil any sense of a worthwhile life and future" (Kissane et al., 2004, p. 269). Being coded as an R45.3 psychiatric symptom in Chapter 18 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), demoralization is conditioned by the loss of help, hope, success, and coping abilities (Clarke & Kissane, 2002; Tecuta et al., 2015). Demoralized individuals generally experience long-term incompetence, isolation, and despair (Frank, 1974). Studies too often show a negative impact of demoralization on people. For instance, demoralized cancer and chronic patients demonstrate higher self-withdrawal and suicide ideation than depressed patients (Chiu, 2012; Hem et al., 2004; Kissane et al., 2004). As of date, demoralization has received less attention compared to depression. Moreover, most of the studies done had focused on patients (e.g., Costanza et al., 2020; Koo et al., 2021) and vulnerable populations or minorities (e.g., transgender and gender diverse communities; Woodrum et al., 2024) apart from only a handful of studies on general population (e.g., Huang et al., 2022; Huang et al., 2023; Silverstein et al., 2010). Such scarcity eventually results in people's limited understanding of demoralization among non-patients, especially adolescents. Assessment for demoralization is thus imperative among adolescents who are constantly facing risks during their critical self-identity and role identification developmental stage. The success or failure in risk management will later determine their future development (Erikson, 1968).

Specifically, this study aims to investigate the roles of perfectionism and perceived social support. Existing literature has conceptually suggested a link between these variables and demoralization but the lack of empirical evidence makes it difficult to conclusively determine their effects and incorporate them into demoralization intervention programs. Moreover, we aim to further investigate and clarify the distinct roles of adaptive and maladaptive perfectionism in demoralization.

Demoralization

It is critical to note that demoralization is conceptually different from depression (Cunningham et al., 2008; Jacobsen et al., 2006; Strada, 2009). Meaninglessness and helplessness are observed in demoralized people while anhedonia or loss of pleasure and even retardation or agitation are apparent in depressed people (de Figueiredo, 2007; de Figueiredo & Frank, 1982; Griffith & Gaby, 2005). Demoralized people who exhibit a full range of normal affect can still feel pleasurable when participating in meaningful activities (Kaneriya et al., 2023). On the other hand, while endogenomorphically depressed people are easily unmotivated even though they are aware of what proper actions to take, the distressed and demoralized people who are genuinely clueless about proper actions also somehow appear subjectively incompetent (de Figueiredo, 1993).

To further compare, demoralization is just as harmful as, if not greater than, depression. For example, medical studies have found a positive relationship between demoralization and suicidal ideation (Chiu, 2012; Costanza et al., 2020; Costanza et al., 2022). Demoralized patients were found to display higher loss of self-indulgence and suicidal ideation than depressed patients (Hem et al., 2004). A similar negative impact of demoralization has also been observed among the general population. For instance, demoralized Italian citizens aged over 18 years old during quarantine due to COVID-19 reported lower psychological

well-being (Botto et al., 2022). Similarly, in a longitudinal study conducted with a two-week interval among university students in Taiwan, the demoralization level measured at Time 1 was discovered to negatively predict psychological, social, and emotional well-being measured at Time 2. This effect persisted even after controlling for the impact of depression among the university students (Huang et al., 2023, Study 3). These findings underscore not only the adverse impact of demoralization on non-clinical populations but also offer substantial empirical evidence of the distinctions between demoralization and depression. More studies on demoralization are therefore necessary for timely assistance and intervention.

