Perfectionism Among Young Female Competitive Irish Dancers: Prevalence and Relationship with Injury Responses

Abstract

The present study investigated the prevalence of perfectionism among young competitive Irish dancers and examined the relationships between three different types of perfectionistic tendencies and coping strategies ultilised when experiencing injury. Sixty-eight female dancers (M_{age} = 14 ± 2.3 years) completed the Child-Adolescent Perfectionism Scale and the Ways of Coping Questionnaire, alongside a record of injuries incurred during their championship careers. Participants reported 189 injuries, mostly involving lower extremities. Seventy-nine percent of dancers reported perfectionistic tendencies (mixed perfectionism 40%, pure self-oriented perfectionism 29%, pure socially prescribed perfectionism 10%), and most frequently adopted planful problem-solving, seeking social support, distancing, and self-controlling strategies to cope with injury. Perfectionism and the utilisation of two coping strategies were found to be significantly (p = .03) related; planful problem-solving was used typically 'quite a bit or a great deal' by the mixed perfectionism group, but only 'somewhat' by the non-perfectionism group, whereas confrontive coping was typically not used by the non-perfectionism group, but was used 'somewhat' by the mixed perfectionism group. Given the high frequency and intensity of perfectionism and the simulaneous employment of problem- and emotion-focused strategies when coping with injuries, it is suggested that practitioners acknowledge such tendencies when supporting their athletes' in order to reduce the likely negative psychological impact.

Introduction

Irish dance is a sport which has become increasingly competitive around the world and is characterised by specific rapid, complicated foot and leg movements[1,2,3] referred to as leaps, rocks, tipping, cutting, kicks, batters, and heel and toe drops.[4] Such actions are performed with the upper body held erect, with the head up and eyes facing forwards, and the arms held straight and tightly by the individual's side.[5,6] As a whole, the goal is for dancers to demonstrate the aesthetic qualities of lightness of body weight and neatness of footwork.[1,5,7]

A central focus for the majority of Irish dancers is to be competitive, which encourages individuals to drive for perfection and success in the dance form.[7] Typically, an Irish dancer will advance from a 'beginner' to a 'championship dancer', and if a win is achieved in a preliminary championship, he/she will compete in 'open championships' taking place at regional, national or international level, with the ultimate aim to qualify for the prestigious World Championships.[8] At championship level, there is a focus on demonstrating perfection when performing traditional movements within newly updated choreography.[9] To become a successful Irish dancer, there is an emphasis on commitment to the dance form and the training involved,[7] and a desire to be flawless.[2,10] Perhaps, unsurprisingly, it has been suggested that individuals with perfectionistic tendencies are likely to be particularly attracted to Irish dance.[9]

Perfectionism is a multidimensional personality characteristic involving a predisposition to aim for excessively high standards and for over-critical self-evaluations.[11] Flett and Hewitt[12] propose two different dimensions of perfectionism; Self-Oriented Perfectionism (SOP; tendencies to strive and have exceedingly high personal standards) and Socially Prescribed Perfectionism (SPP; tendencies to aim for extremely high standards that they perceive significant others expect of them). Given that these two dimensions can co-exist within all individuals, Gaudreau and Thompson[13] developed the 2 x 2 model of perfectionism. The model proposes that there are four sub-types of perfectionism; mixed perfectionism (high SOP and high SPP), pure SOP (high SOP and low SPP), pure SPP (high SPP and low SOP),

and non-perfectionism (low SOP and low SPP). These sub-types highlight different 'within-person combinations' and suggest that individuals can possess both dimensions of perfectionism to varying degrees.[14] While perfectionism has been observed in ballet and contemporary dance, with 85% of elite-level dancers reporting perfectionistic tendencies, such as 'concern over mistakes' and 'perceived pressure', it has yet to be documented whether such tendencies also exist in Irish dance.[15] This would provide a novel contribution to the existing literature, as the context of Irish dance differs from that of ballet and contemporary dance, due to the increased competitive nature and competition structures.[1,7,8]

The competitive nature of Irish dance and the requirement to expose dancers to long hours of intense, repetitive training involving frequent high impact loadings on the lower back and lower limbs increases the likelihood of injury.[9,16] The typical period of time spent away from training and competition due to injury has been based on a 'time-loss' description; 'minor' injuries being resolved in less than seven days, 'moderate' injuries requiring between eight and 21 days, and 'severe' injuries more than 21 days.[17] Studies have reported injury rates of 77%[18,19] during Irish dancers' competitive careers, causing up to 126 days being lost from training and competition annually.[19]

