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The Relationship between Perfectionism Dimensions and Coping Strategies in Postgraduate Clinical Psychology Students and Practitioners

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Abstract

The aim of the study was to explore a relationship between perfectionism dimensions and coping strategies in postgraduate clinical psychology students and practitioners i.e. professionals of an emotionally challenging field. The population consisted of postgraduate clinical psychology students, and those who have recently completed the degree and had conducted some therapeutic sessions individually (N = 100, M = 3% & F = 97%). The measurement tools applied in this study were Frost Multidimensional Scale (FMPS) (FMPS; Frost., Marten., Lahart., & Rosenblate) and Brief Cope Inventory [2]. The research was descriptive correlational study and the statistical analyses was done through SPSS (version 22). The study was conducted during COVID-19 pandemic situation hence, data was collected through online medium. Both the hypotheses got rejected while the data supported newer findings which showed that both the perfectionism dimensions had a weak positive but statistically significant relationship with the dysfunctional coping (except organization). Moreover, results indicate that unemployed participants found to be more organized than those who were employed. The study would be of significant value in developing programs aiming at counseling mental health practitioners with using adaptive coping strategies. As when they enter the professional field they are expected to be perfect in their services, causing them to strive for better and to cope on their own for the sake of providing satisfactory interventions to their patients for their well-being.

Keywords: Perfectionism Striving; Perfectionism Concern; Emotion-focused Coping; Problem-focus coping; Dysfunctional Coping; Clinical Psychologist.

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1. Introduction

On getting their first client, fresh clinical psychology post graduates on one hand have great exposure of practical work similarly, they also have to face a lot of different stressors such as perceived performance pressure, vicarious traumas, societal pressure, fighting with the taboos/stereotypes attached to this field and extra work load in the form of extensive paper work etc. These stressors are need to be coped with and while coping with these stressors, some of their personality traits hinder their way of coping, one of which is the tendency to be perfect. Perfectionism have two dimensions i.e. perfectionism striving and perfectionism concern both of which have different impacts on coping with the stress. The current study was conducted to see the relationship between perfectionism dimensions with coping styles. Several researches have been conducted on the clients end such as one of the research shows that positive perfectionism increases the chances of problem focused coping strategy while increased negative perfectionism result in emotion focused coping strategy in drug dependent men [16] but there isn't significant amount of work done on the mental health or coping of therapists themselves.

1.1. Perfectionism

Throughout literature, over the history and development of this construct, researchers used different words to define the aspects of perfectionism, such as positive verses negative, [14] normal verses psychotic [4, 11], adaptive verses maladaptive, [13] healthy verses unhealthy [8], positive achievement striving verses maladaptive evaluative concern's perfectionism [17] etc. to show that there are two dimensions of perfectionism. Perfectionism can be internal i.e. being overly concerned over mistakes, doubts about actions, pressure on keeping everything in order and excessively setting high personal standards or it could be external in the form of Parental Expectation or criticism. Overall perfectionism is theorized in a mix way, i.e. unidimensional and multidimensional both, some researchers such as Alfred theorized perfectionism as a way of overcoming inferiority complex to achieve the highest possible set standard [1] while on the other hand Freud conceptualizes it negatively and theorized it as a symptom of obsessional neurosis in which a person becomes restrictive and harsh towards themselves to achieve certain level in their life [20].

1.2. Coping Strategy

Coping strategies are the ways in which a person changes their behavior continuously in order to overcome the stressful situations. Majorly coping has two types i.e. problem focused and emotion focused coping. Theorists used different words to show these two types as according to Lazarus, coping can be effectively doing something that is aimed to solve or cope with the problem or managing your emotions effectively so that you can mentally cope with the problem [19]. Coping is also theorized to be trait oriented i.e. a person has a set continuum to cope with the stressor at hand; or situational i.e. what the situation demands the person at the time or how to cope in the present moment. There are wide range of coping mechanisms that a person use in order to deal with the stressors of the life. According to the Three Category model developed by Cooper and his colleagues [21], Coping is classified into three type i.e. Emotional focus coping strategies, Problem Focus Coping Strategies and Dysfunctional Coping Strategies. Emotional focus coping is an attempt to reduce the emotional distress produce