Relationship between Demoralization and Perfectionism

Perfectionism is when one sets high standards for people, affairs, and objects. It is a type of personality trait and cognitive mindset marked by a relentless pursuit of flawlessness and the establishment of exceedingly high-performance standards, often accompanied by overly critical self-evaluations (Flett & Hewitt, 2006; Frost et al., 1990; Miao, 2016). Perfectionism does bring positive meanings at times (Frost et al., 1990) though they who always focus on self-setting ideation and standards will mistakenly grip all failures, destroy self-values, and induce strong negative evaluations that lead to hopelessness and depression (Yang, 2005). Hamachek (1978) classified perfectionism into ordinary and neurotic types. Ordinary perfectionists having set a standard will still contentedly make flexible changes according to environmental and personal limitations. In contrast, neurotic perfectionists who set elite standards for themselves will always neglect their capabilities thus experiencing extreme fear of failure. They are rarely satisfied with their own achievements. Likewise, Enns and Cox (2002), while incorporating all other classifications, have contrasted the features between well-adaptable perfectionism and poorly adaptable perfectionism. In the same vein, other researchers have examined the similar dual concepts between positive and negative perfectionism (Rice & Preusser, 2002; Tung, 2003); adaptive and maladaptive perfectionism (Yang, 2005); aggressiveness and pessimism (Lynd-Stevenson & Hearne, 1999) as well as positive success trails and negative evaluations on poorly adaptable perfectionism (Frost et al., 1993) among others.

Generally, the relationship between perfectionism and depression suggests that perfectionism may also be related to demoralization. Demoralization has been defined as one's failure to fulfil personal and others' expectations (Frank; 1974). People most likely experience demoralization when goals or standards set outweigh their actual or perceived abilities. Meanwhile, when falling short of the constant maintenance of unrealistic standards, perfectionists may experience huge despair, incapacity, ineffectiveness, disappointment, and pain which are all characteristics of demoralization. One can presume the association of socially prescribed perfectionism with demoralization as a main effect resulting from such immense and unrealistic expectations. Indeed, there is empirical evidence to support the theoretical relationship. An analysis of 320 university students' self-report showed a positive relationship between (socially prescribed and self-oriented) perfectionism and demoralization (Bender, 2020).

Although perfectionism has been found to reinforce demoralization, we argue that maladaptive and adaptive perfectionisms may illustrate a different relationship with demoralization. Maladaptive perfectionism has been consistently found to be an antecedent factor of mental and psychological challenges. Ac-

cording to Stoeber et al. (2018), exaggeration over mistakes and criticism as well as the disparity between expectations and actual performance could cause anxiety and reduced resources in maladaptive perfectionism. Empirical studies too showed that individuals who adopt maladaptive perfectionism tend to experience psychological problems such as depression and anxiety (Lamarre & Marcotte, 2021; Liu et al., 2022; Wei et al., 2021), psychological distress and non-suicidal self-injury (Gu et al., 2022); impostor phenomenon and suicidal ideation (Brennan-Wydra et al., 2021) as well as Internet addiction (Yang et al., 2021). Besides, it is noteworthy that the five factors of demoralization (i.e., meaninglessness, emotional distress, depression, hopelessness, and sense of failure; Kissane et al., 2004) are positively related to mental and psychological challenges. For instance, the literature on life meaning has illustrated that people with high meaninglessness are likely to report depression and suicidality (Allen, 2022). Given that both maladaptive perfectionism and demoralization symptoms are related to mental and psychological challenges, it is reasonable to believe that there could be a (positive) relationship between maladaptive perfectionism and demoralization symptoms.

On the contrary, adaptive perfectionism is expected to be beneficial. Stoeber and Otto (2006) who reviewed 35 studies discovered positive characteristics associated with improved psychological adjustment among adaptive perfectionists. The learned resourcefulness theory on the association between adaptive perfectionism and well-being suggested that intrinsically motivated and persistent adaptive perfectionists who practice more stress management would experience better well-being (Rosenbaum, 1990). Moreover, adaptive perfectionism has been found to have a negative relationship with depression (Wei et al., 2021) and anxiety (Lamarre et al., 2021) but a positive relationship with well-being (Ekmekci et al., 2021).

Taken together, it is reasonable to assume that maladaptive perfectionism may have a positive relationship with demoralization, while adaptive perfectionism may have a negative relationship with demoralization.

