

The Relationship between Perfectionism and Coping Strategies in Drug-dependent Men

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Original Article

Abstract

Background: The aim of this study was to examine the relationship between perfectionism and coping strategies in drug-dependent men. This study is a descriptive correlational study.

Methods: The statistical population of this study consisted of all drug-dependent men (n = 6237) in years 2010-2011, who were admitted to all self-referral rehabs in Kerman, Iran. From this statistical population, 361 individuals were selected using randomized cluster sampling. The measurement tools applied in this study were positive and negative perfectionism questionnaires (Terry-Short et al) and coping responses (Blinger and Moose).

Findings: The data was analyzed using statistical methods, Pearson Coefficient Correlation and multivariable regression inferential statistics. The results showed that there is a significant correlation between positive and negative perfectionism and problem-focused and emotion-focused coping strategies ($P \leq 0.010$).

Conclusion: The results of the current study show that positive and negative perfectionism predicts problem-focused and emotion-focused coping strategies for drug-dependent men.

Keywords: Perfectionism, Coping strategies, Opium-dependent men

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Introduction

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, and can make the individual sick, indirectly and by creating unhealthy behaviors like smoking, drug abuse, insomnia, and etc.¹ Perfectionism, as a personality trait, is one of the factors affecting mental health, and various studies confirm this relationship.^{2,3}

Perfectionism is a personality trait characterized as a set of high standards of performance, and is defined as negative self-evaluation, criticism, and self-blame.³⁻⁵ 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.⁶ Positive or adaptive perfectionism is choosing goals and high personal standards, and striving to achieve the rewards 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.⁷⁻⁹ Studies show 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.^{10,11} 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.¹² 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.¹³ Coping strategies, cognitive efforts, behavioral efforts, and emotional efforts are used to overcome stressful events, and individuals differ from one another in terms of problem-focused and emotional-focused coping strategies.¹²

There are many research evidences suggesting that the inability to cope with stressful situations and lack of adequate coping skills are important risk factor in the onset of drug abuse. Moreover, the existence of a relationship between poor coping strategies and inappropriate problem solving techniques has been reported.¹⁴⁻²⁷ 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 concluded that there might be a connection between perfectionism and coping strategies in drug-dependent men. 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 preventive 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 immunodeficiency 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, this research attempts to examine the relationship between perfectionism and coping strategies in drug-dependent men living in Kerman, Iran.

Methods

This research is a correlation descriptive study. The statistical population of this research consisted of all the drug-dependent male subjects (6237 individuals) who referred to outpatient detoxification centers in Kerman, Iran. In addition, the subjects entered in this statistical population were at least high school graduates. The sample size was 360 people, based on the Krejcie and Morgan sample size table. The subjects were chosen by the random clustering sample method.

Thus, a few centers were randomly selected,

and from each center qualified subjects (high school graduates or higher) were randomly chosen and the questionnaires were completed by them. Thereby, 360 valid questionnaires were prepared for analysis. For data analysis, in order to clarify the relationship between the variables of interest in the samples under study, Pearson correlation was administered. Furthermore, in the inferential statistics section, in order to determine the contribution of each positive and negative perfectionism belief variable, in anticipation of coping strategies, multivariable regression analysis entry method was used.

The Positive and Negative Perfectionism Scale was made by Terry-Short et al. in 1995. 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. 20 questions are positive perfectionism-related and the other 20 are negative perfectionism-related.

The five-point Likert Scale (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 to 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 also shows that the questionnaire has the required validity and reliability of.¹⁸ In this study, by using Cronbach's alpha, the stability for positive perfectionism subscale is 0.69, for negative perfectionism is 0.77, and the total score is 0.76.

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.¹³ These researches also show that this questionnaire has the required reliability and validity.¹³ In this study, by using Cronbach's alpha, the stability for positive perfectionism subscale is 0.69, for negative perfectionism is 0.77, and the total score is 0.76.