by the stressors through seeking emotional support, reframe the problem in positive term, use of religious faith, and use of humor. While in Problem-focus coping, an individual focuses on resolving the problem through planning, actively making an attempts to resolve the problem and through seeking advice from other person. Lastly, Dysfunctional coping comprises of avoidance, substance use and self –criticism behaviors which turns out to be harmful and create more inner distress. Reviewing the literature, it was observed that perfectionism concern is related more with the harmful coping than helpful [e.g, 5; 10; 12; 9] while some coping strategies were found to be more helpful some may be less helpful when compared for people who have low perfectionism concern [6,5]. Perfectionism concern is somehow related to emotion focused or negative coping. Keeping it as a ground break of this research, it was hypothesized that the relationship between perfectionism concern and emotion focused coping is positive and there exists a positive relationship between perfectionism striving and problem focused coping strategies..The aim of the study was to find out the relationship perfectionism have with the coping strategies used to cope with stressors by Fresh Clinical Psychology graduates. Psychologists need to keep their minds at ease so that they can perform fully and effectively as they are helping their clients with their problems, so at first they need to have a clear, silent mind; But the amount of work done on therapists is found to be rare. The study would help to understand healthy patterns used by different post graduates to cope with their stressors despite having the tendency to be overly concerned about being perfect in everything. By this study, there also will be a chance for psychologists to eliminate the unhealthy pattern used which makes it difficult to cope for the therapist.

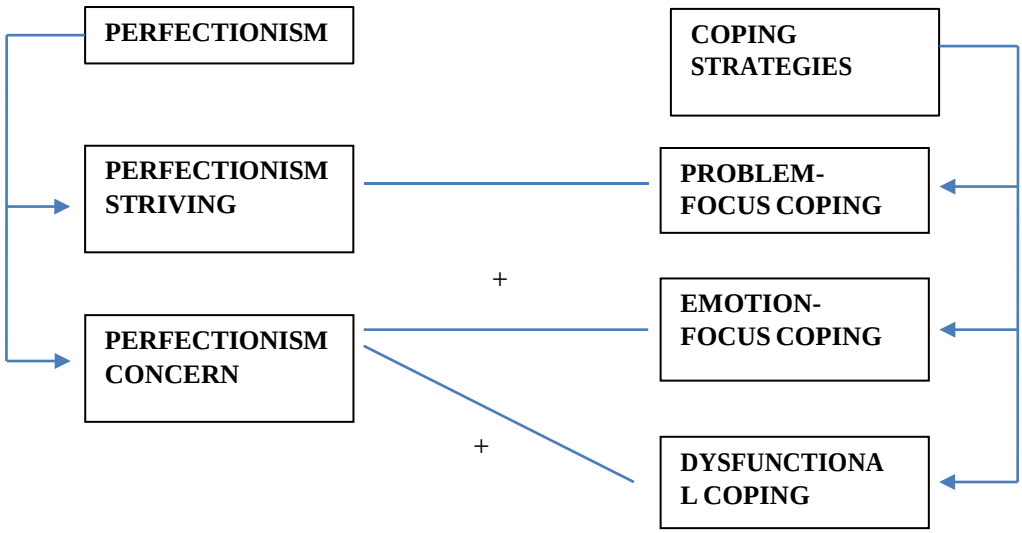

Figure 1

The figure 1 indicates the hypothesis of the study in the light of literature review and aim of the study i.e. perfectionism striving would be positively correlated with problem focuses coping strategies while perfectionism concern would be positively correlated with both emotion focused and dysfunctional coping

2. Method

2.1. Research Design

The current research was a descriptive correlational study. The cross-sectional survey method was used to conduct the research.

2.2. Participants

The study was conducted on post-graduate clinical psychology students and practitioners (N= 100; Male = 3% & Female = 97%), from all over Pakistan. The participants were approached through social media platforms and the responses were accepted based on the following inclusion and exclusion criteria. All those who were Post graduates clinical psychology students and practitioner, between the age range of 23-35 and gave their consent were included in the study. While those who basically had their studies in psychiatry but have taken any courses or certification in psychology and those who were holding a diploma or have had certified experience of one or two year experience were excluded from the study.