Relationship between Demoralization and Perceived Social Support

While giving and receiving support is beneficial (e.g., Khodabakhsh & Tan, 2022), recipients deem perceived social support or anticipated and acquirable social support to be far more effective and responsive than actual social support as they could feel themselves being understood in the process received (Eagle et al., 2019). People with higher perceived social support are more positive toward the future as they tend to believe in obtaining necessary solutions to their problems thus avoiding negative life perceptions altogether (Mo et al., 2014). For example, perceived social support positively relates to post-traumatic growth among COVID-19 survivors (Joy et al., 2024) and increased well-being in an experimental study (Tan et al., 2022). Some other studies warrant mandatory deliberation on perceived social support for mental health and hopelessness recovery studies (Seyyedmoharrami et al., 2018).

Apart from that, social support could result in positive environmental adaptability and psychological health in the youth (Poudel et al., 2020) as it enhances emotional adaptability; reduces bodily and psychological illnesses; and is positively related to the youth's happiness (Benhorin & McMahon, 2008). A two-year longitudinal study has shown that the higher the peer support, the lower the possibility of depression in older youth (Young et al., 2005). Given that depressive symptoms and demoralization symptoms share some

commonalities (Griffith & Gaby, 2005), it is only reasonable to assume that social support is helpful to buffer demoralization levels. Indeed, studies have documented the beneficial effect of social support on demoralization levels (Fenig & Levav, 1991; Robinson et al., 2015). For instance, using multiple linear regression analysis, Li and colleagues (2020) found a negative prediction of perceived social support on demoralization over medical coping style and perceived self-efficacy among Chinese breast cancer patients. Similarly, when systematically reviewing the biological, psychological, and social factors in demoralized cancer patients, social support was found to have a negative relationship with demoralization (Hong et al., 2022). As the findings consistently support that social support is beneficial for reducing one's demoralization, it would be interesting to explore its impact on non-clinical adolescent samples.

The Present Study

Demoralization is widespread among clinical populations across various cultural contexts (Kaneriya et al., 2023). It is argued that non-clinical populations, particularly adolescents, are susceptible to demoralization. Adolescents navigating constant risks during their critical developmental stages of self-identity and role identification are particularly vulnerable to demoralization. Furthermore, the calls to focus on adolescents are bolstered by our interactions with high school students in Taiwan. In our experience providing counseling services to adolescents referred by schools, we have observed that they face significant psychological challenges such as feelings of hopelessness and instances of self-harm despite not being diagnosed with depression, stressing the urgent need to identify the factors contributing to demoralization. Therefore, the present study aimed to assess symptoms of demoralization among adolescents in Taiwan and to investigate the associations between adaptive and maladaptive perfectionism as well as perceived social support with demoralization symptoms. The study of perfectionism is particularly salient in the Chinese context since well-adapted perfectionism will lead to the individuals' pleasure in task accomplishments and success as perfectionists working too hard in realizing difficult goals will not experience lasting happiness due to their constant fear of failure (Cox et al., 2002). Such a trend is especially rampant in Chinese society (Wang & Heppner, 2002; Wang et al., 2007; Yoon & Lau, 2008) due to a complex interaction of cultural, educational, and socio-economic factors. For instance, the strong emphasis on academic achievement imposed by parents to achieve family glory (Chen, 2012) compels students to become perfectionists. This pressure stems from the desire to fulfill parental expectations and to attain high standards necessary for success in a globally competitive environment.

Hence, based on prior research, we hypothesized that:

H1: adaptive perfectionism is negatively associated with demoralization symptoms.

H2: maladaptive perfectionism is positively associated with demoralization symptoms.

H3: perceived social support is positively associated with demoralization symptoms.

Method

Participants and Procedure

The present study targeted 16- to 18-year-old full-time senior high school students in Taiwan. A total of 537 students (253 male and 284 female students) from five high schools in Taipei and Taoyuan (M_{age} = 16.98; SD = 0.83) were successfully recruited between October and November 2018. The selected five regular

national high schools for ordinary adolescents using purposive sampling aimed to minimize the differences in students' socioeconomic status and to control for the confounding effect of different school syllabi on students' demoralization. Three classes were randomly selected from senior one (16 years old), senior two (17 years old), and senior three (18 years old) in each school. The final sample consisted of 190 senior one students, 169 senior two students, and 178 senior three students.

