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Predicting Religious Coping Mechanisms in Firstborn Adults: Contributions of Religious Perfectionism and Impulsivity

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ABSTRACT
The study explored religious perfectionism and impulsivity as predictors of religious coping in 200 firstborn adults (18-24) in Pakistan. Through a cross-sectional correlational design, the respondents took the Religious Perfectionism Scale, the Barratt Impulsiveness Scale-11, and the Brief RCOPE through Goggle Form. The multiple regression analyses found that religious perfectionism was a strong predictor of positive religious coping (b =.46, p <.001) but not negative religious coping. Impulsivity forecasted positive (b =.13, p =.048) and negative religious coping (b=.30, p<.001). The results indicate that religious perfectionism was a force that leads firstborns to the adaptive meaning oriented religious activity and that impulsivity is a force that promotes immediate regulation of affect and spiritual conflict. The clinical implications of the research are the integration of emotion regulation skills with self-compassion training to maintain adaptive religious engagement and minimize the risk of spiritual distress among firstborn adults.

Keywords: *Religious Perfectionism, Impulsivity, Religious Coping, Firstborn Adults, Self-Regulation.*

Introduction

Psychological Characteristics of Firstborn Adults:

Birth Order Theory: According to Adler (1923), a person's birth position has a big impact on how they develop psychologically. They maintained that firstborns are predisposed to conscientiousness, leadership orientation, and rule sensitivity because they receive initial exclusive parental attention before experiencing Desecration when siblings arrive. Firstborns frequently take on the role of guardians of law and order, strongly associating with parental authority, according to research by Ansbacher and Ansbacher (1956). Firstborns showed better achievement and greater leadership positions and were more likely to display perfectionist tendencies because of high parental expectations, according to a study of 200 birth order studies by Eckstein et al. (2010).

Firstborn Characteristics: According to Paulhus et al., (1999), firstborns scored higher on achievement orientation and conscientiousness compared to younger siblings. Herrera, et al., (2003) confirmed that firstborns held stronger beliefs about their leadership abilities, validated by observer ratings. Black, et al., (2018) found that firstborns are more likely to be managers and to have greater emotional stability.

There are many factors that alter the psychological health of first born. Here, the research will examine the impulsivity behavior of first bourn adults.

Impulsivity: Concept and Relevance: According to Moeller et al. (2001), impulsivity is an inclination toward quick, unplanned reactions without concern to negative repercussions. According to Evenden (1999), impulsivity is not a unitary idea. Urgency, lack of preparation, lack of persistence, and sensation seeking were noted as separate aspects by Whiteside and Lynam (2001).

Impulsivity and Coping: According to Cyders and Smith (2008), urgency inclinations may increase the chance of rash action during emotional events. Impulsive activities frequently serve as maladaptive emotion regulation, as Selby et al. (2008) showed. According to Cooper et al. (2003), impulsivity-related factors inclined individuals toward problem behaviors

Impulsivity in first born adult:

Impulsivity refers to the desire to do things on the spur of the moment without reflecting on them or thinking about the implications of an action (Sulloway, 1996). Although this may not be the case as it would be thought, studies have always shown that first-born children are less impulsive than the later-born children. Eckstein et al. (2010) state that first-borns tend to be more responsible, achievement-oriented, and organized and exhibit a higher level of self-regulation and impulse control.

Religious perfectionism: The concept of religious perfectionism can be defined as having excessively high and strict expectations of one religious or spiritual performance with a critical self-assessment of failure to meet the expectations (Crosby el at. 2011). This construct includes rigid expectations of religious behavior, over-interest in religious mistakes, and a high level of guilt or anxiety when people feel that they do not meet their religious duties (Allen and Wang, 2014). Religious perfectionism is a domain-specific form of general perfectionism as applied to religious contexts, moral conduct and spiritual experiences where people establish unrealistically high goals and standards of their religious activities, morality as well as spiritual experiences, which often lead to continued discontent with their own performance in these areas (Grzegorek el at. 2004).

The first born also show perfection in their work:

Perfectionism means a personality trait of struggling to be flawless and having too high standards with over critical self-evaluation (Stoeber and Otto, 2006). Perfectionistic traits are often developed in first-born children because of peculiar family interactions. According to Adler (1923), the first born child is given parental attention fully and is expected more which usually creates a strong aspiration to succeed and excel.