2.3. Measure

Demographic Sheet

Demographic sheet covered the basic details about age, gender, marital status, and years of professional experiences. Moreover, the number of sessions conducted by individuals and their employment status were covered.

Frost Multidimensional Perfectionism Scale

Perfectionism was measured by using Frost Multidimensional Scale [18], a 35 items scale which measures four dimensions of perfectionism i.e., Concern over Mistake and Doubts about Action (CM-D), Parental Expectations and Criticism (PE-PC), Excessively High Personal Standards (PS), and Organization (O). The scale has highest internal consistency with Cronbach's Alpha ranging from 0.81 to 0.9. Research suggests that FMPS has shown moderate to high validity with measures of dysfunctional beliefs, anxiety and depression has supported the validity of FMPS and anxiety and depression is related to maladaptive perfectionism in Spanish children and adolescent population.

Brief Cope:

The Brief Cope Inventory was used in this study to assess the coping strategies people use when they face problems. It was developed by Charles S. Carver in 1997. It is a self-report inventory consisting of 14 scales of 2 items each that assesses a variety of dispositional and situational coping strategies. In this scale dispositional format has been used in which participants respond on the basis of frequency of coping strategy they use through a four point response scale by "I haven't been doing this a lot" to "I have been doing this a lot". It is an abbreviated version of Cope Inventory [3] which consist of 60 question 4 item per scale. The three category model developed by Cooper and his colleagues (2006) , in which 14 scales of brief scope has been compressed in three factors, which are Problem focused, emotional focused and dysfunctional coping strategies has been considered useful in clinical research. Problem focused strategies consist of

Active Coping, Instrumental Support, and Planning Scales. On the other hand Emotion focused strategies consist of Emotional Support, Positive Reframing, Religion, Acceptance and Humor. Lastly dysfunctional coping strategies factor contain Venting, Self-Distraction, Denial, Self-blame, and behavioral disengagement. In the 1997 study of Carver, Cronbach alpha of subscales lies in the range of 0.5 – 0.9 which was adequate value. [3].

2.4. Procedure

The google form, which contain informed consent, demographic form, FMPS scale and Brief Cope scale, was distributed among participants through online medium. The data was collected within the time period of almost 3-4 months and was analyzed through SPSS

3. Results

For the computation of the results, a series of statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS 22). Descriptive and inferential statistics were used.

Table 1: Cronbach's Alpha of the Scale

Variables	Items	A
FMPS	35	.919
BCS	28	.894

Reliability tests show the validity of scale used in this study. The Cronbach Alpha of FMPS scale is 0.919 and Brief Cope Scale is 0.894 which shows that this scale has high reliability.

3.1. Demographic Information of Sample

Table 2: Frequency and percentage of demographic Variable

Variables	F (%)	M (SD)
N	100	100
Age		
23-28	89 (89%)	1.11(0.314)
29-35	11 (11%)	
Gender		
Male	3 (3%)	1.03(0.171)
Female	97 (97%)	
Marital Status		
Committed	12 (12%)	4.12 (1.402)
Married	20 (20%)	
Single	68 (68%	
Employment Status		
Employed	43 (48%)	1.43 (0.498)
Unemployed	57 (57%)	
Therapeutic Session		
More than 5	71 (71%)	1.29 (0.456)
Less than 5	29 (29%)	
Profession		
Post-Graduate Student of Clinical Psychology	66 (66%)	1.34 (0.476)
Practicing Professional in the field of Clinical Psychology	34 (34%)	
Semester		
Ongoing	72 (72%)	1.32 (0.458)
Pass out	24 (24%)	
Professional	4 (4%)	

Table 2 depicts the main demographic variables of the present study. It shows the distribution of the demographic variables into subcategories based on demographic information of the participants of the study (N=100).

3.2. Descriptive Analysis

Mean, Standard Deviation, Skewness, Kurtosis along with the potential and actual ranges of the scales have been outlined in Table 3. Potential range is the maximum and minimum scores specified by the scale while actual range is the minimum and maximum scores of the current participants on the scale.