Injury appears to be particularly problematic in elite female adolescent dancers,[20] for whom a rate as high as 84% during one year of competitive dancing has been reported.[21] Moreover, it has recently been estimated that around 22,000 dance-related injuries are seen in hospital emergency departments throughout the Republic of Ireland anually in Irish dancers aged 3 – 19 years-old, 79% of which are experienced by 11 – 19 year-olds.[2] In an attempt to expediate the return to full-time training and competition, it is recognised that both the physical recovery and the psychological stress associated with the experience of injury should be well managed,[22] particularly as young Irish dancers are encouraged to invest as much time as possible in their training.[23] Indeed, to enable the identification of effective recovery strategies

(which may contribute positively to the experience of injury), it has been suggested that research should explore the psychological coping processes adopted by injured young dancers.[24]

Coping, defined as "changing cognitive and behavioural efforts to manage specific external and/or internal demands",[25(p141)] has been dichotomised as *emotion-focused* and *problem-focused* styles. Whilst an individual will adopt a particular coping style, specific coping strategies (behaviours or techniques which improve coping resources), will be utilised.[26] An emotion-focused style entails an individual employing strategies to manage their emotional response (e.g. relaxation techniques and psychological distancing), whilst a problem-focused coping style involves utilising strategies to direct their efforts at managing the environment (e.g. goal setting and focusing on the task).[27] Research suggests that ballet dancers who adopt problem-focused coping strategies experience reduced psychological distress and increased perceptions of coping effectively whilst injured.[28,29] However, Noh, Morris and Andersen[30] revealed that 65% of elite-level ballet dancers have limited coping resources and adopt coping strategies, such as alcohol abuse and over-eating during stressful experiences. Therefore, empowering dancers with effective coping strategies could facilitate their psychological adjustment to the stressful experience of injury, improve their recovery time, and aid long-term participation in competitive dancing.[22,29,31]

Importantly, the presence of perfectionism has been found to influence the coping process, with some evidence showing that individuals who possess perfectionistic tendencies adopt ineffective coping strategies when dealing with injury.[10,32] Hewitt and Flett[33] suggest that perfectionistic tendencies intensify the negative psychological impact of stress. During the experience of injury, individuals can report a sense of shock, helplessness and loss, whilst percieving the pursuit of their personal, or other imposed, standards to be blocked.[33,34] Research highlights that SOP is associated with higher utilisation of problem-focused coping strategies,

whilst individuals who possess SPP tendencies are more likely to adopt emotion-focused coping strategies.[35,36,37] However, as research has not established if Irish dancers possess perfectionistic tendencies, information on how they cope with injury is also lacking. Therefore the aims of this study were two-fold: (i) to investigate the prevalence of perfectionism among young competitive Irish dancers, and (ii) to examine the relationships between the perfectionistic tendencies of these dancers and the specific coping strategies they utilise when experiencing injury.

Materials and Methods

Participants

Sixty-eight female Irish dancers from the North West of England (age = 14 ± 2.3 years) volunteered to participate in this study. Dancers had 8.4 ± 2.3 years of competitive dance experience, regularly trained for 9.0 ± 2.6 hours per week, and were selected based on the criteria that they were (a) female (b) aged 10 – 18 years, (c) competitive at championship level, and (d) had experienced injury during their championship careers. For the purpose of this study, injury was defined as, 'any experience of pain, caused by physical trauma or overuse, which caused large amounts of discomfort'. Upon receiving ethical approval from the University's Faculty of Medicine, Dentistry and Life Sciences Research Ethics Committee, the lead researcher recruited participants at Irish dance academies, and via attendance at a regional competition taking place in the North West of England. Potential participants and (where appropriate) their parents/guardians were provided with Participant Information Sheets before informed consent was obtained from both parties. The data collection then took place at the training facility of the individual, with each dancer being relatively isolated from others whilst completing the questionnaires.

