Chapter #19

THE PREDICTIVE ROLES OF PERFECTIONISM, SELF-HANDICAPPING AND SELF-COMPASSION ON PSYCHOLOGICAL WELL–BEING

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ABSTRACT
Perfectionism is a multidimensional concept and its role on psychological well-being has gained attention in recent literature. The aim of the current study was to examine the relationship of different dimensions of perfectionism with self-handicapping and self-compassion and to investigate their predictive roles on psychological well-being. For this purpose, 653 volunteered participants (360 females and 293 males) whose ages were between 18 and 50 (M = 24.90, SD = 7.57) were recruited from various cities in Turkey. For data collection, Multidimensional Perfectionism Scale (MPS), Self-Handicapping Scale (SHS), Self-Compassion Scale (SCS), Brief Symptom Inventory (BSI) and Satisfaction with Life Scale (SWLS) were administered. The findings indicated that self-compassion was negatively correlated with all perfectionism domains and self-handicapping. Moreover, self-handicapping was positively correlated with socially prescribed perfectionism, but negatively correlated with self-oriented perfectionism. The results of the hierarchical regression analyses revealed that psychological symptoms were positively associated with socially prescribed perfectionism and self-handicapping, but negatively associated with self-compassion. Finally, satisfaction with life was found to be positively associated with self-oriented perfectionism and self-compassion, while negatively associated with socially prescribed perfectionism. These findings highlighted the importance of different aspects of perfectionism regarding to psychological well-being and its related components.

Keywords: perfectionism, self-handicapping, self-compassion, psychological symptoms, well-being.

1. INTRODUCTION

Perfectionism is a personality trait characterized by one's desire to be perfect, setting high standards for performance, fear of failure, and also self-criticism (Frost, Marten, Lahart, & Rosenblate, 1990). In the literature, perfectionism is mostly considered as a risk and maintaining factor for various psychological problems (Egan, Wade, & Shafran, 2011) including depression (Hewitt & Flett, 1991a), anxiety (Flett, Hewitt, & Dyck, 1989; Soares et al., 2014), obsessive compulsive disorder (Frost & Steketee, 1997), eating disorder (Bento et al., 2010), burn-out (Zhang, Gan, & Cham, 2007), narcissism (Sherry, Gralnick, Hewitt, Sherry, & Flett, 2014), borderline personality disorder (Chen, Hewitt, Flett, & Roxborough, 2019) and aggression (Erol-Öngen, 2009). However, some other researchers emphasized that perfectionism is a multidimensional concept and may not be an overall maladaptive (Stoeber & Otto, 2006). Consistently, assessment tools named as Multidimensional Perfectionism Scales (Frost et al., 1990; Hewitt & Flett, 1991b) contributed to the conceptualization and measurement of perfectionism in different domains by pointing out that each dimension may differ in terms of related psychological outcomes. One of the well-known conceptualizations of multifaceted perfectionism has been

recognized by Hewitt and Flett's (1991b), which included self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism. Accordingly, self-oriented perfectionism represents setting high standards and some perfectionist expectations toward oneself; other-oriented perfectionism refers to striving for perfectionism toward others' abilities and behaviors; and socially prescribed perfectionism is the tendency to believe that others have high expectations from individual. Self-oriented perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Soares et al., 2014) and other-oriented perfectionism (Frost et al., 1993) are argued to be adaptive, whereas socially-prescribed perfectionism originated from high parental expectations and parental criticism is maladaptive being associated with concerns about mistakes or doubts about actions (Frost et al., 1993; Soares et al., 2014). Consistently, empirical studies illustrate the positive relation of socially-prescribed perfectionism with depression (Frost et al., 1993; Kawamura, Hunt, Frost, & DiBartolo, 2001) and anxiety (Weiner & Carton, 2012), as well as decrease in well-being, environmental mastery and self-esteem (Park & Jeong, 2015). On the other hand, adaptive perfectionism traits (e.g: self-oriented perfectionism and other-oriented perfectionism) are related to positive outcomes such as responsibility, success, higher academic performance, psychological reliance, perceived social support, positive affect and life satisfaction (Stoeber & Otto, 2006).