Table 3: Descriptive analysis included Mean, Standard Deviation, Skewness, Kurtosis and Ranges of the study variables Ranges

Variables	Items	M	SD	SK	K	Ranges	
						Actual	Potential
FMPS	100	82.23	17.27	0.482	0.280	35-175	46-134
CM	100	23.3	6.84	0.481	0.078	9-45	10-43
HPS	100	22.2	4.70	0.095	0.167	7-35	9-34
PaE	100	15.88	4.0434	0.350	-0.599	5-25	9-25
PaC	100	9.75	3.13	0.622	0.346	4-20	4-18
DA	100	11.01	3.364	0.118	-0.477	4-20	4-20
O	100	23.32	3.80	-0.659	0.555	6-30	12-30
PS	100	45.6	6.84	0.1	0.764	13-65	24-64
PC	100	34.32	9.414	0.485	0.383	13-65	14-63
BC							
PFC	100	17.27	4.019	-0.369	-0.358	6-24	6-24
DC	100	24.05	6.70	0.822	0.788	12-48	12-45

Table 3 represents Mean, Standard Deviation, Skewness value, Kurtosis value, Actual and Potential Ranges. The Value of Skewness and Kurtosis shows that the data is normally distributed.

Table 4: Correlations between variables of Perfectionism Dimension and different Coping Strategies

	CM	HPS	PaE	PaC	DA	O	PFC	EFC	DC
CM	-	0.533**	0.472**	0.454**	0.662**	0.110	0.059	0.002	0.497**
HPS	-	-	0.588**	0.525**	0.385**	0.287**	0.079	0.080	0.314**
PaE	-	-	-	0.627**	0.277**	0.064	0.187	0.153	0.490**
PaC	-	-	-	-	0.386**	0.081	-0.013	0.021	0.322**
DA	-	-	-	-	-	0.275**	-0.060	-0.063	0.282**
O	-	-	-	-	-	-	-0.071	0.052	-0.016
PFC	-	-	-	-	-	-	-	0.795**	0.323**
EFC	-	-	-	-	-	-	-	-	0.307**
DC	-	-	-	-	-	-	-	-	-

Table 4 represents the correlational analysis of variables of Perfectionism dimensions and coping strategy. It depicts there is a weak positive yet statistically significant correlation ($p<0.01$) between multiple dimensions of perfectionism (except organization) and dysfunctional coping strategy in post-graduate students of clinical psychology and practicing professionals in the field of clinical psychology. No statistically significant correlation found between perfectionism striving and problem focused coping strategy; as well as between perfectionism concern and emotion focused coping strategy. To test the assumption that there is statistically significant mean difference in perfectionism dimension and coping strategies in those who have conducted more than 5 therapeutic sessions and less than 5 therapeutic sessions as well as those participants who were employed and unemployed. Additionally effect of marital status had been seen on the variables through One-way Analysis of Variance test (ANOVA)

Table 5: Independent Sample test for the variables of Frost Multidimensional Perfectionism scale and Brief Cope scale between participants who have conducted more than 5 therapeutic sessions and less than 5 therapeutic sessions.

	# of Therapeutic Sessions	N	M	SD	t	p	95% CL	
							LL	UL
CM	>5	71	22.7606	6.56498	-1.26	0.211	-4.87	1.08
	<5	29	24.6552	7.42234				
HPS	>5	71	22.5915	4.45157	1.037	0.302	-0.98	3.13
	<5	29	21.5172	5.27542				
PaE	>5	71	16.1831	4.12071	1.175	0.243	-0.719	2.81
	<5	29	15.1379	3.81467				
PaC	>5	71	9.9014	3.19444	0.754	0.453	-0.85	1.89
	<5	29	9.3793	3.00492				
DA	>5	71	10.6056	3.24028	-1.90	0.060	-2.84	0.058
	<5	29	12.0000	3.51527				
O	>5	71	23.6197	3.70083	1.237	0.219	-0.62	2.69
	<5	29	22.5862	4.00462				
PFC	>5	71	17.1690	3.95686	-0.39	0.696	-2.11	1.41
	<5	29	17.5172	4.23101				
EFC	>5	71	27.2394	6.51035	0.146	0.884	-2.57	2.988
	<5	29	27.0345	5.98500				
DC	>5	71	24.3239	7.03212	0.637	0.525	-1.99	3.88
	<5	29	23.3793	5.89439				

Table 5 indicates that there was no significant difference between the scores of FMPS sub scale and BCS subscales between participants who have conducted more than five therapeutic sessions and less than five therapeutic sessions.