Procedures

In order to determine the experience of injury within the sample and to develop profiles of the types and severity of injuries sustained through Irish dancing, the dancers were initially required to indicate on a short questionnaire the injuries they had incurred through Irish dancing during their championship careers, detailing the type of injury and time-out of training/competition that ensued. The injuries were classified according to a 'time-loss' description based on three severity levels; minor (resolved in less than seven days), moderate (required 8 – 21 days to resolve), and severe (required longer than 21 days to resolve).[17]

The participants then completed two inventories addressing their coping strategies and levels of perfectionism. The inventories were provided in paper-form for the dancers and completion of the two survey items took 30 – 40 minutes for each participant. The lead researcher remained present to provide answers to any questions from the participants. The *Ways of Coping Questionnaire* (WCQ)[38] is a 66-item inventory comprising eight sub-scales which correspond to specific coping strategies; (1) Confrontive coping, six items; (2) Distancing, six items; (3) Self-controlling, seven items; (4) Seeking social support, six items; (5) Accepting responsibility, seven items; (6) Escape-avoidance, eight items; (7) Planful problem-solving, six items; and (8) Positive reappraisal, seven items. The items include statements such as, "I tried to keep my feelings to myself" and are scored on a 4-point Likert scale ranging from 0 to 3. Each score represents the extent to which the individual utilises the strategy during the stressful situation of injury: (0) 'Not used'; (1) Used somewhat'; (2) 'Used quite a bit'; and (3) 'Used a great deal'. The instructions were amended to ensure the dancers focused on how they cope in response to injury (e.g. 'When I am injured … I make a plan of action and follow it'). In previous studies, the WCQ has been adapted to focus on various stressors that are relevant in performance domains, for example, performance slumps in sport,[39] and health issues such as illness, injury and pain,[40] reinforcing the applicability of the scale for assessing coping with injury in the performance domain of dance. Each item from the

sub-scales was then used to calculate an overall score for each specific coping strategy. For example, the six items from the confrontive coping sub-scale could yield a maximum score of 18. The overall score for a coping strategy is then divided by the number of items within the specific sub-scale to provide the average rating from the participant.[38] The WCQ has shown satisfactory psychometric properties with moderate-to-high internal consistency (α = .56 – .85).[41,42]

The *Child-Adolescent Perfectionism Scale* (CAPS)[43] is a 22-item inventory comprising two sub-scales corresponding to specific dimensions of perfectionism; (1) SOP, 12 items; and (2) SPP, 10 items. The items include statements such as, "I can't stand to be less than perfect" and are scored on a 5-point Likert scale ranging from 1 ("False") to 5 ("Very true of me"). The instructions were amended to ensure the dancers focused on their participation in dance (e.g. 'In dance … I am always expected to do better than others'). This contextualised the questionnaire to the specific Irish dance setting, ensuring that the measurement of perfectionism was domain-specific.[44] Each item from the sub-scales was then used to calculate an overall score for the specific dimension of perfectionism. For example, the 12 items from the SOP sub-scale could yield a maximum score of 60. The CAPS has shown satisfactory psychometric properties with high internal consistency (α = .70 – .84)[43,45] and has been utilised in sporting contexts.[44,46]

Statistical analysis

The dancers were classified into discrete groups based on the CAPS data, which indicated the prevalence of perfectionistic tendencies; (1) mixed perfectionism – individuals with a SOP score > 36 and a SPP score > 26, (2) non-perfectionists – individuals with a SOP score < 36 and a SPP score < 26, (3) pure SOP – individuals with a SOP score > 36 and a SPP score < 26,

and (4) pure SPP – individuals with a SOP score < 36 and a SPP score > 26.[13,43] Additionally, for each of the eight WCQ coping scales, the mean item score was recoded into three overall categories; 0 - 0.99 (0, 'Not used'), 1.0 – 1.99 (1, 'Used somewhat') and ≥ 2 (2, 'Used quite a bit or used a great deal'). Following this, contingency (frequency) tables and Pearson chi-square tests were used to examine the relationships between the dancers' coping strategies and their distinct perfectionistic tendencies. The significance level was set at $p < 0.05$ and all statistical analyses were performed using the Statistical Package for Social Science (SPSS; version 24.0, IBM Corp., Armonk, New York, USA).

Results

The first section outlines the prevalence of injury reported by the sample, classified by severity. The second section highlights the perfectionistic tendencies of the dancers, and the third section explores the coping strategies employed by the dancers.

Injury prevalence

One hundred and eighty-nine injuries were reported within the sample (median of 2 per dancer), of which 86 (45%) were classified as minor, 39 (21%) as moderate, and 64 (34%) as severe. Two-thirds of dancers cited multiple injuries, with 22% of these reporting five or more injuries during their championship careers. The vast majority (95%) of injuries involved the lower extremities and included broken ankles, torn ligaments, and dislocated knees. The most frequently reported injuries were torn ligaments in the ankle or foot (57% of dancers) and stress or complete fractures of the ankle (49%).

