

The Value of Perfectionism in Predicting Coping Strategies in Drug-User Women

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Original Article

Abstract

Background: Positive perfectionism helps the individual to experience fewer worries and less anxiety. The aim of the present study was to assess the value of coping strategies to predict perfectionism in drug-user women.

Methods: This cross-sectional study was performed on 361 consecutive drug-user women who were randomly selected from a total of 6237 women referring to the Drug Abuse Centers of Kerman, Iran, in 2013. Data were gathered using the positive and negative perfectionism scale, and coping responses questionnaire.

Findings: There were significant correlations between positive and negative perfectionism with coping strategies problem-focused and emotional-focused ($P < 0.001$). Using multivariate regression modeling, 12% of total mental health variances could be estimated from metacognition beliefs.

Conclusion: The positive and negative perfectionism can be rolled both as the predictors of coping strategies in drug-user women.

Keywords: Coping strategies, Perfectionism, Female addicts

Citation: Bahramnejad A, Rabani-Bavojdan M, Rabani-Bavojdan M, Kaviani N. **The Value of Perfectionism in Predicting Coping Strategies in Drug-User Women.** *Addict Health* 2015; 7(3-4): 157-63.

Received: 22.06.2015

Accepted: 30.08.2015

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Introduction

Substance abuse in our society is widespread, and data have suggested high prevalence of women who abuse substances quickly approaching that of men. The undesirable consequences of drug use has been the most important communities public health problems especially the prevalence it among women that have attracted the attention mental health expert and not only have affected their health also, it can contribute on whole health status of the society members.¹⁻⁴ Identification of psychological variables, especially personality variables related to health and mental illnesses, has been of interest for the researchers in psychological areas. Some personality traits can play an important role in the etiology and the progression of disorders, as well as can make the individual sick, indirectly and by creating unhealthy behaviors such as smoking, drug user, and insomnia.^{5,6}

Perfectionism, as a personality trait, is one of the factors affecting mental health, and various studies confirm this relationship.⁵⁻⁷ Perfectionism is a personality trait characterized as a set of high standards of performance that is defined as negative self-evaluation, criticism, and self-blame.^{8,9} Different scholars have offered various definitions for perfectionism, pointed out the non-adoptive aspects of it more than the healthy and positive aspects, and deemed perfectionism as a negative, neurotic, and non-adaptive trait.^{10,11}

Positive or adaptive perfectionism is choosing goals and high personal standards, and striving to achieve the reward that come with success, while maintaining the ability to be satisfied with one's performance. In contrast, negative or non-adoptive perfectionism is choosing uncompromising and high standards that are not accessible; it is characterized as inability to enjoy one's performance, uncertainty, anxiety about one's capabilities, stress, and depression.¹⁰⁻¹²

Studies have shown that perfectionism is a constant source of stress, which often leaves the individual with a feeling of failure. Perfectionists expect themselves to be flawless. These constant expectations are considered a source of stress.^{5,11,13} Stressful situations, in addition to creating different emotional reactions like rage, anxiety, and depression can also contribute to adopting risky behaviors such as alcohol abuse, smoking,

and substance abuse.^{14,15} People use different strategies for coping with stress; choosing a suitable strategy to cope with the effects of psychological pressures can reduce the effects of pressures on mental health and consequently lead to better adapting individuals.¹⁶⁻¹⁸

Therefore, according to the statements mentioned above, perfectionism is a constant source of stress that often leaves the individual with a sense of frustration and failure. However, considering the results of the researches that show coping styles are associated with the onset of substance abuse, it can be suggested that it might be a connection between perfectionism and coping strategies in drug-user women. This variable is also able to predict the type of coping strategies for each individual. Breaking the vicious cycle of addiction, and its treatment is difficult and expensive and requires a comprehensive health system, different approaches, pharmacotherapy, psychotherapy, and rehabilitation. In such circumstances, prevention is the logical alternative. The purpose of preventives is to delay or prevent the onset of drug use in society. Thus, prevention of drug abuse and drug dependency means to avoid imposing heavy charges on society, preventing the development of acquired immune deficiency syndrome (AIDS) and other diseases, reduction of productivity in the workplace, crime incidence, and the risk of endangering the next generation. Therefore, considering the theoretical background of this study and lack of researches done in this field, the present research attempted to examine the relationship between perfectionism and coping strategies in drug-user women living in Kerman, Iran.