Graph 1 indicates the mean difference between participants who have conducted more than 5 therapeutic sessions and participants who have conducted less than five therapeutic sessions. The result indicates that therapeutic experience has no influence on the scores of perfectionism dimension and coping strategies.

Graph 1

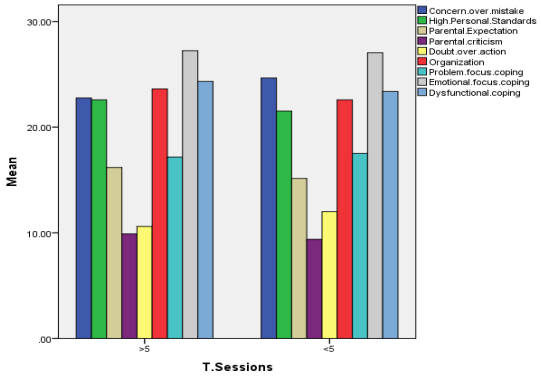

Figure 2

Table 6: Independent Sample test for the variables of Frost Multidimensional Perfectionism scale and Brief Cope scale between Employed and Unemployed participants.

	Employment Status	N	M	SD	t	p	95% CL	
							LL	UL
CM	Unemployed	57	23.3158	6.67928	0.010	0.992	-2.74	2.76
	Employed	43	23.3023	7.12987				
HPS	Unemployed	57	21.8070	5.22507	-	0.249	-2.98	0.782
	Employed	43	22.9070	3.87798	1.160			
PaE	Unemployed	57	15.6316	4.02506	-	0.482	-2.20	1.04
	Employed	43	16.2093	4.09156	0.706			
PaC	Unemployed	57	9.3860	2.99258	-	0.183	-2.09	0.40
	Employed	43	10.2326	3.28660	1.343			
DA	Unemployed	57	11.3684	3.37867	1.230	0.22	-0.511	2.178
	Employed	43	10.5349	3.32629				
O	Unemployed	57	24.1404	2.99666	2.554	0.012	0.425	3.39
	Employed	43	22.2326	4.46594				
PFC	Unemployed	57	16.6140	4.14795	-1.90	0.060	-3.11	0.064
	Employed	43	18.1395	3.71343				
EFC	Unemployed	57	26.4561	6.58209	-1.32	0.190	-4.21	0.845
	Employed	43	28.1395	5.92646				
DC	Unemployed	57	24.5614	7.62285	0.877	0.383	-1.50	3.88
	Employed	43	23.3721	5.26454				

Table 6 indicates that there was no significant difference between the scores of FMPS sub scales and BCS subscales in employed and unemployed participants. However, on the subscale of Organization (O), there is a significant difference between the striving of order in an employed and unemployed participants. Unemployed participants were more inclined towards achieving order and organization in their environment and routine than the employed participants. (**Sig:** O = 0.012)

Graph 2

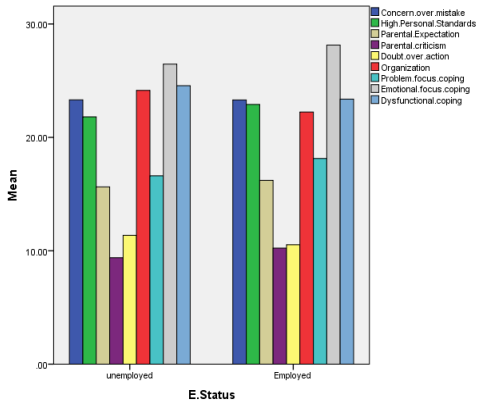

Figure 3

Table 7: Independent Sample test for the variables of Frost Multidimensional Perfectionism scale and Brief Cope scale between committed, married and single participants.