Perfectionistic tendencies

Fifty-four (79%) dancers indicated perfectionsitic tendencies, of whom 27 (40%) were positioned in the mixed perfectionism group, 20 (29%) in the pure SOP group, seven (10%) in the pure SPP group, and 14 (21%) in the non-perfectionism group.

Coping strategies

Insert Table 1 here

Analysis revealed that the dancers utilised all three of the *problem-focused* strategies 'somewhat', whilst they typically employed only two (distancing and self-controlling) of the five *emotion-focused* strategies 'somewhat' (Table 1). Of these, planful problem-solving responses were related to perfectionism group ($\chi^2 = 14.2$, $p = .03$, Table 2), with the rating of 'used quite a bit or used a great deal' ('2 or 3') being most common (55.6%) within the mixed perfectionism group, compared to 'used somewhat' ('1') within the non-perfectionism group (50%). Confrontive coping and perfectionism were also related ($\chi^2 = 14.2$, $p = .03$), with the rating of 'not used' ('0') being most common (78.6%) within the non-perfectionism group, compared to 'used somewhat' ('1') within the mixed perfectionism group (66.7%). Whilst seeking social support was unelated to perfectionism ($p = .31$), there was the tendency (42.9%) for those in the pure SPP group to use it less frequently than the other groups.

Insert Table 2 here

For the emotion-focused coping strategies, no significant ($p > .05$) associations were observed with perfectionism (Table 3). The use of distancing 'somewhat' was most common within all perfectionism groups, as was self-controlling, though notable was the tendency (42.9%) for those in the non-perfectionism group to use the self-controlling strategy less frequently than

the other groups (11.1% – 35.0%). Likewise, the same (non-perfectionism) group tended not to use accepting responsibility and positive reappraisal, though, again, there were no clear relationships between these strategies (and escape avoidance) and perfectionism .

Insert Table 3 here

Discussion

The purpose of this study was to investigate the prevalence of perfectionism among young competitive Irish dancers and examine the relationship between perfectionistic tendencies and the specific coping strategies utilised when experiencing injury. The overall occurrence of 'severe' and multiple (mainly lower-limb) injuries reported by the current sample strengthens the need for young dancers to employ adaptative coping strategies to enhance the recovery process and reduce the associated psychological distress.[29] The injuries reported from the current sample reinforce that the repetitive nature and high-impact movements during Irish dancing increase the risk of lower-extremity injuries.[9,21] Likewise, the frequent reporting of multiple injuries supports findings by Noon et al.[16] where 79.7% of Irish dancers were treated for multiple injuries over a seven-year period. Moreover, this study has highlighted, for the first time, the high prevalence of perfectionistic tendencies among young female Irish dancers in the context of recovery from injury. This is perhaps not unexpected given the even higher proportion (85%) observed among ballet and contemporary dancers,[15] though in those cases perfectionism was assessed alongside performance anxiety and competitive stress. The finding does reinforce both the idea that dancers are constantly striving for perfection in their sporting context,[9] and the value of investigating the responses to injury when individuals are characterised by specific perfectionistic tendencies.[10] The findings of this study provide a novel contribution to the literature as the context of Irish dance differs from that of other dance forms due to the competitive nature.[1,9] Whilst studies have found that perfectionism is prevalent in

248 ballet and contemporary dance, it is important to consider the differences in environments and
249 competition structures (i.e. ballet dancers compete for the opportunity to perform within
250 companies, whilst Irish dancers compete for individual success in competitions) which may
251 induce perfectionistic tendencies.[8,15]

252 It emerged that particular coping strategies (problem- or emotion-focused) were often
253 practised (or not) by dancers classified into discrete perfectionism groups. For example, mixed
254 perfectionism dancers overwhelmingly adopted the 'planful problem solving' strategy (96% of
255 dancers in this group utilised the strategy 'somewhat, quite a bit or a great deal'), whereas only
256 64.3% of those with non-perfectionism tendencies did so. Similar to findings among
257 swimmers,[47] this suggests that individuals with mixed perfectionistic tendencies may deal
258 directly with stressors and find benefit in creating an action plan to handle the stressful
259 situation.[28] For coaches and practitioners, this highlights the importance of encouraging young
260 Irish dancers with perfectionistic tendencies to adopt a more pro-active approach to the
261 recovery process in order to feel 'in control' of the situation.[48] Likewise, the findings reveal
262 that non-perfectionism dancers do not adopt confrontive coping stratgies (only 21.4% of
263 dancers in this group utilised the strategy 'somewhat'), compared with dancers within other
264 perfectionism groups, and contradicts previous findings that perfectionism is associated with
265 low utilisation of problem-focused coping strategies within athletes.[37] However, it is possible
266 that the Irish dancers with perfectionistic tendencies believe that confronting the stressors
267 surrounding injury allows them to control and change their current circumstances.[48] This
268 reinforces previous findings that athletes believe their coping process is enhanced by focusing
269 on the step-by-step rehabilitation programme and by engaging with health professionals, such
270 as physiotherapists.[48] Therefore, it may be paramount that coaches and practitioners encourage
271 confrontive coping strategies for Irish dancers, as this may increase an individual's perception
272 of coping effectively with injury, thus reducing psychological distress and aiding psychological