In order to acknowledge the role of different perfectionism domains on psychological outcomes, the current study included two concepts assumed to be closely associated with psychological health. The first concept is self-handicapping. This is a strategy in which people use to protect their self-esteem through withholding effort in the anticipated failure (Kolditz & Arkin, 1982). According to Berglas and Jones (1978), people are more likely to externalize their failures by using self-handicapping strategies when they have doubts about their abilities. This externalization may prevent people from attributing their failures to their poor abilities and help them to protect their self-esteem (Brown & Kimble, 2009). Using self-handicapping strategies seem to be useful in the short term; however, they might lead to negative psychological consequences in the long run (Zuckerman, Kieffer, & Knee, 1998; Zuckerman & Tsai, 2005). Relevant studies also indicate that self-handicapping is positively associated with trait anxiety, negative affect, alcohol and drug usage (Zuckerman & Tsai, 2005); stress, anxiety and depression (Sahranç, 2011); withdrawal and negative focus (Zuckerman et al., 1998); but negatively associated with satisfaction with life, psychological well-being and intrinsic motivation for job (Zuckerman & Tsai, 2005); academic performance, self-esteem and positive affect (Zuckerman et al., 1998). Although the research examining the relationship between self-handicapping and perfectionism is very limited; there is evidence showing that people with higher perfectionist expectancies are more likely to use self-handicapping strategies (Frost et al., 1990; Pulford, Johnson, & Awaida, 2005). Pulford and colleagues (2005) suggested that the fear of making mistake and doubt about performance may lead perfectionists to intentionally avoid making an effort through these strategies in order to deal with possible failure and negative intra/interpersonal evaluations. However, the question about how different domains of perfectionism are associated with self-handicapping remains unanswered.

Another important concept of the study is self-compassion assumed to be a well-being enhancing attitude which enables people to handle a negative situation or failure in an adaptive way (Neff, 2011). Unlike self-handicapping, people with high level of self-compassion are more likely to attribute their personal experiences to their own abilities without comparing with others (Neff, 2011); to accept their failures (Neff, Rude, & Kirkpatrick, 2007) and to learn something new rather than focusing on protecting self-esteem (Neff & Vonk, 2009). The literature provides substantial support for the

adaptive value of self-compassion related to social connectedness, emotional intelligence, satisfaction with life (Neff, 2003); autonomy, environmental mastery, personal development, positive relations with others, purpose in life, self-acceptance (Sun, Chan, & Chan, 2016); and positive affect (Brown, Bryant, Brown, Bei, & Judd, 2015; Galla, 2016). Consistently, this pattern is found to be negatively correlated with self-criticism, maladaptive perfectionism, anxiety, rumination, depression (Neff, 2003); stress and negative affect (Brown, et al., 2015; Galla, 2016).

A limited number of studies have established a negative association between perfectionism and self-compassion (Barnett & Sharp, 2016; Ferrari, Yap, Scott, Einstein, & Ciarrochi, 2018; Neff, 2003). Accordingly, self-judgment as a typical feature of maladaptive perfectionism may induce some negative cognitive evaluations and emotional responses; whereas, self-compassion including self-kindness and self-acceptance may promote positive self-evaluations and self-appraisals (Barnett & Sharp, 2016). Although it seems that perfectionism and self-compassion are opposed to each other; there is the need for further examination to clarify this association regarding the specific perfectionism traits. Moreover, very few empirical studies also indicate the negative link between self-compassion and self-handicapping (Akın & Akın, 2015; Petersen, 2014).

To sum up, the role of perfectionism as a multidimensional concept needs to be highlighted in terms of psychological well-being. In this attempt, not only focusing on its dimensions but also considering related risk and protective factors are important to achieve comprehensive framework differentiating between adaptive and maladaptive aspects of perfectionism. Therefore, the aim of the current study was to examine the relationships among different perfectionism traits, self-handicapping, self-compassion and the predictive roles of these on psychological symptoms and life satisfaction. Based on this objective, positive associations among socially prescribed perfectionism, self-handicapping and psychological symptoms are expected. On the other hand, self-oriented perfectionism and self-compassion are hypothesized to be positively associated with psychological well-being.