Results

Regarding the descriptive findings, the results show that the mean \pm SD positive perfectionism score of the subjects was 48.59 ± 7.80 , the negative perfectionism score of the subjects 71.01 ± 4.36 , the problem-focused strategy score 14.15 ± 3.84 , and the emotional-focused strategy 22.52 ± 3.83 . As table 1 indicates, in a significant level $P < 0.010$, the significant relationship between positive perfectionism, negative perfectionism, and problem-focused, respectively, are -0.67 and -0.24; and positive and negative perfectionism and emotional-focused, respectively, are 0.24 and 0.65. Then, the relationship between positive and negative perfectionism as a predictor variable and coping strategies as criterion variables in a multivariable regression equation was analyzed. The results are given in tables 2, 3, 4, and 5.

According to tables 2 and 3 the observed F value for regression coefficients of the predictor variables show that positive and negative perfectionism factors can significantly specify the variance of problem-focused coping strategy for drug abusers ($P < 0.010$). Therefore, positive and negative perfectionism are the predictors of the problem-focused strategy for drug-dependent men. Therefore, the obtained linear relationship is the best linear combination between predictor and criterion variables, and this relationship is significant. This means that with increasing the level of positive perfectionism, the rate of problem-focused strategy usage increases, and

Table 1. A matrix of correlation co-efficient between positive and negative perfectionism and coping strategies

Variable	Problem-focused strategies	Variable	Emotion-focused strategies
Positive perfectionism	-0.670 < 0.001*	Positive perfectionism	0.240 < 0.001*
Negative perfectionism	-0.240 < 0.001*	Negative perfectionism	0.650 < 0.001*

*P < 0.010

Table 2. Summary of regression model and the analysis of the variance of problem-focused strategies on positive and negative perfectionism

Model	Square	Degrees of freedom	Mean square	Index		Standard error	F-statistics	Significance level
				R**	R ² ***			
Regression	2452.458	2	1226.497	0.686	0.468	2.772	159.497	< 0.001*
Remaining	2752.340	358	7.688	-	-	-	-	< 0.001*
Total	5204.798	360	-	-	-	-	-	< 0.001*

*P < 0.010; ** Correlation coefficient; *** Adjusted coefficient of determination

Table 3. Regression coefficients of problem-focused coping strategies on positive and negative perfectionism

Variable	Standard deviation error	Index		
		β^{**}	T-statistics	Significance level
Positive perfectionism	0.019	-0.653	-16.708	< 0.001*
Negative perfectionism	0.034	-0.122	-3.115	0.002*

*P < 0.010; ** Standardized regression coefficients

Table 4. Summary of regression model and the analysis of the variance of problem-focused Strategies on positive and negative perfectionism in men

Model	Square	Degrees of freedom	Mean square	Index		Standard error	F-statistics	Significance level
				R**	R ² ***			
Regression	2325.731	2	1162.866	0.663	0.437	2.887	140.439	< 0.001*
Remaining	2964.319	358	8.280	-	-	-	-	< 0.001*
Total	5290.050	360	-	-	-	-	-	< 0.001*

*P < 0.010; ** Correlation coefficient; *** Adjusted coefficient of determination

Table 5. Regression coefficients of problem-focused coping strategies on positive and negative perfectionism in men

Variable	Standard deviation error	Index		
		β^{**}	T-statistics	Significance level
Positive perfectionism	0.020	0.130	3.224	0.001*
Negative perfectionism	0.035	0.627	15.567	0.001*

*P < 0.010; ** Standardized regression coefficients

with the increase in negative perfectionism, the rate of problem-focused strategy usage decreases. In addition, to determine the contribution of each of these variables in specification of the criterion variable of the regression coefficients table it showed that positive perfectionism $\beta = -0.653$ has a major role in specifying the dependent variable, and negative perfectionism could only predict $\beta = -0.122$ portion of the dependent variable. Therefore, these two variables could significantly predict the criterion variable, and positive

perfectionism has had a greater role in defining the criterion variable.

