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OUTCOMES OF MALADAPTIVE PERFECTIONISM AMONG STUDENTS, ROLE OF COPING STYLES

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ABSTRACT

The relationship between maladaptive perfectionism, academic distress, and anxiety among students is a complex one with significant implications for their well-being and academic performance. The main objective of present study aims to examine outcomes of maladaptive perfectionism; moderating role of coping styles. The correlational study was carried out on 350 students by using convenient sampling method. Scales containing questions about participants' background information, maladaptive perfectionism scale (Sired, 1998), academic stress scale (ASS; Kohn & Frazer, 1986), brief resilience scale (Smith et al., 2008), brief - coping orientation to problems experienced inventory (Carver, 1997) and beck anxiety inventory (Beck et al., 1988) were used. Correlation analysis, linear regression analysis and moderation analysis were analyzed using SPSS 22V. Results revealed strongly significant positive correlation of variables with each other. Maladaptive perfectionism was found significant predictor of academic distress and anxiety. Findings also revealed that coping styles has moderating role between maladaptive perfectionism and academic distress while coping style has no moderating role between maladaptive perfectionism and anxiety. This research highlights the significance of damages due to maladaptive perfectionism on the mental health of students and promoting coping style as a coping factor among students.

INTRODUCTION

The relationship between maladaptive perfectionism, academic distress, and anxiety among students is a complex one with significant implications for

their well-being and academic performance. Maladaptive perfectionism, characterized by setting unrealistically high standards and being excessively self-critical, often leads to academic distress and anxiety.

The constant fear of failure and the pressure to meet impossible expectations contribute to negative emotions and dissatisfaction with academic performance. By effective coping with setbacks and stressors, resilient individuals are better equipped to manage academic distress and anxiety. Coping styles also influence the relationship between these factors. Students who employ adaptive coping strategies, such as problem-focused coping and emotion- focused coping, can effectively manage academic stress and regulate their emotions.

Maladaptive perfectionism is defined by having high personal performance standards and tendencies to be extremely self-critical in self-evaluations (Rice & Stuart, 2010). Maladaptive perfectionism has been associated with various negative consequences for individuals' psychological functioning. One prominent effect is increased vulnerability to anxiety disorders. Researchers have found a strong link between maladaptive perfectionism and anxiety symptoms, including generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder (Flett et al., 2014). The relentless pursuit of unattainable perfection can create a perpetual state of worry, fear of failure, and a constant need for control, leading to heightened anxiety levels. Individuals with maladaptive perfectionistic tendencies often experience chronic self-criticism, self-doubt, and feelings of inadequacy, which can predispose them to depression (Hewitt & Flett, 2017). Students with maladaptive perfectionism often experience increased academic distress, such as heightened feelings of pressure, fear of failure, and excessive worry about academic performance (Di Schiena et al., 2018). The constant pursuit of perfection and the fear of making mistakes can lead to elevated levels of distress and anxiety, negatively impacting students' well-being and academic functioning (Rice & Preusser, 2002).

Academic stress is defined as a student's psychological state resulting from continuous social and self-imposed pressure in a school environment that depletes the student's psychological reserves (Xin et al., 2022). Academic distress often serves as a precursor to anxiety among students. Academic challenges, such as heavy workloads, competition, and performance pressure, can trigger stress responses that, over time, evolve into clinically significant anxiety symptoms (Beiter et al., 2015). This distress-anxiety link underscores the importance of addressing academic stress as a potential contributor to broader mental health concerns.

Anxiety is an uncontrollable, diffuse, unpleasant, and persistent state of negative affect, characterized by apprehensive anticipation regarding unpredictable and unavoidable future danger, and accompanied by physiological symptoms of tension and a constant state of heightened vigilance (Barlow, 2002). Research conducted by Ashby, Kottman, and Schoenfelder (2020) revealed a significant positive association between maladaptive perfectionism and anxiety symptoms among

college students. They found that students with higher levels of maladaptive perfectionism tend to experience greater anxiety in academic settings. Similarly, Flett, Hewitt, and Heisel (2014) explored the link between maladaptive perfectionism and suicide risk, and identified anxiety as a key factor mediating this relationship. Their study emphasized the role of maladaptive perfectionism in contributing to anxiety-related distress among students.

