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Research Article

A Comparative Study of Perfectionism and Behavioral-personality type A, in Mental Hospitals with tic Disorder and Normal Ones

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Abstract

Objective and Background: The present study aims to compare perfectionism and behavioral-personality type A in mental hospital cases with tic disorder and healthy adolescents. Recognizing the psychosocial-social and behavioral-personality characteristics of referrals to a psychiatric hospital can help to plan for their future.

Method: This study is descriptive and causal-comparative. The statistical population of the study consists of all referrals to a psychiatric hospital with tic disorder who had referred to Ibn Sina Medical Sciences Hospital of Mashhad from the fall 2018 to January 2019, and healthy adolescents not having this disorder in Mashhad. From among this population, 60 adolescent boys (30 with the disorder and 30 healthy individuals) who were selected by available random sampling as the sample filled the Hill's et al. Black Perfectionism Questionnaire and Nigerian's et al. Behavioral-Personality Type Questionnaire. Multivariate variance analysis test (MANOVA) was used to analyze the data.

Results: The results showed that there is a significant difference between referrals to a psychiatric hospital with tic disorder and healthy cases in perfectionism (components of positive perfectionism: order and organization, purposefulness, striving to be perfect, high standards for others, and components of negative perfectionism: need for approval, focus on mistakes, perception of pressure from parents, and thought rumination) and behavioral-personality type A.

Conclusion: As it was concluded from referrals to a psychiatric hospital perfectionism and behavioral-personality type A, are closely related to the occurrence and persistence of tic disorder. Therefore, it can be said that the use of psychological interventions to control the above variables seems necessary.

Keywords: perfectionism; behavioral-personality type A; tic disorder; psychiatric hospital

Objective and Background

Tic disorders are a group of neurodevelopmental disorders common in childhood and adolescence[1], which according to the fifth Diagnostic and Statistical manual of mental disorders (DSM5) can be described as a sudden, recurrent, asymmetric, rapid, and repetitive movement or phonation[2]. Tics occur periodically and can be simple such as blinking, kicking, jaw or neck movements, sniffing, snoring, clearing the throat and coughing, or complex such as grimace, touching, raising the shoulders, bad gestures, echoing, or repetition[3]. Tic disorder consists of four diagnostic categories of Tourette disorder, chronic motor or vocal tic disorder, temporary tic disorder, and other specific and non-specific tic disorders, which are classified according to the type of symptoms, frequency, and pattern of their occurrence over time[4]. Also, in all tic disorders, males have a higher level of prevalence (1.06 to 4.5% in boys and 0.25 to 1.7% in girls)[5].

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Personality is seen as an internal process that emerges in the form of a combination of emotions, relationships between individuals, and attitudes that coordinate reactions, behaviors, and interactions with others, and thus becomes a major factor that has a significant impact on human behavior [6]. People with personality type A have an aggressive, progressive, lively, hardworking, self-confident, irritable, inactive, strong-willed, and unfriendly nature. In addition, people with personality type A are real examples of people who are often considered as work-addict people because they tend to do multiple things and are very willing to accept more work responsibilities in order to achieve success. Radsepehr et al[7]state that personality type A is a pattern including individuals with high competitiveness, irritability, aggression, hostility, revenge, and extreme urgency moods and spirits being accompanied by severe ambitious and capricious behaviors. People who exhibit personality type A traits, due to extreme need to be admired and a sense of dissatisfaction with their own works, are real examples of people who accumulate stress for themselves; therefore, they are prone to psychiatric disorders. In medicine, this personality type is associated with high levels of plasma triglycerides and cholesterol, hyperinsulinemia (increased insulin levels in the body), decreased coagulation time, high levels of plasma cortisol and low levels of growth hormone [8]. It has been identified that psychological disorders such as anxiety and depression or negative behaviors such as helplessness, hostility, incompatibility, and low ability to cope with psychological stresses are among the achievements and consequences of this type of personality. Fretwell et al[9] described this type of behavior to be associated with three distinct personality traits, namely, highly competitive attitudes toward progress and victory, a strong sense of urgency, and the use of aggression and violence to cope with helplessness conditions[10] conducted more research on this subject and showed that these three characteristics indicate the strong desire of people with personality type A to control their surrounding environment [11]. People with personality type A usually show more ambition in life. They are characterized with aggressive, competitive, always hasty, impatient, ambitious, hardworking, punctual, and drown-in-job characteristics. Individuals with personality type A are pragmatic; they always strive hard to make the most progress in the shortest amount of time, and to set higher performance standards for themselves. Also, their focus on time urgency may lead to hasty judgments that are resulted from not considering alternative solutions. They are not energizing people and as is reported, they are often tired and worn out because of too much work. Their urgent need to gain control of the situation and the environment and to maintain it can cause them to be competitive or even unfriendly when making decisions and in their behavior, even when being in social situations that are in their favor.