The present study was reviewed in line with the institutional practice and approved by a group of three panels. Participants and their parents or guardians all offered their informed consent. Furthermore, participants were informed that they could withdraw from the present study at any time without facing consequences, that their data would be kept confidential (e.g., not shared with their parents or teachers), and that any identity-related information would be removed before data analysis. Additionally, participants were reminded to contact the researchers for assistance if they experienced any physical or psychological discomfort during or after the study. Students spent approximately 20 minutes completing a hard copy of the questionnaire in their classrooms.

Measurements

The Chinese version of the following measurements was used in the present study. The rating scales of measurements were all standardized to a 5-point Likert scale (1: strongly disagree to 5: strongly agree) to ease participants' answering of the items.

15-item Mandarin version of Demoralization scale (DS-M-15; Huang et al., 2023)

The DS-M-15 contains five dimensions: life meaning; loneliness and helplessness; self-assurance; bravery and perseverance; and emotional distress. Each dimension consists of three items. A sample item was "*I feel helpless.*". Higher scores indicate more symptoms of demoralization. The scale shows good reliability (e.g., internal consistency and test–retest reliability) and validity (e.g., predictive validity) for both (non-clinical) adolescents and young adults (Huang et al., 2023).

Bi-mode Multidimensional Perfectionism Scale (Bi-mode-MPS; Yang, 2005)

The Bi-mode-MPS was used to measure adaptive perfectionism (16 items) and maladaptive perfectionism (14 items). Each of them covers three dimensions: self-oriented, socially prescribed, and other-oriented perfectionism (see supplementary Table S1 for a brief definition of the six subtypes of perfectionism). The respective sample items for adaptive perfectionism and maladaptive perfectionism were "*I believe I can perform to the best of my ability.*" and "*I cannot tolerate myself committing even a single mistake or failure.*". The corresponding items were summed up to generate a composite score for the two types of perfectionism respectively. Higher scores indicate higher levels of the constructs.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

The 12-item MSPSS is a multi-dimensional scale with three factors: family, friends, and significant others. Each dimension is measured by four items. The Chinese version of MSPSS has been validated on non-clinical adolescent samples (Ma, 2020). A composite score was created by averaging the item scores in which higher scores represent higher levels of perceived social support.

Data Analysis

Descriptive statistics for the variables were first examined. The internal consistency of the measurements was then determined using Cronbach alpha (α) and McDonald omega (ω) coefficients before Pearson correlation analysis to examine the relationships among the variables. Finally, a 3-step hierarchical multiple linear regression was conducted to investigate the roles of (adaptive and maladaptive) perfectionism and perceived social support in demoralization respectively. Specifically, gender (female as the reference group) and year of study (senior 1 as the reference group) were entered in Step 1, adaptive and maladaptive perfectionisms were entered in Step 2, and perceived social support was entered in Step 3. The sequence of entering the three target predictors was guided by the goal of examining the effect of perceived social support after statistically controlling for the effects of the two types of perfectionism. Put differently, such design allows us to understand if perceived social support continues to play a role in demoralization symptoms when the impacts of demographic differences and the two types of perfectionism are excluded. Simultaneously, the outcomes of Step 1 will inform potential differences in demoralization based on gender and year of study, while the findings from Step 2 will reveal the respective impact of adaptive and maladaptive perfectionisms once demographic differences are accounted for.

Results

The descriptive statistics, correlations, and reliability of the variables are presented in Table 1. The skewness values ranged between -0.620 to -0.085, while kurtosis values ranged between 0.24 and 1.542, suggesting that normality is supported (Kim, 2013). Pearson correlation analysis showed that the relationships among the variables were statistically significant. Demoralization was negatively correlated with adaptive perfectionism and perceived social support respectively and was positively associated with maladaptive perfectionism. On the other hand, adaptive perfectionism had a positive relationship with maladaptive perfectionism and perceived social support respective-

Table 1 *Descriptive statistics, correlation, and reliability for variables*

Variable	*M*	*SD*	Skew[a]	kurto[b]	1	2	3	4
1. Demoralization	40.09	9.09	-0.085	0.240	.875 (.876)			
2. AOP	57.23	9.56	-0.277	1.542	-.413***	.866 (.866)		
3. MOP	42.66	8.96	-0.149	0.176	.337***	.355***	.855 (.856)	
4. Social Support	3.62	0.78	-0.620	0.656	-.514***	.288***	-.125**	.914 (.908)

Note. N = 537. [a] Skewness SE = .105; [b] Skewness SE =.210; Cronbach (Omega) coefficients were presented at the diagonal line.