According to Eckstein et al. (2010), it was also established during their extensive review that first-borns are regularly more perfectionistic, conscientious, and achievement-motivated. The researchers also added that first-born children in most cases have pressure to be role models, which leads to perfectionism in both academic and professional life

Religious perfectionism in first born adults: Some studies have shown that first born children tend to embrace the traditional religious values and demonstrate elevated religious conformity than their later born siblings. According to Sulloway (1996), first-borns are more inclined to associate themselves with the parental power and they tend to adopt the religious and traditional values, which their parents were passing on. This identification forms a basis of the religious perfectionism with the first-borns internalizing the strict religious standards.

In their extensive review Eckstein et al. (2010) stated that first-borns show more conformity, conscientiousness, and rule-adherence, which is also mentioned in their religious adherence

and moral principles. These characteristics predispose first-borns to perfectionistic attitudes especially in religious settings.

Religious Coping: Pargament et al. (1998) distinguished between negative religious coping and good religious coping with seeking spiritual assistance or benevolent revision. Better adjustment is associated with positive coping, and poorer adjustment is associated with negative coping. Religious coping, which is positively associated with improved psychological functioning, has been shown to be related to anxiety and depression in Pargament el at. (2011).

Positive and Negative Religious Strategy: Ano and Vasconcelles (2005), positive religious coping was strongly connected to positive adjustment. Spiritual battles are tensions, strains, and confrontations regarding sacred things, according to Exline and Rose (2005). According to McConnell et al. (2006), spiritual problems are connected with lower psychological well-being.

Theoretical Connections

Perfectionism and Religious Coping: Abramowitz et al. (2002), Scrupulosity was more likely to influence individuals with great morality and concerns about the errors in the religious field. Ashby and Huffman (1999) also observed that perfectionism and religious orientation are related in an intricate manner.

Impulsivity and Religious Coping: McCullough and Willoughby's (2009) research, religious participation is linked to increased self-control, indicating that impulsive people may be drawn to religion as a means of self-control. According to Rounding et al. (2012), engaging religious beliefs appeared to restore lost self-control. Self-control issues might result in recurring transgression-guilt cycles that induce spiritual discomfort, according to Baumeister and Exline (1999).

Firstborns, Perfectionism, and Impulsivity: According to Campbell et al. (1991), firstborns had a stronger achievement orientation that matched their perfectionist inclinations. Firstborns are under pressure to be role models, according to Nyman (1995). According to Zajonc and Sulloway (2007), family dynamics cause firstborns to have specific stress reactions, such as impulsive behaviors and perfectionistic aspirations.

Religious Coping in Pakistani and Collectivistic Cultures: Religious coping is particularly highly valued in the collectivistic societies where the religion traverses through the society and becomes a part of an individual. Islam in Pakistan is not only a religion, but also a way of social practice- of how the social relations and family connections relate to individual behavior. To this extent, the article by Khan and Watson (2006) made a useful contribution to the field of religious coping within the Pakistani society when they came up with scale of Pakistan Religious Coping Practices Scale- PRCPS. One of the studies on Muslim university students revealed that there is a close correlation between the stress coping patterns and their religious backgrounds. Khan and Watson (2006) discovered that the Pakistani Muslims tend to have ways of coping that are based on their religion. These approaches entail prayer (salat), reading the Quran, consulting religious leaders, and trusting God to take care of them (tawakkul). The findings of these methods have highlighted the importance of designing instruments culturally understandable to explain unique religious coping in practicing religions.

Rationale and Research Gap

First, studies have mostly looked at religious perfectionism, impulsivity, and religious coping as independent variables without exploring their associations. On the one hand, Crosby et al. (2011) found the correlation between perfectionism and religiosity, and McCullough and

Willoughby (2009) suggested theoretical correlations between religion and self-control, but there are no studies that have jointly tested the relationship between religious perfectionism and religious impulsivity and religious coping styles. This is a major drawback in the explanation of the complicated nature of interactions between these psychological and spiritual constructs.