Coping strategies has been traditionally defined as "methods of coping that characterize the person's reactions to stress either across different situations or over time within a given situation." These coping methods are used consistently in dealing with stressors across time and in various situations (Mark, 2012). Coping strategies play a significant role in influencing the relationship between maladaptive perfectionism and academic distress among students (Sirois, Molnar, & Hirsch, 2017; Stoeber & Damian, 2014). Students with maladaptive perfectionism tend to experience increased academic distress, such as heightened pressure, fear of failure, and excessive self-criticism (Rice & Preusser, 2002). However, effective coping strategies can mediate the negative impact of maladaptive perfectionism, leading to reduced academic distress and improved well-being.

Cognitive theory provides a valuable framework for understanding the relationships between maladaptive perfectionism, anxiety, academic distress, resilience, and coping styles. This theory suggests that an individual's thought patterns, beliefs, and cognitive processes play a central role in shaping their emotional and behavioral responses to stressors and challenges (Beck & Haigh, 2014). Cognitive theorists propose that individuals with anxiety often engage in cognitive distortions, which are irrational thought patterns. For instance, they may catastrophize, expecting the worst possible outcome (Beck, 1976). This distortion can lead to heightened anxiety responses even in situations where the perceived threat is not objectively severe (Kaczkurkin & Foa, 2015). Individuals with anxiety often exhibit cognitive biases, such as attentional bias towards threat-related information (Mathews & MacLeod, 2005). They are more likely to notice and focus on potentially threatening cues in their environment, contributing to the maintenance of anxiety.

This research focuses on outcomes of maladaptive perfectionism and moderating role of resilience and coping styles among students. Previously research has reported that students with high levels of maladaptive perfectionism are afraid of making mistakes, hesitant to take actions and shoulder pressure under high parental expectations (Frost et al., 1990). Research on the relationship between maladaptive perfectionism, academic distress, and anxiety is important for several reasons, supported by empirical evidence from various studies. Numerous studies have shown that maladaptive perfectionism is associated with decreased academic performance and increased academic distress (Stoeber, 2014; Rice et al., 2018). Understanding the relationship can help educators and policymakers develop strategies to improve students' academic outcomes. For instance, Stoeber (2014) found that maladaptive perfectionism was linked to higher levels of academic procrastination, which can contribute to academic distress and lower

performance. Research has consistently demonstrated a strong link between maladaptive perfectionism and anxiety (Flett et al., 2016). High levels of anxiety can have detrimental effects on students' mental health.

The mental health of students is a public health concern with far-reaching implications (Eisenberg et al., 2007). Identifying the relationship between perfectionism, academic distress, and anxiety can inform interventions to improve student well-being. Understanding these relationships can guide the development of educational policies that promote a balanced and supportive learning environment (Dyrbye et al., 2019). Educators can benefit from research findings to implement strategies that reduce unnecessary academic pressure (Babenko et al., 2019). Identifying which coping strategies are most beneficial for specific individuals can lead to more targeted and effective support programs (Bonanno & Burton, 2013). Research in this area can contribute to the identification of students at risk of experiencing severe academic distress and anxiety (Connor & Davidson, 2003). Addressing the mental health of students is a critical public health concern (Eisenberg et al., 2007). Research in this area can have a significant impact on reducing the burden of mental health issues in the student population (Hjemdal et al., 2017). In summary, studying the moderating role of coping styles among students with maladaptive perfectionism, academic distress, and anxiety is justified by its potential to improve our understanding of these complex interactions and inform interventions and support systems that can enhance the mental well-being of students.

Subjects and Methods

Survey research design was used in this study. Data was collected through convenience sampling technique from 350 students which are comprised to 170 male students and 170 female students. Demographic information such as gender, age, education, residential area, socioeconomic status was contracted through questionnaire.