Skew = Skewness; Kurto = Kurtosis; AOP = Adaptive perfectionism; MOP = Maladaptive perfectionism.

** $p < .01$; *** $p < .001$

ly whereas maladaptive perfectionism was negatively associated with perceived social support. The four variable scores demonstrated good internal consistency. The α value ranged from .914 (ω = .908) for social support to .855 (ω = .856) for maladaptive perfectionism.

Table 2 summarizes the hierarchical multiple regression results. The assumptions of multiple linear regression were met. For instance, all variance inflation factor (VIF) values were below 1.40, suggesting no multicollinearity in our data. When examining the effect of demographic variables in Step 1, the model was significant and explained 1.90% of the variance (i.e., R^2 = 0.19). Moreover, it was found that senior 2 students scored lower than their juniors in demoralization. The two perfectionism scores were then entered into Step 2. The model was significant and both perfectionism scores explained an additional 44.6% of the variance. Results showed that, compared to their juniors, senior 2 students reported lower while senior 3 students scored higher in demoralization. Adaptive perfectionism was negatively associated with demoralization. Meanwhile, there was a positive relationship between maladaptive perfectionism and demoralization. Finally, after entering the perceived social support score into Step 3, the model was significant and explained 54.60% of the total variance. Inspection of the predictor variables then showed that male participants scored lower than their female counterparts, while senior 2 students continued to score lower than their juniors in demoralization. Again, adaptive perfectionism was negatively while maladaptive perfectionism was positively associated with demoralization. Perceived social support explained an additional 8.10% of the variance and had a negative relationship with demoralization.

Table 2 *Summary of hierarchical multiple regression results*

		Step 1			Step 2			Step 3		
No.	Variable	*B*	*SE*	β	*B*	*SE*	β	*B*	*SE*	β
1	Constant	41.095	0.776	-	51.119	2.072	-	62.034	2.215	-
2	Gender[a]	-0.427	0.784	-.023	-0.897	0.591	-.049	-1.592**	0.550	-.088
3	Senior 2[b]	-2.618**	0.957	-.134	-2.098**	0.709	-.107	-1.860**	0.654	-.095
4	Senior 3[b]	0.047	0.945	.002	1.473*	0.703	.076	1.081	0.649	.056
5	Adaptive Perfectionism				-0.597***	0.033	-.628	-0.487***	0.032	-.512
6	Maladaptive Perfectionism				0.557***	0.035	.549	0.470***	0.033	.464
7	Social Support							-3.635***	.373	-.312
	F-value	$F(3, 533) = 3.354$, $p = .019$			$F(5, 531) = 92.295$, $p < .001$			$F(6, 530) = 106.300$, $p < .001$		
	Adjusted R^2 (R^2 change)	.013 (.019*)			.460 (.446***)			.541 (.081***)		

Note. N = 537. [a] Female as the reference group; [b] Senior 1 as the reference group. B = Unstandardized regression coefficient; SE = Standard error; β = Standardized regression coefficient.
** $p < .01$; *** $p < .001$

Discussion

The present study examined the roles of perfectionism and perceived social support in demoralization symptoms among Taiwanese adolescents. Supporting our hypotheses, perfectionism and perceived social support are related to demoralization symptoms. Furthermore, perceived social support has added statistically significant variance above and beyond the two types of perfectionism.

A hierarchical multiple regression with three steps was conducted to investigate the role of demographic (gender and year of study), perfectionism, and perceived social support in demoralization symptoms. In the first step, the year of study was found to have a significant relationship with demoralization symptoms. In particular, Senior 2 students reported significantly lower scores in demoralization than Senior 1 students. One possible reason is that Senior 1 students who had just left their junior high mates and teachers have suffered from self-concepts and psychological problems due to their inadaptability to new environmental changes that eventually led to demoralization symptoms. To illustrate, normative educational transitions would place the new students in stressful schooling environments when adjusting from junior to senior high schools or from high schools to colleges (von Keyserlingk et al., 2022).