In addition, according to tables 4 and 5, the observed F value for the regression coefficient of the predictor variables show that positive and negative perfectionism factors can significantly specify the variance of problem-focused coping strategy for the drug abusers (P < 0.010). Therefore, positive and negative perfectionism are predictors of the problem-focused strategy for drug-dependent men. This means that with

increasing the level of positive perfectionism, the rate of problem-focused strategy usage increases, and with the increase in negative perfectionism, the rate of problem-focused strategy usage decreases. In addition, to determine the contribution of each of these variables in specification of the criterion variable of the regression coefficients table it showed that positive perfectionism $\beta = 0.130$ has a major role in specifying the dependent variable, and negative perfectionism could only predict $\beta = 0.627$ portion of the dependent variable. Therefore, these two variables could significantly predict the criterion variable, and positive perfectionism has had a greater role in defining the criterion variable.

Discussion

The results of this study showed that there is a significant negative relationship between positive and negative perfectionism and problem-focused coping strategy in drug-dependent men (Table 1). 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 indicates the high negative perfectionism status of the subjects in the scale.

Therefore, with an increase in the subjects' score in negative perfectionism scale, subjects overall score in problem-focused coping strategy decreases. In addition, according to tables 2 and 3, the observed F values for positive and negative perfectionism are significant ($P < 0.010$). Therefore, positive and negative perfectionism are predictors of the problem-focused coping strategy in drug-dependent men. 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 showed that there is a significant relationship between positive and negative perfectionism and emotional-focus coping strategy in drug-

dependent men (Table 1). 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. According to tables 4 and 5, the observed F value for positive and negative perfectionism are significant in $P < 0.010$ level. Therefore, positive and negative perfectionism are predictors of the emotional-focused coping strategy in drug-dependent men. 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.

In the area of perfectionism and coping strategies, a few researches have been conducted that show that there is 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 that are related to this research will be mentioned. Among these studies, local studies such as Besharat et al.¹⁸ and foreign researches can be mentioned that found a significant relationship between positive perfectionism and coping strategies, and showed that positive perfectionism is a good predictor of problem-focused and emotional-focused coping strategies.^{10,19-28}

For example, 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).²³ Therefore, these maladaptive coping strategies, and how these individuals understand and evaluate problems makes matters worse and increases mental illnesses. 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,²⁹ 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 Fedewa believe that people use different coping strategies based on positive or negative perfectionism.²⁶ 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 Otto 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.²⁸

In contrast, negative or neurotic perfectionism is related to negative features, such as negative emotions (depression and anxiety), disorders of neurosis, high levels of stress, low psychological well-being, and ineffective coping strategies. To illustrate these findings, it can be said that positive perfectionism is accompanied by the selection of high but attainable personal goals and standards, and efforts to reach the rewards that come with success.⁷⁻⁹

On the other hand, if necessary, positive perfectionists will adjust their objectives, accept personal and situational constraints, and set challenging and yet reasonable goals for themselves. Goals that make it possible for them to participate in activities, to surpass and feel joy and satisfaction with their success, which is related to positive emotions like high self-esteem, self-efficacy, and low levels of life satisfaction stress.²⁰⁻²⁹

Conclusion

Consequently, positive perfectionism helps the individual to treat the environment as supportive and non-threatening, and to experience fewer worries and less anxiety. In the light of this process, people experience lower levels of stress for using effective problem-focused coping strategies to

compensate for the stress factors and move toward their goals, and take effective measures to cope with stressful situations.^{21,22} Because of that, the individual becomes directly and completely involved with that problem, and uses all his energy, and this reduces the emotional distress factor and the individual's vulnerability to negative emotions. This leads to better individual adaptation, reduces hopelessness and psychological distress, and increases psychological well-being.²³⁻²⁷ On the other hand; negative perfectionism in contrast to positive perfectionism is related to perfectionistic concerns like concerns about mistakes, doubts about actions, fear of not being approved by others, and the mismatch between expectations and results. These abnormal and maladaptive features are related to maladaptive indicators such as negative emotions.^{30,31} The objective of negative perfectionists is to achieve a high level of success and development in order to avoid negative consequences.^{31,32} These perfectionists believe that they have to achieve high standards and so they do not accept any fault or failure. As they often do not achieve these high standards, because of the unrealistic nature of these standards, tension, depression, and anxiety affect them and reduce their level of self-respect. Neurotic perfectionists are unable to feel satisfied with their grueling efforts if successful, because they often consider their achievements worthless.^{9,33} As a result, negative perfectionism for its maladaptive features can cause, maintain, or increase stress.¹⁹⁻²⁵