On the other hand, it seems that people with tic disorders obtain higher scores compared to the control group in the subscales of the multidimensional scale of Frost perfectionism which is related to the personal criteria and organization[12]. Research has shown that adolescents who are in the healthy perfectionist group generally show higher levels of mental health and psychological adaptation than adolescents in the unhealthy perfectionist group. In some studies, adolescents who were in the category of healthy perfectionists showed higher levels of mental health and psychological adaptation even than non-perfectionists[13]. Perfectionism plays a very important role in psychological pathology. Many studies have showed a relation between perfectionism and anxiety disorders, psychosis, obsessive-compulsive disorder, eating disorders, and other mental health

problems[14]. Perfectionism can also be considered as a personality tendency associated with psychological pathology and mental health problems. Research on personality and individual differences reveal that perfectionism is a multidimensional tendency that has adaptive and non-adaptive aspects. These two factors are perfectionism due to personal standards and perfectionism due to concern for judgments of others[15].

Some studies such as the study by Jahanbakhsh and Khoshkonesh[16] highlight the significant role of parenting styles in creating healthy and unhealthy perfectionism, and the interactive effect of parenting style and gender on healthy perfectionism and personality type A. Some studies have concluded that the components of low self-efficacy and self-centered perfectionism are the only components that can significantly predict depression in adults. However, no results are available comparing adolescents with tic disorder and healthy adolescents in terms of perfectionism and personality type A. Now, given the importance of this issue, the present study aims to compare perfectionism and behavioral-personality type A in adolescents with tic disorder and healthy adolescents.

Method

The present study consists of all adolescents with tic disorders who had referred to Ibn Sina Medical Sciences Hospital of Mashhad from the fall 2018 to January 2019, and healthy adolescents not having this disorder in the city of Mashhad. From this population, 60 male adolescents (30 with the disorder and 30 healthy individuals) were selected by available random sampling method during a one-year period and entered the study after conducting a diagnostic interview and diagnosis by a clinical psychologist or psychiatrist, based on the inclusion criteria and qualifications for the study. Also, the response rate was about 80%, and some participants with disorder because of their health problem and time do not want to cooperate. The research plan is descriptive causal-comparative.

Tools

Data collection tools include two questionnaires: Perfectionism and Behavioral-Personality Type A Questionnaire Questionnaire [5, 7]. Perfectionism Questionnaire: A list introduced by Smith et al[17] was used to measure perfectionism. This questionnaire has been translated and standardized in Iran by Limburg et al[18], This scale has 59 items and 8 subscales including order and organization, purposefulness, striving to be perfect, high standards for others, need for approval of requests, pressure from parents, rumination of anger which are scored based on the 5-point Likert scale from “strongly agree”, to “strongly disagree”. In this scale, from the combination of the first four dimensions, the adaptive aspect is obtained, and from the combination of the next four dimensions, the non-adaptive aspect of perfectionism is obtained. In this study, the validity of the mentioned structure has been confirmed by factor analysis, and its Cronbach’s alpha coefficient for the subscales has been estimated to be in the range of 91-0.61.

Behavioral-Personality Type A Questionnaire: This questionnaire has been developed and validated by Raeis Saadi et al[19] for the Iranian society and consists of 24 items. It includes two factors of personality type A, toxic and non-toxic. Its scoring method is based on Likert scale (0 for “never” to 3 for “most of the time”). The retest coefficient was obtained as 0.65 using Cronbach’s alpha for the total score.

Participant recruitment

According to the psychiatrist’s diagnosis based on the patients’ records they were

selected and then the questionnaires were filled by them at Ibn Sina Hospital Counseling Center. Multivariate variance analysis test (MANOVA) was used to analyze the data of the two tic disorder and healthy groups.

