

A Comparison of Perfectionism and Coping Strategies in Infertile and Normal Couples

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ABSTRACT

This study aims to compare perfectionism and coping strategies in normal and infertile couples. Research methodology was causal-comparative. Statistical population of the research included all infertile couples who had referred to fertility centers and normal couples in Rasht City. Research sample included 60 infertile couples who had referred to infertility treatment clinics in Rasht City who were picked using accessible sampling and also 60 fertile couples who had been selected by means of purposeful sampling. They were surveyed by means of Tree-Short et al (1995) perfectionism sampling and Mous and Blingz(1981) coping strategies questionnaire. Data were analyzed by means of multivariate test using SPSS software. The results showed that there is a significant difference between positive/negative perfectionism and coping strategies in infertile and fertile couples ($P < 0.05$). Considering the results of the research, infertility can have adverse psychological impacts on infertile couples and this should be considered in infertility treatment.

KEYWORDS: infertility, perfectionism and coping strategies

INTRODUCTION

Infertility is defined as failure to be pregnant during one year of copulation without using pregnancy prevention methods. It is classified into primary infertility, in which no previous pregnancy has occurred, and secondary infertility in which previous pregnancy has taken place even it had not resulted into childbirth (Dunkel Schetter & Lobel Da, 2002; as quoted from Monjeb et al, 2003). Infertility refers to failure to become pregnant after one year of copulation in couples who are inclined to have baby and is observed among 10-15% of couples (Wright and Johnson, 2008). Pregnancy is a very important stage for many couples and inability to become pregnant refers to pain and pressure and investigation of its impacts is a real challenge (Rascanu and Voladica, 2012). Many psychological studies have been conducted on infertility because infertility brings many problems for couples. One of them is suffering from infertility label (Donkur and Sandall, 2007). This tension influences inter-individual, social and marital relations and can result in psychological imbalance of couples, divorce and split-up. Responses to infertility are usually adverse and severe (Ghaffari et al, 2008). Severe adverse responses include unhappiness, depression, nervousness, guilt, anxiety, reduction in control of criticism, sense of sexual and personal insufficiency, threats on self-esteem, distress, and marital life, disrupted sexual attraction and problems with establishment of relationship with others like feeling angry towards fertile couples (Dunkel Schetter & Lobel Da, 1991). Infertility tension is a set of symptoms which is expressed following affliction to infertility and these symptoms are very similar to that of post-trauma stress. Sleep disorders, occupational environment problems, problems with relationships (especially marital), painful sensitivity towards any kind of environmental stimulant regarding reproduction are also observed in infertile individuals (Lin, 2002). In spite of the fact that some people believe that people play role in their infertility, some also believe that stress also causes infertility. Stress and infertility relationship constitute a cycle which intensify each other. Infertile couples who feel responsible for their infertility blame themselves and this intensifies stress and the problems go worse (Taylor, 2002). Therefore, it is clear that if couples do not have effective methods for confrontation with this problem, this can cause serious problems in marital relations and finally reduces compatibility. Stress coping strategies play effective roles in confronting with tensions. Coping is a process through which individuals control stresses and control negative emotions caused by stressful factors. In other words, cognitive-emotional and behavioral attempts of an individual for controlling internal and external requests are a feature which controls an individual. That is to say, coping is a process through which individuals control stresses resulted from stressful factors and control negative emotions. (Mohamamd Khani, 2013).