adjustment to the stressful situation.[22,28,29] More predictable was the common use of social support across all perfectionism groups given that young athletes perceive this strategy to be paramount,[49] as it decreases feelings of isolation and enhances positive affect when coping with injury.[50] An earlier study revealed that young Irish dancers felt that other dancers, along with their parents, created a support network and that 'shared experiences' among dancers allowed them to cope more effectively whilst experiencing injury.[8] Importantly, these findings reinforce previous recommendations by Mosewich et al.[48] that young athletes should have access to a supportive social network as this reduces the psychological stress associated with injury.

Findings suggest that Irish dancers frequently employ emotion-focused coping strategies (distancing and self-controlling), which opposes previous work suggesting that ballet dancers perceive them to be ineffective when coping with injury.[28] Their frequent use of the distancing strategy in the current study reaffirms that Irish dancers often psychologically disengage from the stressful situation and look at the circumstances objectively as an effective method to reduce the psychological distress associated with injury.[51,52] Furthermore, the popularity (89.9%) of a self-controlling coping strategy (e.g. acceptance of the experience and maintenance of positive mind-set) likely increases emotional investment in the rehabilitation process,[53] reduces the negative emotions surrounding the situation and generates higher levels of subjective happiness and self-esteem.[54] Together, these emotion-focused strategies could act as a 'buffer' against the negative impact of long periods of time spent away from training and competition following injury.[19,27] For coaches and practitioners, this emphasises the importance of changing the psychological meaning of the experience to facilitate the coping process.[55]

The current data have important implications for the psychological well-being of dancers, as strategies which ensure that they cope with injury could effectively enhance the

recovery process. However, given the retrospective nature of the study, which asked dancers to recollect their experiences of injury over several years, it is acknowledged that some inaccuracies are possible,[6,16] particularly in the form of under-reporting of minor injuries.[18] In the absence of available medical records or physical screenings such bias is inevitable. Future research in this area would benefit from a larger sample size and the inclusion of objective measures (for example. chart reviews, physical screenings or functional tests), to reduce the subjectivity of self-report data and increase the generalisability of findings.[21] Exploring the relationship between the severity of an injury and the utilisation of specific coping strategies would provide further insight into the recovery process of Irish dancers. Another issue which should be considered is that dancers were 'relatively isolated' when completing the questionnaires. In some instances, the dancers had to complete their questionnaires with other individuals present. Whilst the areas (a quiet seating area at the training facilities and a separate room at the competition) did remain quiet to avoid distraction, it is possible that some factors may have impacted how these dancers responded to the questionnaires. For example, the presence of other dancers and parents. Future research in this area would benefit from ensuring isolation and gaining insight to whether perfectionism is activated within dance academies, and if the presence of others induces different responses regarding perfectionism and coping strategies.

Conclusion

The aim of this study was to investigate the prevalence of perfectionism among young competitive Irish dancers and examine the relationship between perfectionistic tendencies and specific coping strategies utilised when experiencing injury. For the first time, this study has revealed that young competitive female Irish dancers are subject to frequent injuries of variable severity and that the utilisation of coping strategies is paramount during the recovery period. It

has also been shown that perfectionism is prevalent among dancers and that many individuals employ problem-focused and emotion-focused strategies simultaneously to cope with injury. While the relationships between perfectionism and coping strategies utilised when experiencing injury were typically not strong, it was clear that those with perfectionistic tendencies (the majority of the Irish dancers) were more likely to adopt a 'planful problem solving' or 'confrontive coping' approach than those with non-perfectionistic tendencies. Importantly, a practical application of the current findings is the acknowledgement by practitioners and coaches that different related coping styles are utilised by dancers in order to reduce the negative psychological impact associated with injury. Above all, this study has provided a foundation for future research into the under-explored sport of Irish dance, specifically with regard to injuries and how young dancers cope with them.