Besides, our participants, who are heavily influenced by traditional Chinese culture, tend to prioritize interpersonal relationships, social roles, and responsibilities over personal interests. They tend to surpass themselves, care for others, and prioritize parental hopes in pursuit of perfectionism (Frost et al., 1990). In that respect, when examining the role of perfectionism in the second step, mixed results were observed. In line with our first and second hypotheses, adaptive perfectionism showed a negative relationship with demoralization symptoms whereas maladaptive perfectionism had a positive relationship with demoralization symptoms. In other words, individuals who find perfectionism beneficial are less likely to experience demoralization symptoms. On the contrary, if perfectionism is detrimental, individuals tend to experience more demoralization symptoms. Take the example of students striving for good grades. Those with adaptive perfectionism create a study plan and regularly ask their teachers for feedback to make sure they are on track. On the other hand, students with maladaptive perfectionism concentrate on the final grade but often fail to make a sensible plan to get there. As they make progress, the first group of students feels encouraged and assurance, while the second group feels stuck because they see the gap between their goal and their actual progress. This can lead to feelings of helplessness, distress, and doubt about their abilities.

Our results conceptually replicate past findings in that adaptive perfectionism is negatively related while maladaptive perfectionism is positively associated with mental health problems such as depression (Lamarre et al., 2021; Wei et al., 2021). More importantly, the results advance our understanding of demoralization by providing empirical evidence that perfectionism may not always increase demoralization symptoms. They also suggest a new direction for future demoralization research, specifically the need to distinguish between adaptive and maladaptive dimensions when examining the impact of perfectionism on demoralization symptoms, as well as the need to uncover the underlying mechanism of this relationship.

On the other hand, supporting our third hypothesis, perceived social support was found to protect adolescents from demoralization symptoms. Students who perceived high lev-

els of support from their social networks (e.g., family, friends) tend to experience fewer demoralization symptoms. The finding is in line with those documented facilitative effects of social support on demoralization symptoms (e.g., Hong et al., 2022; Li et al., 2020). Moreover, the facilitative role of perceived social support continues to occur even after statistically controlling the effects of the two types of perfectionism. The results generalize the benefits of perceived social support to people regardless of their types of perfectionism.

Overall, the findings of the present study are theoretically and practically crucial to demoralization research and intervention. First, the present study expands the literature on demoralization from a clinical to a developmental context. While most of our understanding of demoralization is derived from patients, the present study is one of the few that sheds light on demoralization symptoms among ordinary adolescents. Adolescents in their vital transitional stage will often experience inevitable psychological or behavioral problems brought on by maladaptation to responses or influences (Erikson, 1968). There may exist signs of demoralization like constant life purpose seeking, helplessness, self-doubt, hesitance in problem-solving and responsibility shouldering as well as emotional disturbances. Our results suggest that developing and cultivating adaptive perfectionism during adolescence may potentially reduce demoralization symptoms in the future. Hence, parents, teachers, and school counselors are encouraged to educate students about both the positive and negative aspects of perfectionism. By providing a nuanced perspective, they can help students develop a more accurate understanding of adaptive and maladaptive perfectionism and learn how to approach it in a constructive and supportive way. Similarly, educators and counselors can introduce a brief self-compassion intervention to enhance adaptive perfectionism while decreasing maladaptive perfectionism (Woodfin et al., 2021). This equips students with tools to combat demoralization effectively.

In addition, our results highlight that developing a sense of being socially supported is protective of demoralization. The beneficial effect emerges even after we (statistically) exclude the effects of maladaptive and adaptive perfectionism. The findings suggest that parents, peers, and significant others (e.g., teachers) can prevent adolescents from demoralization symptoms by providing them with a supportive environment such as explicitly informing adolescents of constant presence and assistance in need.