Negative perfectionists, in response to stressful situations, experience a sense of helplessness and low levels of perceived self-efficacy, and the expectation of negative self-value and self-blame reinforces the negative aspect of the events and perceived disability.²⁴ As a result, this leads to using dysfunctional coping strategies like social withdrawal, denial, and emotion-focused strategies. In fact, these individuals suffer from anxiety and distress in controlling situations due to skepticism and cognitive inflexibility, and their cognitive bias of self-blame leads to creation and maintenance of anxiety, depression, and helplessness. In addition, preoccupation leads to perceived inability, lack of confidence in the ability to manage stressful situations, reduces the ability to solve the problem, and stops the individual from direct and efficient involvement in the issue. This

causes an increasingly vicious cycle of anxiety and concerns, which lead to intensification of psychological pressures and helplessness.²¹⁻²⁴ In such circumstances, the individual's attempts are to change emotions caused by tension. When they notice the change in the event causing stress, some people tend to respond by using avoidant strategies in a helpless way. These individuals use denial, alcohol, and drugs to avoid dealing with stressful agents and to feel better and relaxed.^{8,10,11,19,23,33}

Psychologists and psychiatrists can employ the results of this research to prevent drug abuse and drug-dependency, and to reduce its incidence and

the damages caused by it. The behavioral sciences' specialists cannot change or eliminate the source of stress. However, it is possible to change or reinforce the positive and negative perfectionism personality traits as an internal source. Therefore, the institutes, organizations, and authorities, who are somehow connected with this class of society (drug-dependent individuals) and help them with primary prevention and educational intervention planning, can use the results of this research.

Conflict of Interests

The Authors have no conflict of interest.

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رابطه بین کمال‌گرایی و راهبردهای مقابله‌ای با استرس در مردان وابسته به مواد

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مقاله پژوهشی

چکیده

مقدمه: پژوهش حاضر با هدف بررسی رابطه بین کمال‌گرایی و راهبردهای مقابله‌ای با استرس در مردان وابسته به مواد انجام شد. نوع مطالعه توصیفی و از نوع همبستگی بود.

روش‌ها: جامعه آماری این پژوهش را همه مردان وابسته به مواد (۶۲۳۷ نفر) که در سال ۹۱-۱۳۹۰ به مراکز خودمعرف سم‌زدایی شهر کرمان مراجعه کرده بودند، تشکیل دادند. از جامعه آماری، ۳۶۱ نفر نمونه با روش نمونه‌گیری خوشه‌ای- تصادفی انتخاب گردید. ابزارهای اندازه‌گیری شامل پرسش‌نامه کمال‌گرایی مثبت و منفی Terry-Short و همکاران و پرسش‌نامه پاسخ‌های مقابله‌ای Blinger و Moose بود.

یافته‌ها: داده‌های پژوهش با روش‌های آماری ضریب همبستگی Pearson و تحلیل رگرسیون چند متغیره (Multiple linear regression) تجزیه و تحلیل شد. یافته‌ها نشان داد که بین کمال‌گرایی مثبت و منفی و راهبردهای مقابله‌ای مسأله‌مدار و هیجان‌مدار ارتباط معنی‌داری وجود دارد ($P \leq 0/010$).

نتیجه‌گیری: نتایج پژوهش حاضر نشان می‌دهد که کمال‌گرایی مثبت و منفی پیش‌بینی کننده راهبرد مقابله‌ای مسأله‌مدار و هیجان‌مدار مردان وابسته به مواد است.

واژگان کلیدی: کمال‌گرایی، راهبردهای مقابله با استرس، مردان وابسته به مواد

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