Data analysis method:

This study is descriptive and causal-comparative. The statistical population of the study consists of all referrals to a psychiatric hospital with tic disorder who had referred to Ibn Sina Medical Sciences Hospital of Mashhad from the fall 2018 to January 2019, and healthy adolescents not having this disorder in Mashhad. From among this population, 60 adolescent boys (30 with the disorder and 30 healthy individuals) who were selected by available random sampling as the sample filled the Hill's et al. Black Perfectionism Questionnaire and Nigerian's et al. Behavioral-Personality Type Questionnaire. Multivariate variance analysis test (MANOVA) was used to analyze the data.

Ethical consideration

The ethical considerations of the present research were as follows: 1. All individuals received written information about the research and participated in the research voluntarily; 2. The study participants were assured that all obtained remains confidential and will only be used for research purposes; 3. To comply with privacy, the name of the study participants was not recorded. Moreover, the study participants were advised that at each stage of the research, they could discontinue their participation.

Results

The descriptive indicators related to the research variables are given in (Table 1). The results of data analysis are presented in this section. Various statistical methods such as descriptive, multivariate variance and regression analysis have been used.

Table 1. Descriptive indicators related to the research variables

Variable	Group	N	Mean	SD
Positive perfectionism	Adolescents with tic disorder	30	62.90	11.70
	Healthy adolescents	30	51.83	7.46
Negative perfectionism	Adolescents with tic disorder	30	62.60	10.38
	Healthy adolescents	30	47.80	5.70
Perfectionism (Total score)	Adolescents with tic disorder	30	125.50	14.92
	Healthy adolescents	30	99.63	8.92
Personality type A	Adolescents with tic disorder	30	34.53	9.11
	Healthy adolescents	30	30.36	6.11

Research hypothesis: There is a difference between adolescents with tic disorder and healthy adolescents in terms of perfectionism and behavioral-personality type A.

In this study, to investigate the research hypothesis to find out the possibility of a significant difference in each of the studied variables (perfectionism, behavioral-personality type A) between adolescents with tic disorder and healthy adolescents, multivariate variance analysis (MANOVA) has been used. The results of this test are as follows (Table 2):

Table 2. Results of Pillai's trace and Wilks' Lambda test in multivariate variance analysis of perfectionism and behavioral-personality type A

Test		Value	F	Degree of freedom of effect	Degree of freedom of error	Level of significance	Eta square
Group	Pillai's trace	0.547	34.42[b]	2	57	0.000	0.547
	Wilks' Lambda	0.453	34.42[b]	2	57	0.000	0.547

The results of Pillai's trace and Wilks' Lambda test show that there is a significant difference between the two groups in at least one of the dependent variables (perfectionism and behavioral-personality type A) ((P<0.05) and F(57 and 2) - 34.42).

According to the results obtained from Pillai's trace and Wilks' Lambda test, the analyses related to the effects between the subjects were examined, the results of which can be seen in (Table 3):

Table 3: Results of multivariate variance analysis of the effects of the group on the dependent variables

Source	Dependent variable	SS	df	MS	F	Sig.	Eta square
Group	Perfectionism	10036.27	1.00	10036.27	66.39	0.00	0.53
	Behavioral-personality type A	260.42	1.00	260.42	4.33	0.04	0.07
Error	Perfectionism	8768.47	58.00	151.18			
	Behavioral-personality type A	3488.43	58.00	60.15			

According to the results of (Table 3), there is a significant difference between the two groups of adolescents with tic disorder and healthy adolescents in terms of perfectionism (F (1 and 58) = 66.39) and (P<0.05). Thus, the perfectionism score of adolescents with tic disorder is significantly higher than healthy adolescents. The group variable explains 53% of the variance of perfectionism. Similarly, according to the results of (Table 3), there is a significant difference between the two groups of adolescents with tic disorder and healthy adolescents in terms of behavioral-personality type A (P<0.05) and F (1 and 58) = 4.33.