	Marital Status	N	M	SD	t	p	95% CL	
							LL	UL
CM	committed	12	24.5833	8.30617	2.058	0.133	19.3058	29.8608
	Married	20	20.6000	4.96726			18.2753	22.9247
	Single	68	23.8824	6.92934			22.2051	25.5596
HPS	Committed	12	24.0000	4.86172	1.634	0.200	20.9110	27.0890
	Married	20	20.9500	3.13679			19.4819	22.4181
	Single	68	22.3676	4.99523			21.1585	23.5768
PaE	Committed	12	16.9167	4.64089	1.075	0.345	13.9680	19.8653
	Married	20	14.8500	4.09460			12.9337	16.7663
	Single	68	16.0000	3.91705			15.0519	16.9481
PaC	Committed	12	9.8333	3.12856	0.315	0.731	7.8455	11.8211
	Married	20	9.2500	2.89964			7.8929	10.6071
	Single	68	9.8824	3.23013			9.1005	10.6642
DA	Committed	12	11.2500	3.19446	1.371	0.259	9.2203	13.2797
	Married	20	9.9000	2.75108			8.6125	11.1875
	Single	68	11.2941	3.52839			10.4401	12.1482
O	Committed	12	23.3333	2.90245	0.006	0.994	21.4892	25.1775
	Married	20	23.4000	2.45807			22.2496	24.5504
	committed	12	24.5833	8.30617	2.058	0.133	19.3058	29.8608
PFC	Single	68	23.2941	4.27090			22.2603	24.3279
	Committed	12	17.5833	2.99874	1.819	0.168	15.6780	19.4886
	Married	20	15.7500	3.59642			14.0668	17.4332
EFC	Single	68	17.6618	4.22717			16.6386	18.6850
	Committed	12	26.8333	5.68624	2.043	0.135	23.2205	30.4462
	Married	20	24.7500	6.17188			21.8615	27.6385
DC	Single	68	27.9559	6.38429			26.4106	29.5012
	Committed	12	24.0000	5.55959	2.883	0.061	20.4676	27.5324
	Married	20	20.9500	7.40181			17.4858	24.4142

Table 7 indicates that there was no significant difference between the scores of FMPS sub scales and BCS

subscales in a single, committed, and married participants.

Graph 2 indicates the mean difference between participants who were employed and unemployed. The result shows that there was a significant mean difference in organization scale between the group of employed and unemployed participants.

Graph 3

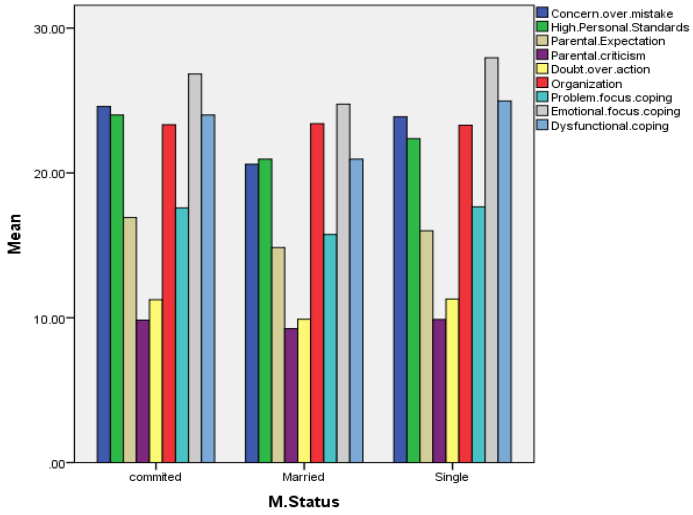

Figure 4

Graph 3 indicates the significant mean difference between committed, married and single participants. The result indicates that marital status has no statistically significant impact on the level of perfectionism and use of coping strategies.