Stoeber and Stoeber (2009) identified gaps in knowledge about perfectionism in several demographic groups. According to Bickel et al. (2012), clinical populations are the primary focus of impulsivity research. In Pakistan, religious faith healers are an important part of care, according to Saeed et al. (2000). The majority of studies, according to Damian and Roberts (2015) and Bleske-Rechek and Kelley (2014), aggregates across birth positions rather than concentrating exclusively on firstborns. Perfectionism and impulsivity with coping were examined by Rice and Van Arsdale (2010) and Wills et al. (2016), however religious coping was not included. Research on particular factors of positive versus negative religious strategies is needed, Pargament and Raiya (2007).

Objective:

1. Impulsivity and religious perfectionism as the predictor of positive religious coping
2. Impulsivity and religious perfectionism as the predictor of negative religious coping

Methodology

Design

The research design used in the current study was a cross-sectional correlational research design. To examine whether religious perfectionism, impulsiveness was predictive of religious coping among firstborn adults.

Creswell and Creswell (2018) state that a correlational research design would be appropriate when there is a need to investigate the level of association between two or more variables and the degree to which they are associated. The design is not causal but determines the degree and existence of correlation between variables. The designs are cross-sectional which entails the gathering of data on participants at a particular time of the year. According to Sedgwick (2014), cross-sectional studies are applicable to determine the prevalence of the outcome and investigate the associations between exposure and outcome.

Participants:

This sample of 200 firstborn adults was used. Determination of sample size plays a major role in the determination of sufficient statistical power in research studies.

Sampling Technique:

Purposive sampling was used to recruit the participants. The purposive sampling was used to make sure that the participants should possess certain inclusion criteria based on the research goals. According to Etikan et al. (2016), purposive sampling was described as the process of selecting a participant with the purpose of doing it based on the features that the selected participant has. Purposive criteria were used in the current study to ensure that only firstborn adults who have younger siblings were used; hence, the sample s relevant to the research questions.

The criteria used to identify eligible participants of this study included the following: the age of between 18 and 24 years; representing the young adulthood developmental stage; the oldest natural-born child in the family; the ability to read and understand the language through which the questionnaires were to be presented; and giving informed consent to be interviewed in the study.

The researcher excluded the participants who met the following criteria: they are the only child and do not have any siblings; they are an adopted child or a stepchild, not a natural-born child of the family; they failed to complete the study questionnaires.

Measures:

The participants were first given a short demographic questionnaire prepared by the researcher which measured age in years, gender (male or female), current level of education, and family size, which was used to verify firstborn status. These variables gave a description of the sample features and also made sure that the respondents were within the study inclusion criteria. The contextualization of the psychological measures was also enabled by the demographic information considering vital sociodemographic variables that could have a role in the religious perfectionism, impulsivity, and religious coping.

The perfectionism of religion was measured with the help of the Religious Perfectionism Scale (RPS), which is a 9-item instrument that is aimed at measuring perfectionistic orientations in the religious context. The RPS is rated using a Likert-type scale with the total scores indicating more religious perfectionism, i.e. more demanding about religious behavior and increased distress when these self-imposed demands are thought to be not achieved. According to psychometric results, the RPS is sufficiently reliable and valid in a religious sample, demonstrates reasonable internal consistency, and is significantly correlated with other measures of general perfectionism and religiosity.

The impulsivity was measured with the help of the Barratt Impulsiveness Scale-11 (BIS-11). BIS-11 was developed and validated by Patton el at. (1995). The BIS-11 is a 30-item scale and measures impulsive behaviors and tendencies in a variety of domains. The items are rated on a 4-point Likert scale, starting with 1 (Rarely/Never) to 4 (Almost Always/Always), and some of the items are reverse-scored. The total scores are between 30 and 120 and the higher the score, the more impulsive a person is. Patton et al. (1995) found good internal consistency of the total scale with Cronbach's alpha of .82. The most widely used tool of religious coping in health-related studies was the Brief RCOPE used to measure religious coping. This short form is a 14-item version of this longer RCOPE that was developed by Pargament el at. (2011) to represent both the negative and positive patterns of religious coping. Positive religious coping (7 items) is an indicator of a safe relationship with God, spiritual connectedness, and a positive worldview. It consists of such strategies as seeking spiritual support (e.g., Sought Gods love and care), religious forgiveness (e.g., Asked forgiveness of my sins.), collaborative religious coping (e.g., Tried to put my plans into action together with God), and benevolent religious reappraisal (e.g., Looked to have a stronger connection with God). Negative religious coping (7 items) is an indicator of spiritual struggle, perceived separation with the sacred and a loose or ambivalent relationship with God. It includes punitive God reappraisal (e.g., Wondered whether God had abandoned me), spiritual discontent, (e.g., Questioned Gods love to me), demonic reappraisal (e.g., Decided the devil made this happen), and interpersonal religious discontent (e.g., Wondered whether my church had abandoned me).