Instruments

Maladaptive Perfectionism Scale (Sired, 1998). Maladaptive perfectionism scale is consisting of 10-items which used to measure maladaptive perfectionism in students. This scale was administered 4 point likert scale ranged from 1= strongly disagree to 4= strongly agree. The scale has good internal consistency (.75) (Sired, 1998).

Academic Stress Scale (ASS; Kohn & Frazer, 1986). The ASS is a 35 item scale designed to measure the students' perceived academic stressors. The ASS has satisfactory internal consistency as measured by Cronbach's alpha and split-half reliability (.92 and .86, respectively) Kohn & Frazer, 1986).

Beck Anxiety Inventory (Beck et al., 1988). This scale is a self-report measure of anxiety. The Beck Anxiety Inventory (BAI) consists of 21 self-reported items (four-point scale) used to assess the intensity of physical and cognitive anxiety symptoms during the past week. Scores may range from 0 to 63:

minimal anxiety levels (0–7), mild anxiety (8–15), moderate anxiety (16–25), and severe anxiety (26–63). Response format was 0-3 ranged from 0= Not at all to 3= severely, it bothered me a lot. Internal consistency for the BAI is 0.92 (Beck et al., 1988).

Brief - Coping Orientation to Problems Experienced Inventory (Carver, 1997). 28- items based questionnaire used to measure coping by inventory. This scale administered by 4 point liker scale ranged from 1= I haven't been doing this at all to 4= I have been doing this at all. This scale has good internal consistency.

Procedure

First of all permission was taken from the supervisor and institutional authority for data collection. Head of departments was approached from different institutes. They were briefed about the objective and importance of the study. After their permission, students were approached at academic setting. They were informed about the nature and aim of study. Written consent was taken from the participants. Instructions were provided to participants about filling the questionnaire in an honest way. Moreover an appropriate demographic sheet was attached at the top of each questionnaire to get necessary demographic information. At the end, participants were thanked with bless wishes for their cooperation.

Statistical Analyses

SPSS 22 version was used to compute descriptive and inferential analysis. Descriptive statistics, Pearson correlation, t-test, One-way ANOVA and regression analysis was used to test the hypotheses.

Ethical Consideration

Participants were informed that they can withdraw from participating in this study at any time. They were ensured that their responses will be used only for research purpose and this will be highly confidential that will not damage their personal, social and professional identity.

RESULTS

The main objective of present study was to examine the outcomes of maladaptive perfectionism; moderating role of coping style among students. SPSS-22 was used to analyze the data. The frequency and percentage of demographic variables was first determined (Table 1). Descriptive statistics and alpha reliability coefficients were computed in order to ensure psychometric strength of scales used in the study. The Cronbach's alpha value for maladaptive perfectionism scale, academic distress scale, anxiety scale, resilience and coping styles scale were .72, .83, .78, .74 and .85 respectively which shows satisfactory internal consistency (Table 1). Pearson correlation was computed to examine the relationships between the study variables which showed that all the study variables have positive relationship with each other (Table 2). Multiple regression analysis was applied to examine the hypothesis

testing and findings showed that maladaptive perfectionism have significantly predicted academic distress and anxiety (see Table 3 and 4). Moderation analysis revealed that coping styles have significant moderating role between maladaptive perfectionism (Table 7) and academic distress while coping styles have no moderating role between maladaptive perfectionism and anxiety (Table 8). Additional analysis revealed that the family system has significant impact on maladaptive perfectionism (Table 6) and gender has significant impact on anxiety (Table 5).