4. Discussion

Being a psychologist or providing psychotherapy can be an emotionally draining profession. Clients empty their hearts and minds unload their fears and insecurities onto the therapist. Psychologists are expected to be objective and not let their emotions get into the way of their job, but they are humans too. Not much research has been done on the population of psychologists, therapists or psychology students in order to see their level of functioning, ways of processing things and various coping mechanisms due to the direct or indirect impact of learned traumas, compassion fatigue and being consistently surrounded by the difficult and painful human emotions. With an emotionally draining job that requires one to deal with the issues of different humans all day juggling their own personal issues as well, it is important to conduct research on psychotherapists and psychologists to find ways or mechanisms for them to effectively unwind their issues. The COVID-19 crisis has transformed the lives and practices of psychologists and has highlighted the need for time-efficient self-care. Nearly every human worldwide is experiencing some negative impact on their mental health, likewise, anxiety among psychologists (and humans) is also practically universal. In the current situation of COVID-19 pandemic, like other frontline professionals, psychologists and psychotherapists are providing their services. Serving the

people in distress and immense psychological struggles as frontline professionals has increased their activities and levels of functioning and ways of coping well. To investigate more about their coping mechanisms the research was conducted to study that while being responsible for taking care of others, do they adapt to healthier coping mechanisms or not, when it comes to, they themselves dealing with the current day to day changes. The relationship between the perfectionism dimensions and coping mechanisms was studied in the postgraduate clinical psychology students. Table 4 shows that there was no positive relationship between perfectionism striving and problem focused coping strategy, and there is no statistically significant relationship between perfectionism concern and emotion focused coping strategy in the post graduate students and practitioners in the field of clinical psychology. Thus, both the hypotheses have been rejected. Moreover, table 4 indicates that there is a significant positive relationship between concern over mistake and dysfunctional coping ($r = 0.497$, $p<0.01$); doubt about action and dysfunctional coping ($r = 0.282$, $p<0.01$); parental expectation and dysfunctional coping ($r = 0.490$, $p<0.01$); parental criticism and dysfunctional coping ($r = 0.322$, $p<0.01$); and high personal standard and dysfunctional coping ($r = 0.314$, $p<0.01$). The result indicates that participants who scored high in the concern over mistake scale, high personal standard scale, parental expectation scale, parental criticism scale and doubt over action scale have scored high in the dysfunctional coping strategies, as mentioned in table 4. The results of the current study are not consistent with prior researches which were conducted on the relationship between perfectionism dimensions and coping strategies. The result of the prior study indicates the positive relationship between positive perfectionism and problem focused coping strategy and positive relationship between negative perfectionism and emotional focused coping strategy [16], although the study wasn't conducted on the population of post-graduate clinical psychology students or practitioners in the field of clinical psychology. Moreover, similar studies conducted on different populations showed different results. Some studies also support that sometimes coping might not have any effect on the maladaptive perfectionism and its effects i.e. coping might not be a mediator between perfectionism and emotional adjustment [12, 6]. Moreover, the new findings that the data of current study rather significantly supports is, whether it is perfectionism striving or perfectionism concerned both the perfectionism dimensions have weak positive but statistically significant correlation with the dysfunctional coping strategies (except organization) in the students and practitioners of the field of clinical psychology. Being a mental health practitioner, it is expected that they, themselves would be applying what they preach and cope with the stressors by adapting functional coping more, but the findings of the research shows otherwise. As the study was conducted in COVID-19 pandemic, there are possibilities that dwelling in such uncertain times and general distress could have played the biggest part in adopting dysfunctional coping strategies, more than they usually do. As in recent studies the perfectionism is linked to global health crisis. The current pandemic global health crisis is categorized as a biographical disruption for perfectionists, also known as perfectionism pandemic [7]. Workers working from home, workers on front lines and even youth, who are vulnerable perfectionists, may find it exceptionally difficult to cope with the loneliness and separation anxiety. The pandemic adds to the sense of isolation and aloneness of people who have been struggling with the pressure of keeping life under control, managing things, avoiding uncertainity, and being perfect [7]. Hence, it explains evidently why both the hypothesis got rejected. i.e. how the major changes in social, environmental, global or biological domains significantly impacts the perfectionists to adapt to dysfunctional coping in the face of biographical disruption. Moreover, table 6 shows that there was a significant difference in the mean of organization subscale in employed and