Discussion

The present study aimed to compare perfectionism and behavioral-personality type A in adolescents with tic disorder and healthy adolescents. The results of this study showed that according to the hypothesis, there is a significant difference between the two groups of adolescents with tic disorder and healthy adolescents in terms of perfectionism and behavioral-personality type A. Thus, the score of perfectionism and behavioral-personality type A of adolescents with tic disorder is significantly higher than healthy adolescents. However, no study consistent or inconsistent with the results of this study was found. However, this result is related to the results of the studies by Stoeber and Childs[13] and Sherry et al[15]. As mentioned in the results the score of behavioral-personality type A in the group of adolescents with tic disorder is significantly higher than healthy adolescents, this results are in agreement with the study of Jahanbakhsh et al[16], the group variable explains 7% of the variance of behavioral-personality type A.

Negative feelings about self and self-dissatisfaction are the critical elements of perfectionism that affect one's adjustment. When encountering life difficulties and failures in achieving a goal or experiencing the slightest adverse events in life, they face anxiety and worry by overly criticizing themselves concerned with their self-esteem. In other words, individuals with a negative view of themselves have various irrational evaluations and cognitive beliefs. They want to achieve the best outcomes in any situation and are extremely concerned about avoiding failure[17]. Instead of upgrading their skills, they are worried about judging their performance and assignments, which causes them to experience maladaptive behaviors. This finding was in line with those of research of Limburg et al[18]. By reviewing the previously published works and obtained results it can be said that, perfectionism arising from personal standards includes a set of characteristics that the desire to ask perfection from oneself and the inner desire to have unrealistic expectations of oneself are among them. Perfectionism due to concern for judgments of others includes a set of characteristics that include the individual's desire to see others as people who ask him/her perfection; show severely negative reactions in case of observing any failure or retreat; and doubt about the individual's functional abilities. Perfectionism resulting from personal standards is a double-edged form of perfectionism. On the one hand, perfectionism resulting from personal standards is associated with negative characteristics, processes, and outcomes such as neurosis, increased rumination, and depression. On the other hand, it has been found that perfectionism resulting from personal standards is associated with positive characteristics such as conscientiousness and pragmatic coping. In contrast, perfectionism resulting from concern for the judgments of others clearly presents a negative form of perfectionism that has always been highly negatively associated with negative emotions and various indicators of psychological incompatibility[19].

The main finding was that both dimensions of perfectionism were associated with psychopathology outcomes across studies. In the majority of outcomes when the results of the path analysis are considered, perfectionistic strivings was less related to psychopathology than perfectionistic concerns, particularly in non-clinical populations. This finding supports the view of previous authors[20]. Also, the results of the perfectionism of the TIC disorder were in agreement with Smith et al[11,] which found in their study that people with tic disorders show problems in optimal planning and especially response inhibition, when the tasks have automated scheduling. Their results also show that although the existence of this problem in planning is seemingly organizational, it is not exclusively related to executive performance, hyperactivity, and impulsivity, but rather more to perfectionism.

Conclusion

People with tic disorder have idealistic expectations that see personal planning as a source of despair and stress that can stimulate tics. So, they have a rigid mindset about how they should behave and how they should look, that this leads to inflexible black and white thoughts and makes it difficult for the person to adapt. Perfectionism is a personality trait characterized by an attempt to be flawless and to set extremist standards for performance, combined with extreme critical judgments of one's behavior. On the other hand, individuals with behavioral-personality type A usually show more ambition in life. They are characterized by their aggressive, competitive, always hasty, impatient, ambitious, hardworking, punctual, and

drown-in-job traits. Competition and long struggle of the Type A person for progress is actually a way to escape negative evaluation made by others or oneself. This reflects a cognitive system in which any individual must continually prove himself/herself through success, and this explains the excessive effort that characterizes type A personality type; and having these high individual standards is one of their perfectionist characteristics. Therefore, perfectionism and behavioral-personality type A act as a factor that can provoke different types of clinical disorders. So, according to the present study, there is a difference between adolescents with tic disorder and healthy adolescents in terms of perfectionism and behavioral-personality type A.

Finally, the limitation of the research is that we included a measure of perfectionism and behavioral-personality type A in the specific hospital and case studies. However there are other scales which we did not include such as the Depressive Experiences Questionnaire and the Sociotropy-Autonomy Scale which have been found in some factor analytic studies to load on to a self-critical perfectionism factor. These other scales were not included due to our focus specifically on perfectionism and behavioral-personality type A, concerns and measures specifically designed to assess perfectionism. Also, Research can be done in a larger statistical community.

Competing Interests
The authors declare no competing interests

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The authors are the same

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