Items in the RCOPE Short Form are rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (to a great extent). Pargament el at. (2011) reported that both subscales generally demonstrate good internal consistency, with Cronbach's alpha values typically ranging from 0.80 to 0.90 for positive religious coping and from 0.69 to 0.81 for negative religious coping.

Procedure

Information was gathered online using Google Forms, a widely used platform that allows participants to respond easily. Collecting data online has become increasingly common in research due to several advantages. Lefever et al. (2007) examined internet-based data

collection and highlighted important benefits such as broad reach, since participants can complete studies from anywhere they have internet access; cost-effectiveness, as there is no need for printing or postage; convenience, allowing respondents to participate at their preferred time and pace; and automated data recording, which reduces errors by directly inputting responses into spreadsheets. They also noted that online studies enable researchers to reach a large number of participants efficiently. The online survey was structured in a clear and organized way to guide participants smoothly through the process. It started with an introduction explaining the purpose of the study and what it involved, followed by an electronic informed consent form detailing participants' rights and the study's procedures. Screening questions were then displayed to ensure eligibility, including confirmation of being a first-time participant. Eligible participants proceeded to a demographic questionnaire containing four sections on age, gender, education, and number of siblings. After that, they completed the Devout Hairsplitting Scale with nine items, the Barratt Impulsiveness Scale (BIS-11) with 30 items, and the detailed RCOPE with 14 items measuring positive and negative religious coping. Overall, the survey included 53 items covering socioeconomic aspects, and pilot testing indicated an estimated completion time of roughly 10 to 15 minutes.

Data Analysis

IBM SPSS Statistics Version 24 was utilized in the analysis of data. SPSS is a generalized statistical software that is mostly applied in social science and psychological research to handle data, perform descriptive statistics, and inferential statistics.

Before starting the main analyses, the dataset was carefully reviewed following the guidelines suggested by Tabachnick and Fidell (2019). The process began by checking for excessive missing data, and any cases with too many missing values were removed from the dataset. The overall pattern of missing data was also examined to figure out if the missing values was random or followed some specific pattern. To detect outliers, we used standardized scores for each individual variable. Any case with a z-score of more than ±3.29 was considered an outlier. These cases were then carefully reviewed to understand their impact and whether they were plausible. Based on this assessment, appropriate actions were taken to handle these outliers. Next, the assumption of normality was checked.

RESULTS

Most of the participants enrolled in the study were women with the age between 18-20 years. This shows that mostly the population was young adults. Majority of the population not married.

Table 1 *Multiple Regression Predicting Positive Religious Coping from BIS Total and RPS Total*

Predictor	B	SE B	B	t	P
Constant	6.918	2.160	—	3.203	.002
Impulsivity	0.058	0.029	.129	1.990	.048
Religious Perfectionism	0.265	0.038	.458	7.065	.000

Note: $R = .514$, $R^2 = .264$, Adjusted $R^2 = .257$, SE = 4.51, $F(2, 196) = 35.23$, $p < .001$

A multiple regression analysis was conducted to examine whether impulsivity and Religious Perfectionism predict positive religious coping. The overall regression model was statistically significant, $F(2, 196) = 35.23$, $p < .001$. The model accounted for 26.4% of the variance in positive religious coping ($R^2 = .264$), which represents a moderate effect size. Religious Perfectionism was a strong positive predictor of positive coping ($\beta = .458$, $t = 7.07$, $p < .001$). This indicates that individuals with higher religious practice tend to show substantially higher levels of positive religious coping. Impulsivity was also a significant but weaker predictor ($\beta = .129$, $t = 1.99$, $p = .048$). This suggests that higher impulsivity was associated with slightly

higher use of positive religious coping strategies. Overall, the findings suggest that both religious practices and behavioral inhibition significantly enhance positive religious coping, with religious practice showing a stronger predictive influence.