Table 1 Psychometric Properties for all Study Variables (N=350)

Scales	M	SD	Ranges	α
Maladantiya	28.43	5.87	10-40	.72
Maladaptive Perfectionism	20.43	3.67	10-40	.72
Academic Distress	58.38	9.72	18-90	.83
Anxiety Resilience Coping Style	24.05	6.24	11-44	.78
ziesmenee coping zijie	18.99	4.37	6-30	.74
	69.30	12.15	28-100	.85

Note. M=Mean, SD= Standard Deviation

Table 2 Pearson Correlation for Study Variables (N=350)

Variables	1	2	3	4	5
Maladaptive Perfectionism	-	.28***	.38***	.23***	.21***
Academic Distress		-	.28***	.56***	.46***
Anxiety			-	.27***	.30***
Resilience					.45***
Coping Styles					-

^{***}p<.000

Table 3 Regression Coefficient for Maladaptive Perfectionism and Academic Distress (N=350)

Independent Variable	В	SE	t	p	95% CI
Constant	45.25***	2.47	18.29	.00	{40.38, 50.11}
Maladaptive Perfectionism	.46***	.09	5.42	.00	{.29, .63}

^{***}p<.000

Table 4 Regression Coefficient for Maladaptive Perfectionism and Academic Distress (N=350)

Independent Variable	В	SE	t	p	95% CI
Constant	12.46	1.53	8.16	.00	{9.46, 15.46}
Maladaptive Perfectionism	.41	.05	7.75	.00	{.3051}

^{***}p<.000

Table 5 Mean, Standard Deviation and t-test for Gender on Maladaptive Perfectionism, Academic Distress, Anxiety and Coping Style (N=350)

			Male (n= 124)				
Variables	M	SD	M	SD	t(348)	p	d
Maladaptive Perfectionism	28.62	5.19	28.09	6.96	.81	.42	.09
Academic Distress	58.52	7.78	58.13	12.55	.36	.72	.04
Anxiety	23.57	5.98	24.94	6.63	-1.97	.05	.21
Resilience	19.15	3.84	18.72	5.20	.89	.38	.09
Coping Style	68.99	10.94	69.87	14.12	65	.52	.07

Note. M= Mean, SD= Standard Deviation, *p<.05

Table 6 Mean, Standard Deviation and t-test for Family System on Maladaptive Perfectionism, Academic Distress, Anxiety and Coping Style (N=350)

Joint (n= 139)				clear 211)				
Variables		M	SD	M	SD	t (348)	p	d
Maladaptive Perfectionism		29.18	6.02	27.94	5.74	1.94	.05	.21
Academic Distress		59.10	9.42	57.91	9.91	1.13	.26	.12
Anxiety		24.73	5.73	23.61	6.53	1.65	.10	.18
Resilience	19.10		4.32	18.93	4.40	.36	.72	.04
Coping Style	70.48		11.52	68.53	12.51	1.48	.14	.16

Note. M= Mean, SD= Standard Deviation, *p<.05

Table 7 Moderation of Coping Style between Maladaptive Perfectionism and Academic Distress (N=350)

Model 1		Model2				
Variables	В	β	SE	В	β	SE
Constant	58.38***		.45	58.69***		.45
Maladaptive Perfectionism	1.86***	.19	.46	1.55**	.16	.46
Coping Style	4.08***	.42	.46	3.58***	.37	.46
Maladaptive Perfectionism* Coping				-1.51***	22	.33
R^2		.25			.29	
ΔR^2					.04	

^{***}p<.000, **p<.01

Table 8 Moderation of Coping Style between Maladaptive Perfectionism and Anxiety (N=350)

	Model 1			Model 2		
Variables	В	β	SE	В	β	SE
Constant	25.05***		.30	24.05***		.30

Maladaptive	2.09***	.34	.31	2.09***	.34	.31
Perfectionism						
Coping Style	1.45***	.23	.31	1.45***	.23	.32
Maladaptive Perfectionism* Coping				00	.00	.22
\mathbb{R}^2		.19			.19	
ΔR^2					.00	

DISCUSSION

This study was aimed to investigate that the maladaptive perfectionism has positive relationship with academic distress and anxiety with the sample of 350 students both male and female through convenient sampling technique. Findings revealed that maladaptive perfectionism had positive relationship with academic distress, anxiety and coping styles. It has also revealed that maladaptive perfectionism has impact on academic distress and anxiety with the moderating role of coping styles among maladaptive perfectionism and academic distress while coping styles have no moderating role between maladaptive perfectionism and anxiety.