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Coping has two main action: changing relations between individual and environment (instrumental coping) and problem-oriented coping which refers to an individual's attempts to deal with stress resource. Emotional or emotion-oriented coping includes coping attempts and results in negative emotions reduction and establishment of a satisfactory psychological status (Solati Dehkordi *et al*, 2005). Tamannayefar (2011) and Heidari *et al* (2011) and Shakeri (2006) showed that infertile individuals use more of emotion-oriented coping responses. Perfectionism is another variable which can be investigated in infertile couples. As a construct, perfectionism was introduced by Hamachek (1978). He believed that perfectionism does exist and is classified into two types: normal and abnormal perfectionism (Tree and Shourt *et al*, 1995). Hamachek differentiated between positive and negative perfectionism within the framework of a theoretical model. Perfectionist individuals commit basic problems and have high levels of self-criticism and self-hesitation. These factors predict negative psychological factors like anxiety, depression, absence of self-esteem and internal shame. Consequently, it is a context for suicide thought, obsessive-compulsive disorder and personality disorder. Normal perfectionists enjoy difficult and grueling attempts and try flexibly for success and progress. They accept personal and situational restrictions and impose challenging and logical aims for themselves (Flett *et al*, 1991). Neurotic (abnormal) perfectionists cannot feel satisfied with their hard endeavors even in case of success because they usually consider their situations as valueless (Besharat *et al*, 2004). Honarparvaran *et al* (2012) showed that perfectionism and excess self-expectations have negative impacts on sexual tendencies of infertile women. The result we draw from the aforementioned studies necessitates that we deal both with infertility and its implications and simultaneously identify their coping styles and their types of perfectionism. The importance of this subject is doubled when we accept that infertility is not only a medical problem but it is considered as a psychological problem. According to the above discussion, this question can be proposed: whether there is a significant difference between positive (normal) perfectionism and negative (abnormal, neurotic) perfectionism and coping styles of infertile couples and normal couples or not?

RESEARCH METHODOLOGY

Statistical population, sample and sampling method

Considering the main target of this research which is to compare positive and negative perfectionism and coping strategies in normal and infertile couples, this research methodology is causal-comparative. Statistical population of the research included all infertile couples who referred to women & pregnancy clinics and infertility treatment centers in Rasht City and all fertile couples in this city. Research sample included 120 people (30 infertile couples who were picked by means of accessible sampling method and also 30 fertile couples who were picked by means of purposeful sampling method (they were selected in comparison with fertile couples such that if infertile couples had primary school education degree and were aged 40 years, fertile couples also had primary school degree and were aged 40).

Research instrument

Positive and negative perfectionism questionnaire: this questionnaire was designed by Tree-Shourt *et al* (1995) and has 40 items. 20 items measure positive perfectionism and 20 items measure negative perfectionism. Each item measures perfectionism in respondents on a five-point Likert scale in both positive and negative fields. Minimum score of respondents will be 20 and maximum score will be 100 in each of the scales. Tree-Shourt *et al* (1995) calculated Cronbach's alpha for positive and negative perfectionism to be equal to 0.83 and 0.81. in Persian form of this questionnaire, Cronbach's alpha coefficients for all subscales in a 212-people sample of students were equal to 0.90 and 0.87 for all respondents and 0.91 and 0.88 for male students which indicates a high level of internal consistency of this scale. Besharat (2006) mentioned correlation between scores of tests in terms of retest in a four-week period for 212 respondents ($r=0.86$) which indicates an appropriate validity for this scale (Alizadeh Sahrayee *et al*, 2010). Reliability of the test using Cronbach's alpha was equal to 0.81 for positive perfectionism and 0.79 for negative perfectionism.

Muss and Blingz coping styles questionnaire: this questionnaire was prepared by Muss and Blingz (1981) and is theoretically based on Lazarous and Folkman definition and classification. Blingz and Muss investigated life events and coping strategies in a group of citizens in Sanfrancisko City and set this scale. The questionnaire contains 19 questions which is comprised of two methods: problem-focused coping (8 questions) and emotion-focused coping (11 questions). When filling this questionnaire, the respondents were asked to remember a stressful event or crisis which has been passed recently and respond to the questions considering the way they have dealt with it. Each item was responded on a Likert scale from zero to 3. Considering the clarity of questions of each subscale, sum of scores of each respondent was calculated for each of the subscales and then coping strategy of the responded was identified. Forouzandeh and Daelaram (2003) used this test for investigation of coping styles of Shahr-e-Kord Medical Sciences University students. Furthermore, Zaree Doust *et al* (2007; as quoted from Mollazadeh Esfanjani, 2009) used this scale for evaluation of stress coping styles in prostitute and normal women in Tehran City. Hashemi Nazarabad calculated reliability coefficient for this test

(0.82). validity of the test using Cronbach's alpha was equal to 0.75 for problem-focused coping style and 0.79 for emotion-focused coping style.

Data analysis statistical methods

Descriptive indices like mean and standard deviation were used for description of data. In order to conduct inferential analysis, multivariate regression and T test were used for analysis in SPSS20 software package.