unemployed participants (t = 2.554, p = 0.012). Those students who were not employed were found to be more organized than those who were employed. As employed professionals are more likely to conduct therapeutic sessions on a day to day basis and in current times the mode of working has immensely changed. In addition to coping with the stresses of a global pandemic, mental health clinicians now have had to rapidly transition to tele-mental health (TMH) services to protect themselves and their clients. The transference of environment and work mode could have caused lack of organization in work routine. Moreover, the difference between employed and unemployed professionals in level organization could also be because of the increased responsibility and workload which causes exhaustion and time constraint resulting in affecting the ability to be organized under stress. As even the challenges of training in clinical and counseling psychology, such as pressure to perform, balancing multiple roles, learning a process that cannot be taught in a book and being exposed to the pain and suffering of others, often for the first time adds on to the level of stress and burnout. Furthermore, there was no significant difference in mean of perfectionism scale and coping scales based on employment status, marital status and number of therapeutic sessions conducted by the students and practitioners. One study shows that there was no significant difference in perfectionism between employed women group and unemployed women group except in negative perfectionism [15]. One of the reasons why there is no significant difference in the scores of FMPS scales and brief cope scales might be the time of pandemic in which the study was conducted. The pandemic has drastically influenced the daily routine of everyone and has disturbed people in some ways. Therefore, there is a further need to study the impact of marital status, employment status and therapeutic experience on the different dimension of perfectionism and coping strategy when lockdown situation ends in Pakistan.

5. Conclusion

In the light of the above findings it is concluded that both Perfectionism Striving and Perfectionism Concern dimension (Except Organization scale) are positively correlated with the Dysfunctional coping strategies among the Students and practitioner of Clinical psychology during the peak time of COVID-19 pandemic situation in Pakistan. While no significant correlation was found between the FMPS subscales and Emotional focus and Problem focus Coping Strategies. For future studies it is recommended to take other subject variables like personality traits in consideration and use qualitative analysis as well to draw detail connection between variables.

6. Limitation of the Study and Future Recommendations

The research was conducted during the initial period of pandemic and the stressors produced by the situation and the distress it has caused might have acted as a third variable. Thus, it is recommended to check the level of psychological distress along with the other variables and replicate the study during the time where people got adapted to the pandemic situation. Other limitation to consider was the unequal ratio of male and female clinical psychologists. The inequality might have stem from the unequal ratio in the population or from the purposive sampling method. Thus it is recommended to weigh the data to reflect the 50:50 population ratio or use stratified sampling method to ensure the systematic selection of participants. Furthermore, it is recommended to study the effect of personality traits as a mediating factor and study the relationship of variables in Educational and organizational psychologist for comparative analysis. Lastly it is recommended to use mix design method to analyze the relation between the quantitative data and participants experience for in-depth analysis of phenomenon.

7. Implications of the Study

As previously, worldwide and in Pakistan as well, there has been no significant number of researches done on and for mental health practitioners. Hence, the current study works as a food for thought by providing other researchers with an important domain, which requires attention and detailed work to be done in future. The present study contributes to understanding the relationship between perfectionism dimensions and coping strategies in the population of postgraduate clinical psychology students and practitioners, in times of global pandemic. Thus, the study results reflect upon the need of acknowledging the psychological health of mental health practitioners with the development of appropriate and relevant programs to enhance the adaptive coping strategies of clinical psychologists (students and practitioners both) through various group activities, role playing activities, situation based activities etc. Being a mental health practitioner, it is expected that they, themselves would be applying what they preach and cope with the stressors by adapting functional coping more, but the findings of the research shows otherwise. Moreover, a specific number of sessions per year or month could be allotted by the institutes as a rule, for them to get a chance of catharsis under supervision in a healthier way. Furthermore, the research also indicates that therapists and psychologists are humans themselves and they also tend to adapt to coping strategies similar to the way that others do. Hence, when needed, by appropriate self-disclosure with their patients, clients and others, they can also work towards normalizing the act of reaching out or seeking for help. Hence the findings not only provides different dimensions of how to potentially maintain and enhance the wellbeing of mental health practitioners but it also provides a significant insight into the importance of how therapist-client relationship could possibly get better, as well as how much significance vocalizing and acknowledging psychological concerns are important in normalizing mental health of humans regardless of their profession.

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