Methods

This research was considered a cross-sectional study. The statistical population consisted of 6237 drug-user women who referred to outpatient detoxification centers in Kerman from 2013 to 2014 that were chosen by the random clustering sample method. The subjects were at least high school graduates. The sample size was 360 people, based on Krejcie and Morgan sample size table, thereby, 360 valid questionnaires were prepared for analysis.

Positive and negative perfectionism scale: This tool was primarily made by Terry-Short et al.¹⁹

This scale assesses perfectionism from functional and behaviorist points of view. This scale has been developed to identify positive and negative perfectionism and has two positive and negative subscales. These two subscales represent two reinforcements the individual can experience. It is believed that positive perfectionism is the result of positive reinforcements related to antecedent perfectionism behaviors. It appears that negative perfectionism is directly related to negative reinforcements. This scale has 40 questions that 20 questions are positive perfectionism-related and the other 20 are negative perfectionism-related. The five-point Likert scaling method (strongly agree, agree, neutral, disagree, and completely disagree) is used to measure the perfectionism of the subjects, in both positive and negative areas scales of 1-5. The minimum score of the subjects of each scale of the test was 20, and the maximum was 100. The cutoff point for this test for individuals with disorders was 69, and was higher in the negative perfectionism subscale. The items related to positive perfectionism were 2, 3, 6, 9, 14, 16, 18, 19, 21, 23, 24, 25, 28, 29, 30, 32, 34, 35, 37, 40, and items related to negative perfectionism were 1, 4, 5, 7, 8, 10, 11, 12, 13, 15, 17, 20, 22, 26, 27, 31, 33, 33, 36, 38, 39. The research shows that the questionnaire has the required validity and reliability.¹⁹ In our study, by using Cronbach's alpha, the stability for positive perfectionism subscale was 0.62, for negative perfectionism was 0.70, with the total score of 0.69.

Coping responses questionnaire: Billings and Moos designed this questionnaire to study the way people respond to stressful events. This scale has 19 questions. While completing this questionnaire, the respondents were asked to think about a stressful event that they had recently experienced and answer the questions accordingly. The options for each test item were from zero (never) to three (always) based on the Likert scale. The questionnaire included both problem-focused coping strategy with 8 questions and emotional-focused coping strategy with 11 questions. The highest score of this questionnaire acquired by a subject is 57, which consists of a maximum score of 33 points for the options related to problem-focused coping style, and a maximum score of 24 points for the options related to emotional-focused coping style. These researches also show that this questionnaire has the required reliability and validity.²⁰ In this

study, by using Cronbach's alpha, the stability for positive perfectionism subscale was 0.72, for negative perfectionism was 0.75, and the total score was 0.73.

In order to clarify the relationship between the variables of interest in the samples under study, the Pearson correlation was used to assess relationship between quantitative variables. Also, in the inferential statistics section in order to determine the contribution of each positive and negative perfectionism belief variable, in anticipation of coping strategies, the multivariate regression analysis entry method was used.

Results

Regarding the descriptive findings, the results showed that the mean \pm standard deviation (SD) positive perfectionism score of the subjects was 48.33 ± 07.85 , the negative perfectionism score of the subjects was 70.93 ± 04.53 , the problem-focused strategy score was 14.10 ± 03.79 , and the emotional-focused strategy score was 22.67 ± 03.65 . The results of the study showed significant relationships of problem-focused strategy score with positive perfectionism ($r = -0.66$, $P < 0.001$) and with negative perfectionism ($r = -0.29$, $P < 0.001$). Also, there were significant relationships of emotional-focused strategy score with positive perfectionism ($r = 0.24$, $P < 0.001$) and with negative perfectionism ($r = 0.57$, $P < 0.001$).