RESULTS

Table 1. descriptive indices of groups in terms of education

education	fertile		infertile	
	frequency	Frequency percentage	frequency	Frequency percentage
Below high school	3	5	3	5
High school diploma	20	33.3	16	26.7
Associate's degree	9	15	12	20
Bachelor degree	17	28.3	20	33.3
Master and above	11	18.3	9	15

As it can be seen in table 1, a majority of fertile couples (33%) have an education level equal to high school diploma and a majority of infertile couples have education degree equal to bachelor degree (33%).

Table 2. descriptive indices of group in terms of age and marriage length

	fertile		infertile	
	mean	SD	mean	SD
age	32.73	4.53	32.48	4.59
Marriage length	5.57	1.99	5.24	2.01

As it can be seen in table 2, average age of fertile group members is 32.37 years with a standard deviation equal to 4.53 and means marriage length is 5.57 years with a standard deviation equal to 1.99. In infertile group, age average is equal to 32.48 years with a standard deviation equal to 4.59 and mean marriage length equal to 5.42 years with a standard deviation equal to 2.01.

Table 3. Descriptive indices of perfectionism and positive and negative coping styles in infertile and fertile couples

	group	mean	SD
perfectionism positive	fertile	42.12	8.01
	infertile	36.13	9.20
Negative perfectionism	fertile	48.48	16.08
	infertile	54.70	12.88
Problem-focused	fertile	27.10	3.97
	infertile	24.77	2.84
Emotion-focused	fertile	28.70	2.90
	infertile	31.43	5.57

Table 3 indicates mean value and standard deviation for perfectionism and positive and negative coping styles in infertile and fertile couples. As it can be seen, mean value of perfectionism and positive and negative coping styles in infertile and fertile couples have some differences. We use the results of multivariate regression analysis for investigation of significance of differences; however, the assumptions of this test are investigated before analysis.

Table 4. difference between positive and negative perfectionism and coping strategies of infertile and normal couples

Wilk's Lambda	Value	F	df1	df2	sig
	0.704	12.07	4	115	0.001

Considering the results of table 4, difference between perfectionism and positive and negative coping strategies in infertile and normal couples is statistically significant (Wilk's Lambda=0.704, F(4, 115)=12.07, p<0.01).

DISCUSSION

The results of this research showed that difference between perfectionism and positive and negative coping strategies in infertile and fertile couples is statistically significant (Wilk's Lambda=0.704, $F(4, 115)=12.07$, $p<0.01$). Up to now, any research had not dealt with comparison of perfectionism and positive & negative coping strategies in infertile and fertile couples. The results of this study are consistent with the results of studies conducted by Tamannayefar (2011) and Heidari et al (2011) and Shakeri (2006). Shakeri et al (2006) showed that 34% of 44% of infertile women used emotion-focused coping strategies. Ghaffari et al (2008) conducted a research titled: "tirelessness, stress and coping strategies for stress in infertile couples". They found that there are negative and significant relationships between levels of tirelessness (high, medium, low) and stress dimensions. Further, there is a significant relationship between levels of tirelessness and stress coping strategies such that individuals with higher levels of tirelessness used more of problem-focused solutions and individuals with low tirelessness tend to use emotion-focused solutions in confronting with infertility-driven strategy. In Theroux et al's research (1998), they showed that cognitive mechanisms influence compatibility and marital satisfaction and these illogical thoughts are obvious in couples with special problems than individuals who do not have these problems. Therefore, lives of infertile couples are affected with perfectionistic thoughts and they experience more tension as a result of infertility. As explanation, it can be said that infertility causes a heavy shock to an individual's personality especially commitment, self-esteem, self-control over life affairs and sense of adventure and disrupts selection chance in his life and increases sense of misery and vulnerability to depression. Infertility reduces control over body and brings a sense of value lessens and insufficiency and causes insecurity and negative mental impression. Further, considering infertility as a stressful factor, illogical thoughts like perfectionism can be justified in infertility. For some couples, controlling over labels, anxieties and worries caused by infertility is difficult and their emotional and inter-individual relationships are affected and this causes a negative feeling towards oneself. In this case, the individual may use some strategies which may increase his or her vulnerability in the long run. Infertile couples are placed in a faulty cycle and from one hand, psychological problems cause reduction in physical performance and responding to medical treatments of infertility and on the other hand, infertility and possible failures might cause a sense of frustration and this increases psychological disorders.