Numerous researchers have reported that students with maladaptive perfectionism often experience increased academic distress, such as heightened feelings of pressure, fear of failure, and excessive worry about academic performance (Di Schiena et al., 2013). Rice & Preusser (2022) reported that the constant pursuit of perfection and the fear of making mistakes can lead to elevated levels of distress and anxiety, negatively impacting students' well-being and academic functioning. Students exhibiting maladaptive perfectionism often experience chronic stress, burnout, and feelings of incompetence (Stoeber & Childs, 2010). These feelings of distress can hinder their ability to effectively manage academic demands, leading to decreased academic performance and satisfaction.

Individuals with high levels of maladaptive perfectionism tend to experience excessive worry about making mistakes, fearing the consequences of perceived failures, and are often overly concerned with the judgments of others. Egan and colleagues (2011) examined the relationship between perfectionism and various mental health outcomes, including anxiety. They found that maladaptive perfectionism was a significant predictor of anxiety symptoms, emphasizing the role of excessive self-criticism and fear of failure in the development of anxiety.

Previous researches have also reported the same findings that coping strategies play a significant role in influencing the relationship between maladaptive perfectionism and academic distress among students (Sirois et al., 2017; Stoeber & Damian, 2014). Students with maladaptive perfectionism tend to experience increased academic distress, such as heightened pressure, fear of failure, and excessive self-criticism (Rice & Preusser, 2002). However, effective coping strategies can mediate the negative impact of maladaptive

perfectionism, leading to reduced academic distress and improved well-being. Some individuals with maladaptive perfectionism employ avoidant coping strategies, such as procrastination or denial, when faced with academic challenges (Stoeber & Otto, 2006). These coping styles can exacerbate academic distress, as they hinder effective problem- solving and may lead to missed deadlines or incomplete assignments. Research conducted by

Sirois & her colleagues (2017) explored the relationship between perfectionism, coping strategies, and psychological distress among university students. Their findings indicated that maladaptive perfectionism was associated with less adaptive coping strategies, such as avoidance or self-blame, which subsequently contributed to higher levels of psychological distress.

The relationship between maladaptive perfectionism and anxiety may be influenced by various other factors, such as genetics, personality traits, and external stressors (Hewitt & Flett, 1991). Coping styles, while important, may not be the primary moderators in this intricate web of factors. The effectiveness of coping styles can be context-dependent. Coping mechanisms that may work in one situation might not be as effective in another. Therefore, the relationship between maladaptive perfectionism and anxiety might be influenced by the specific academic, social, or personal context in which students find themselve. The absence of a significant moderating role of coping styles in the relationship between maladaptive perfectionism and anxiety underscores the need for a more nuanced understanding of these constructs. Future research should delve deeper into the interactions between coping styles, perfectionism, and anxiety while considering individual differences and contextual factors. This may lead to the development of more tailored interventions and support strategies for students struggling with perfectionism and anxiety.

RESEARCH IMPLICATIONS

This study highlights the need that researchers can work with educators and mental health professionals to design programs that promote adaptive coping strategies among students at risk of academic distress and anxiety due to perfectionism. This study can shed light on early detection and prevention strategies. By identifying students with high levels of maladaptive perfectionism and low resilience, educators and counselors can offer targeted support before academic distress and anxiety escalate. Teacher training programs can incorporate knowledge about maladaptive perfectionism and its impact on students. This can help educators identify signs of distress and provide appropriate support. This study encourages interdisciplinary collaboration between psychologists, educators, counselors, and healthcare providers. Bringing together expertise from various fields can lead to holistic approaches to addressing the mental health challenges associated with perfectionism.

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Author's contributions: Both the authors have conceptualized the idea, cowritten and finalized the manuscript.

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