The relationship between positive and negative perfectionism as the predictor variables and coping strategies as criterion variables, the multivariate linear regression models were used. Considering the observed F value for regression coefficients of the predictor variables (Table 1) showed that both positive and negative perfectionism factors could effectively specify the variance of problem-focused coping strategy for drug-users ($P < 0.001$). Therefore, positive and negative perfectionism were shown to be predictors of the problem-focused strategy for drug-dependent women. In total, with increasing the level of positive perfectionism, the rate of problem-focused strategy usage increased, as well as with the increase in negative perfectionism, the rate of problem-focused strategy usage decreased. In addition, to determine the contribution of each of these variables in specification of the criterion variable of the regression coefficients table 1, it was shown that positive perfectionism has a

major role in specifying the dependent variable ($\beta = -0.643$), and negative perfectionism could only predict a portion of the dependent variable ($\beta = -0.113$).

In addition, according to table 2, the observed F value for the regression coefficient of the predictor variables showed that positive and negative perfectionism factors could significantly specify the variance of emotion-focused coping strategy for the drug abusers ($P < 0.001$). Therefore, positive and negative perfectionism were predictors of the problem-focused strategy for drug-user women. Thus, with increasing the level of positive perfectionism, the rate of problem-focused strategy usage increased, and with the increase in negative perfectionism, the rate of emotion-focused coping strategy usage decreased. In addition, to determine the contribution of each of these variables in specification of the criterion variable of the regression coefficients table 2, it was shown that positive perfectionism had a major role in specifying the dependent variable ($\beta = 0.179$), and negative perfectionism could only predict a portion of the dependent variable ($\beta = 0.534$). Therefore, these two variables could significantly predict the criterion variable, and positive perfectionism had a greater role in defining the criterion variable.

Discussion

The results of this study showed that there was a significant negative relationship between positive and negative perfectionism and problem-focused coping strategy in drug-user women. This means that the decrease in subjects' scores in positive perfectionism scale indicates the high positive perfectionism status of the subject. In addition, with a decrease in the subjects' score in positive

perfectionism scale, subjects overall score in problem-focused coping strategy increases, and with an increase in the subjects' score in positive perfectionism scale, subjects overall score in emotional-focused coping strategy increases. Increase in the subjects' score in negative perfectionism scale indicated the high negative perfectionism status of the subjects in the scale. Therefore, with an increase in the subjects' score in negative perfectionism scale, the overall score in problem-focused coping strategy decreases. In addition, the observed F values for positive and negative perfectionism were significant ($P < 0.010$), thus positive and negative perfectionism have shown to be predictors of the problem-focused coping strategy in drug-dependent women. This means that with an increase in the level of positive perfectionism, the use of problem-focused coping strategy increases and with the increase in the level of negative perfectionism, the use of problem-focused coping strategy decreases.

On the other hand, the results show that there is a significant relationship between positive and negative perfectionism and emotional-focus coping strategy in drug-dependent women. This means that with an increase in the subjects' score in positive and negative perfectionism scale, the subjects' overall score in emotional-focus coping strategy increases. The observed F-value for positive and negative perfectionism was also significant. Therefore, positive and negative perfectionism are predictors of the emotional-focused coping strategy in drug dependent women. This means that with an increase in the level of positive perfectionism, the use of emotional-focused coping strategy decreases and with the increase in the level of negative perfectionism, the use of emotional-focused coping strategy increases.

Table 1. Regression coefficients of problem-focused coping strategies on positive and negative perfectionism in woman

Index variable	Standard deviation error	Standardized regression coefficients	t statistics	P
Positive perfectionism	0.019	-0.643	-16.126	< 0.001
Negative perfectionism	-0.033	-0.113	-2.827	0.005
P < 0.001	$r^2 = 0.453$	-	-	-

Table 2. Regression coefficients of emotion-focused coping strategy on positive and negative perfectionism in woman

Index variable	Standard deviation error	Standardized regression coefficients	t statistics	P
Positive perfectionism	0.020	0.179	4.131	0.001
Negative perfectionism	0.035	0.534	12.328	< 0.001
P < 0.001	$r^2 = 0.354$	-	-	-

In the area of perfectionism and coping strategies, a few researches have been conducted that show a relationship between personality structures of perfectionism, coping strategies and its impact on mental health, and a variety of mental disorders such as substance and alcohol abuse. A number of these disorders related to this research will be mentioned. Among these studies, some studies such as Larijani and Besharat²¹ study found a significant relationship between positive perfectionism and coping strategies. Some other studies concluded that positive perfectionism was a good predictor of problem-focused and emotional-focused coping strategies.²²⁻²⁵ In a research on the roles of the dimensions of perfectionism and coping strategies on psychological distress and despair, O'Connor and O'Connor showed that people with abnormal perfectionism use maladaptive coping strategies (emotional-focused).²⁶ On the other hand, these individuals, in order to cope with these problems and to avoid stressful agents, consume alcohol and other substances to feel better and relaxed. In addition, Rice and van Arsdale,²⁷ in a research on the relationship between perfectionism, perceived stress, and alcohol, showed that individuals with maladaptive or abnormal perfectionism have experienced high levels of stress.