One of the restrictions in this study was that the statistical sample members were selected by means of accessible and voluntary sampling. Further, failure to investigate research variables in terms of gender was also another restriction. The author(s) would like to recommend preparation of facilities such that infertile couples receive psychological treatment besides medical treatments in the form of couple-therapy and group-therapy in infertility treatment centers.

REFERENCES

- Alizadeh Sahrayee, Omme Hani; Khosravi, Zohreh; Besharat, Muhammad Ali (2010). Relationship between illogical beliefs and positive and negative perfectionism in students of Noshahr City. *Journal of psychological studies, faculty of educational sciences and psychology in faculty of educational sciences and psychology in Al-Zahra University*, 6,1.
- Berk Jonatan (2000). *Women diseases*, Novak, translated by Monjeb Ali Reza, Khatibi, Narges, Kazem Zadeh, Sunia, Pak Mehr, Elham (2003). Tehran: Nour-e-Danesh publications.
- Besharat, Muhammad Ali (2004). Investigation of relationship between perfectionism and self-respect in pre-university students. *Evolutionary psychology (Iranian psychologists)*. 1.21-30.
- Donkor, E. & Sandall, J. (2007). "The impact of perceived stigma and mediating social factors on infertility-related stress among women seeking infertility treatment in Southern Ghana". *Social Science & Medicine*, Vol. 65, 2007, P. 1683-1694.
- Dunkel Schetter C, Lobel M (1991). *Psychological reaction to infertility: Perspective from stress and coping research*. First ed. New York: Plenum: 29-57.
- Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Mosher, S. W. (1991). "Perfectionism, self-actualization, and personal adjustment." *Journal of Social Behavior and Personality*, 6, 147 – 160.
- Ghaffari, Fatemeh; Pour Ghaznein, Tayyebbeh; Mazloum, Seyyed Reza (2008). tirelessness, stress and stress coping styles in infertile couples. *Scientific journal of principles of psychological health*. 122-132.
- Heidari, Samira; Azad Fallah, Parviz; Rasoul Zadeh Tabatabayee, Kazem (2011). An analysis of tense factors, coping styles and psychological health in infertile women and men. *Journal of behavioral sciences*, 5, 3, 185-193.

- Honarparvaran, Nazanin; Ghaderi, Zahra; Ghaderi, Marziyeh and ZandiQashqai, Keramatollah (2012). Relationship between conscious emotion and illogical beliefs with sexual tendencies in infertile women. *scientific-research journal of Yasuj medical sciences university*, 17, 6, 514-521.
- Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology*, 15, 27-33.
- Klinck, Kreece (1999). A complete set of life skills, translated by Shahram Muhammad Khani (2013). Tehran: specialized medium publications.
- Lin Y (2002). Counseling a Taiwanese woman with infertility problem. *Couns Psychol Q*; 15,2, 209.
- Rascanu, Ruxandra & Vladica, Simona. (2012). "Attitudinal and emotional structures specific for infertile women". *Procedia - Social and Behavioral Sciences*, 33, . 100-103.
- Shakeri, Jalal; Hoseini, Monir; Golshani, Senobar; Sadeghi, Kheirollah; Feizollahi, Vahid (2006), investigation of general health, coping strategies and marital satisfaction in infertile women under IVF treatment. *Fertility and infertility quarterly*, 269-275.
- Solati, Seyyed Kamal; Danesh, Azar; Ganji, Foruzan; Abedi, Ahmad (2005). A comparison of self-esteem and coping responses in infertile and fertile couples. *Shahrekord Medical Sciences University Journal*. 7, 4, 16-22.
- Tamannayefar, Muhammad Reza (2010). A comparative study of psychological health, marital compatibility and coping responses in fertile and infertile women. *Scientific-research quarterly of clinical health and personality*, year 3, number 4, pp: 51-60.
- Taylor EM (2002). The stress of infertility. *Hum Ecol*; 95,1,: 12.
- Terry. Short, L. A; Owen, R. G; Slade, P. D; & Dewey, M. E. (1995). Positive and negative perfectionism. *Personality and individual differences*, 18, 663-668.
- Theroux B, Pole RT. Irrational beliefs and intervention. *J Psychosoc Nurs* 1998;3:56-68.
- Wright K, Johnson J. Infertility. In: Gibbs RS, Karlan BY, Haney AF, Nygaard IE. *Danforth's obstetrics and gynecology*. 10th e. Philadelphia: Lippincott Williams & Wilkins;: 40.