Table 2 *Multiple Regression Predicting Negative Religious Coping from BIS Total and RPS Total*

Predictor	B	SE B	B	T	P
Constant	10.477	2.081	—	5.034	< .001
Impulsivity	0.116	0.028	0.299	4.134	< .001
Perfectionism	–0.050	0.036	–0.100	–1.381	.169

Note: R = .283, R^2 = .080, Adjusted R^2 = .071, SE = 4.342, F (2, 196) = 8.547, p < .001

A multiple linear regression was conducted to examine whether impulsivity and perfectionism predict negative religious coping. The model significantly predicted negative religious coping, F (2,196) = 8.547, p < .001, explaining 8% of the variance (R^2 = .080). Impulsivity was a significant positive predictor of negative religious coping (β = .299, t = 4.134, p < .001). Higher stability scores are associated with higher negative religious coping. Perfectionism was not a significant predictor (β = –.100, t = –1.381, p = .169). Participation does not significantly predict negative religious coping in this sample. Overall, the findings indicate that contributes meaningfully to negative religious coping, whereas participation does not show a significant impact. The model accounts for a small but statistically significant portion of variance in negative coping.

DISCUSSION

The trend in the results indicates that personality leads firstborn adults to different types of religious coping. Positive religious coping, both perfectionism (b =.46, p <.001) and impulsivity (b =.13, p =.048) had a role to play. This two-way position is in line with the perspective that perfectionism also encompasses adaptive, standards-based striving that could also help to structure goal pursuit within religious contexts (Frost et al., 1990; Stoeber and Otto, 2006) and, simultaneously, more impulsive individuals can employ readily available, affect-regulating strategies (i.e., prayer and seeking spiritual support) to obtain immediate relief (Tangney et al., 2004; Whitside and Lynam, 2001). The negative religious coping had a smaller explained variance (R2 =.080) and was uniquely predicted by impulsivity (b =.30, p <.001), but not by perfectionism, and indicates the influence of affect-driven reactivity in spiritual struggle under stress build-up (Ano & Vasconcelles, 2005; Exline et al., 2014). In terms of self-regulation, people with the tendency to impulsive responding are highly likely to lose control when they are in a negative emotional state, which predisposes them to punitive or alienated perceptions of the sacred (Baumeister et al., 2007; Moeller et al., 2001). In comparison, perfectionistic striving can be more consistent with collaborative and meaning-oriented religious strategies when evaluative concerns are restrained, which is in line with evidence that positive religious coping is associated with enhanced adjustment, but negative coping is related to distress (Pargament et al., 1998; Pargament et al., 2011).

Firstborn situation offers an explanatory approach. According to birth-order work, firstborns appear to internalize responsibility and achievement orientation, which does not consistently generate spiritual conflict, but instead, makes them more structured in adhering to religious ideals (Paulhus et al., 1999; Sulloway, 1996). We find these coefficients agree with this: perfectionism indeed contributes positively to adaptive religious engagement, but negative religious coping seems to be more a consequence of temporary dysregulation than trait standards, per se. The results are also consistent with models of meaning-making where religion offers the provision of goals, coherence, and control during times of stress

(Pargament, 1997; Park, 2005), which can explain why even impulsive people exhibit more positive religious coping, as religious practices are easy to do, culturally scaffold, and inexpensive self-regulatory strategies (Bonelli and Koenig, 2013; McCullough and Willoughby, 2009). In practice, firstborn adult interventions could combine skills that regulate the urgency (e.g., emotion labeling, stimulus control) with psychoeducation that redefines perfectionistic norms of flexible excellence and self-compassion and could maintain adaptive religious involvement with minimizing the risk of spiritual struggle (Egan et al., 2011; Neff and Germer, 2013). Weaknesses- The study is cross-sectional, self-report, and a small age range constrains causal inferences and generalization; future studies should explore mediators (e.g., self-control, rumination, scrupulosity) and compare birth positions in longitudinal and multi-method designs.

Conclusion

Religious perfectionism was a strong positive predictor of positive coping. This indicates that individuals with higher religious practice tend to show substantially higher levels of positive religious coping. Impulsivity was also a significant but weaker predictor. Impulsivity was a significant predictor of negative religious coping. Higher stability scores are associated with higher negative religious coping. Religious perfectionism was not a significant predictor. The findings indicate that the greater impulsivity was associated with a minor rise in positive religious coping whereas religious practices and behavioral inhibition become significant contributors to positive coping with religious practices being the most influential.

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