Acknowledgments

We would like to express our gratitude and appreciation to all of the dancers who participated in this study.

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Table 1: Mean reportings from the sample for each coping strategy.

Coping strategy	**Mean**
Planful problem solving	1.5
Confrontive coping	1.0
Seeking social support	1.6
Distancing	1.2
Self-controlling	1.3
Accepting responsibility	0.9
Escape-avoidance	0.9
Positive reappraisal	0.9

Note: (0) 'Not used'; (1) Used somewhat'; (2 or 3) 'Used quite a bit or used a great deal'

Table 2: Frequencies (%) of ratings for problem-focused strategies by perfectionism groups.

Perfectionism Group	**Ratings**		
	0	**1**	**2 or 3**
Planful problem-solving			
Mixed (*n* = 27)	1 (3.7)	11 (40.7)	15 (55.6)
Non (*n* = 14)	5 (35.7)	7 (50.0)	2 (14.3)
Pure SOP (*n* = 20)	5 (25.0)	11 (55.0)	4 (20.0)
Pure SPP (*n* = 7)	2 (28.6)	4 (57.1)	1 (14.3)

Confrontive coping			
Mixed (*n* = 27)	9 (33.3)	18 (66.7)	0 (0.0)
Non (*n* = 14)	11 (78.6)	3 (21.4)	0 (0.0)
Pure SOP (*n* = 20)	6 (30.0)	13 (65.0)	1 (5.0)
Pure SPP (*n* = 7)	3 (42.9)	3 (42.9)	1 (14.3)
Seeking social support			
Mixed (*n* = 27)	6 (22.2)	9 (33.3)	12 (44.4)
Non (*n* = 14)	2 (14.2)	7 (50.0)	5 (35.7)
Pure SOP (*n* = 20)	3 (15.0)	10 (50.0)	7 (35.0)
Pure SPP (*n* = 7)	3 (42.9)	0 (0.0)	4 (57.1)

Note: (0) 'Not used'; (1) Used somewhat'; (2 or 3) 'Used quite a bit or used a great deal'

Table 3: Frequencies (%) of ratings for emotion-focused strategies by perfectionism groups.

Perfectionism Group	**Ratings**		
	0	**1**	**2 or 3**
Distancing			
Mixed (*n* = 27)	13 (48.1)	14 (51.9)	0 (0.0)
Non (*n* = 14)	5 (35.7)	9 (64.3)	0 (0.0)
PURE SOP (*n* = 20)	6 (30.0)	12 (60.0)	2 (10.0)
PURE SPP (*n* = 7)	1 (14.3)	4 (57.1)	2 (28.6)
Self-controlling			
Mixed (*n* = 27)	3 (11.1)	19 (70.4)	5 (18.5)
Non (*n* = 14)	6 (42.9)	8 (57.1)	0 (0.0)
PURE SOP (*n* = 20)	7 (35.0)	11 (55.0)	2 (10.0)
PURE SPP (*n* = 7)	1 (14.3)	5 (71.4)	1 (14.3)
Accepting responsibility			
Mixed (*n* = 27)	14 (51.9)	9 (33.3)	4 (14.8)
Non (*n* = 14)	11 (78.6)	2 (14.3)	1 (7.1)
PURE SOP (*n* = 20)	9 (45.0)	8 (40.0)	3 (15.0)

PURE SPP (*n* = 7)	3 (42.9)	4 (57.1)	0 (0.0)
Escape-avoidance			
Mixed (*n* = 27)	17 (63.6)	10 (37.0)	0 (0.0)
Non (*n* = 14)	6 (42.9)	7 (50.0)	1 (7.1)
PURE SOP (*n* = 20)	9 (45.0)	11 (55.0)	0 (0.0)
PURE SPP (*n* = 7)	4 (57.1)	3 (42.9)	0 (0.0)
Positive reappraisal			
Mixed (*n* = 27)	14 (51.9)	12 (44.4)	1 (3.7)
Non (*n* = 14)	10 (71.4)	4 (28.6)	0 (0.0)
PURE SOP (*n* = 20)	8 (40.0)	10 (50.0)	2 (10.0)
PURE SPP (*n* = 7)	3 (42.9)	4 (57.1)	0 (0.0)

490 ***Note: (0) 'Not used'; (1) Used somewhat'; (2 or 3) 'Used quite a bit or used a great deal'***