Moreover, by using ineffective strategies (emotion-focused coping strategies) to deal with problems and feel better and relaxed, the patients are more likely to consume alcohol and showed the highest alcohol-related problems. In contrast, individuals with normal or adaptive perfectionism have experienced lower levels of stress. Moreover,

by using effective coping strategies, like problem-focused coping strategies, the patients had less alcohol-related problems. In another research, Burns and Fedewa²⁸ believe that people use different coping strategies based on positive or negative perfectionism.^{7,29} In fact, in response to stressful situations, individuals with positive perfectionism use adaptive problem-focused coping strategies to reduce the psychological pressure and to regain the balance of the system. Whereas, individuals with negative perfectionism, due to lack of cognitive inflexibility, use various maladaptive coping strategies which are mostly emotion-focused. In a research on the definition of positive perfectionism, Stoeber and Otto³⁰ believed that positive or normal perfectionism has positive features, like positive emotions, low levels of stress and life satisfaction, and is related to problem-focused coping strategies.⁸

Conclusion

Positive perfectionism helps the individual to treat the environment as supportive and non-threatening, and to face fewer worries and less anxiety. This study showed that the positive and negative perfectionism could be included as the predictors of coping strategies of drug-dependent women.

Conflict of Interests

The Authors have no conflict of interest.

Acknowledgements

The authors would like to thank all women participating and all people contributing to accomplish this research.

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تبیین سهم راهبردهای مقابله‌ای در پیش‌بینی کمال‌گرایی زنان مصرف‌کننده مواد مخدر

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مقاله پژوهشی

چکیده

مقدمه: کمال‌گرایی مثبت به فرد کمک می‌کند تا نگرانی و اضطراب کمتری را تجربه نماید. هدف از این پژوهش، بررسی ارزش راهبردهای مقابله در پیش‌بینی کمال‌گرایی زنان مصرف‌کننده مواد مخدر بود.

روش‌ها: مطالعه مقطعی حاضر در سال ۱۳۹۲، بر روی ۳۶۱ زن مصرف‌کننده مواد که از مجموع ۶۲۳۷ زن مراجعه‌کننده به مراکز سوء مصرف مواد مخدر شهر کرمان به صورت تصادفی انتخاب شده بودند، انجام گردید. داده‌ها با استفاده از مقیاس کمال‌گرایی مثبت و منفی و پرسش‌نامه پاسخ‌های مقابله‌ای جمع‌آوری شد.

یافته‌ها: بین کمال‌گرایی مثبت و منفی و راهبردهای مقابله‌ای مسأله‌مدار و هیجان‌مدار ارتباط معنی‌داری وجود داشت ($P < 0/001$). با استفاده از مدل رگرسیون چند متغیره، ۱۲ درصد از کل واریانس سلامت روان می‌تواند از باورهای فراشناختی برآورد شود.

نتیجه‌گیری: کمال‌گرایی مثبت و منفی می‌تواند در پیش‌بینی راهبردهای مقابله‌ای مسأله‌مدار و هیجان‌مدار زنان مصرف‌کننده مواد مخدر نقش داشته باشد.

واژگان کلیدی: راهبردهای مقابله‌ای، کمال‌گرایی، زنان مصرف‌کننده مواد مخدر

ارجاع: بهرام‌نژاد علی، ربانی باوجدان مرجان، ربانی باوجدان مژگان، کاویانی ناهید. تبیین سهم راهبردهای مقابله‌ای در پیش‌بینی کمال‌گرایی زنان مصرف‌کننده مواد مخدر. مجله اعتیاد و سلامت ۱۳۹۴؛ ۷ (۳-۴): ۶۳-۱۵۷.

تاریخ پذیرش: ۹۴/۶/۸

تاریخ دریافت: ۹۴/۴/۱

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