Nevertheless, it is pivotal for one to take note of several limitations when interpreting the findings. First, the causal relationships between perfectionism and perceived social support with demoralization symptoms remain open due to the adoption of a cross-sectional design in the present study. Likewise, the present study is unable to rule out the possibility of a bidirectional relationship among the variables. In the same vein, convenient sampling would have limited the generalization of the findings. To address these issues, future researchers are warranted to employ stratified sampling and longitudinal design with repeated measures (e.g., cross-lagged panel design) to clarify the relationships in the overall population. Second, although the use of anonymous self-report helps minimize psychological barriers to answering the survey, the results are susceptible to social desirability bias. Future researchers may collect data from significant others (e.g., teachers, peers) to have a comprehensive picture of the adolescents' demoralization symptoms. Third, participants were not screened for mental disorders (e.g., depression). Given that adolescents who struggle with depressive symptoms are likely to report demor-

alization symptoms, it is essential for future studies to statistically control for depressive symptoms to verify the findings. Similarly, comparing the results of ordinary adolescents with their peers who are diagnosed with depression can provide further insights into the roles of perfectionism and perceived social support in demoralization.

Finally, the present study has merely examined the direct relationship between the variables and hence, is unable to explain how (adaptive and maladaptive) perfectionism and perceived social support influence demoralization symptoms respectively. Future studies could replicate and extend the present study to deliberate on the underlying mechanism of the relationships. For instance, considering self-esteem mediating the connection between social support and depression among primary and secondary school students (Chang et al., 2018), future researchers could propose self-esteem to also play a role as a mediating factor in the relationship between perceived social support and demoralization.

Conclusion

Adolescents' mental health is worth attending to. By focusing on demoralization symptoms, the present study found that maladaptive perfectionism exacerbates while adaptive perfectionism and perceived social support reduce demoralization. The findings not only extend the established literature on demoralization to ordinary adolescents but also identify promising areas for tackling demoralization among adolescents.

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Table S1 *Brief definition of the six subtypes of perfectionism in the Bi-mode Multidimensional Perfectionism Scale*

	Self-oriented	Socially prescribed	Other-oriented
Adaptive	Expect perfect achievement in own selves flexibly and reasonably. Pursue positive rewards and success. Focus on 'good deed', have sensible belief in actions taken, and carry a careful and casual attitude that brings about satisfaction or happiness. Perceive self-achievements neutrally, i.e., thriving despite failures thus bearing no negative comments towards selves.	Expect perfect self-achievement set by others' expectations flexibly and reasonably. Pursue positive rewards and success. Focus on 'good deed', have sensible belief in actions taken, and carry a careful and casual attitude that brings about satisfaction or happiness. Perceive achievements on tasks set by others neutrally, i.e., thriving despite failures thus bearing no negative comments towards selves.	Expect perfect achievement in others flexibly and reasonably. Pursue positive rewards and success. Focus on 'good deed'. Perceive failures or success neutrally, i.e., sustaining hope in others despite their failures thus bearing no negative comments towards others.
Maladaptive	Expect perfect achievement in own selves rigidly and unreasonably. Avoid negative results and failures. Focus on 'avoiding mistakes', have doubts and skepticism on actions taken, and carry a nervous and anxious attitude that causes dissatisfaction or unhappiness. Perceive failures selectively, i.e., focusing on negative aspects thus failures mean total rejection over self-achievement.	Expect perfect achievement set by others' expectations rigidly and unreasonably. Avoid negative results and failures. Focus on 'avoiding mistakes', have doubts and skepticism on actions taken, and carry a nervous and anxious attitude that causes dissatisfaction or unhappiness. Perceive unaccomplished tasks set by others selectively, i.e., focusing on negative aspects thus failures mean total rejection over self-achievement.	Expect perfect achievement in others rigidly and unreasonably. Avoid negative results and failures. Focus on 'avoiding mistakes', have doubts and skepticism about actions taken by others, and carry a nervous and anxious attitude that causes dissatisfaction or unhappiness. Perceive failures in others selectively, i.e., focusing on negative aspects thus failures mean total rejection of others' achievement.