2. METHOD

2.1. Participants

653 volunteered participants (360 females, 293 males) were recruited from various cities in Turkey by using convenience sampling method. The age range of the participants was between 18 and 50 (M = 24.90, SD = 7.57). Majority of the participants (89.4%) were either university students or had a minimum bachelor's degree. In terms of marital status, 101 participants (15.6%) were married and 488 of them (74.7%) were single. Finally, 170 participants (26%) had a history of psychiatric or psychological help for some reason or complain, while others (74%) did not seek any help during their lifetime.

2.2. Measures

2.2.1. Demographic information form

This form was prepared by the authors to collect information about participants' demographic characteristics including gender, age, education, marital status and psychiatric history. All these demographic variables except the education level were measured by the open-ended questions, such as "Your marital status: ___". In terms of participants' psychiatric history, "the absence/presence of a psychiatric history, the name of diagnosis and the type of treatment" were assessed with 3 separate questions. In terms of education level, it was measured by a question rated on an 8-point Likert-scale ranging from "illiterate" to "PhD and above".

2.2.2. Multidimensional perfectionism scale (MPS; Hewitt & Flett, 1991b)

MPS is a self-report questionnaire including 45 items to assess different perfectionism traits; namely, self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism. Each subscale contains 15 items rated on a 7-point Likert-scale ranging from strongly disagree (1) to strongly agree (7), and higher scores reflecting higher perfectionism on that dimension and also overall. In a study conducted with university students, internal consistency results were reported as .86 for self-oriented perfectionism, .82 for other-oriented perfectionism and .87 for socially prescribed perfectionism (Flett, Hewitt, Blankstein, & O'Brien, 1991). In another study conducted with psychiatric patients, internal consistency was found as .88 for self-oriented perfectionism, .74 for other-oriented perfectionism and .81 for socially prescribed perfectionism. Turkish version of the form adapted by Oral (1999) was conducted with the university students. In this adaptation internal consistency was reported as .91 for total scale, .91 for self-oriented perfectionism, .73 for other-oriented perfectionism and .80 for socially prescribed perfectionism (Oral, 1999).

In the present study, Cronbach's alpha coefficient was calculated as .86 for total scale, .86 for self-oriented perfectionism, .67 for other-oriented perfectionism and .78 for socially prescribed perfectionism.

2.2.3. Self-handicapping scale (SHS; Jones & Rhodewalt, 1982)

SHS was used to assess self-handicapping strategies such as procrastination, lack of preparation and effort, use of alcohol and medicine, substance abuse, lack of sleep and emotional symptoms. The scale involves 25 items rated along a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores refer to increase in tendency of self-handicapping. Turkish version of the form used in this study also consists of 25 items rated along a 6-point Likert scale as in the original form.

The internal consistency of the original form was calculated as .79 (Rhodewalt, 1990), while the internal consistency of Turkish version was reported as .90 (Akın, 2012). In the current study, internal reliability of the scale was calculated as .71.

2.2.4. The self-compassion scale (SCS; Neff, 2003)

SCS was developed to measure individual's tendency to be compassionate and kind toward self. The scale contains 26 items rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). There are 6 factors to assess general aspects of self-compassion named as, self-kindness vs self-judgment, common humanity vs isolation, mindfulness vs over identification. Accordingly, self-kindness refers to caring attitudes toward self; common humanity indicates the awareness about the possibility of making a mistake as a human being; and mindfulness refers to embracing the present experiences without judging or avoiding. Self-judgment, isolation and over-identification are evaluated as the opposite of these positive attitudes and reversely coded. Higher scores for the total scale indicate higher self-compassion. Internal consistency for the total scale was .90 with the subscales ranging from .78 to .84 (Neff, 2003).

Turkish version (Akın, Akın, & Abacı, 2007) of the form includes same 6 factors and 26 items. The scale has internal consistency ranging from .72 to .80 for these 6 factors (Akın et al., 2007). In the current study, internal consistency was reported as .92 for total scale, .79 for self-kindness, .84 for self-judgment, .74 for common humanity, .76 for isolation, .77 for mindfulness, .78 for over-identification.

2.2.5. Brief symptom inventory (BSI; Derogatis, 1993)

BSI is self-report questionnaire assessing the intensity of psychological symptoms. The scale consists of 53 items with 9 subscales (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) and 3 indices of global stress (Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total). 9 subscales of BSI aim to assess dimensions of symptoms, while 3 indices of global stress aim to assess current or past level of symptomatology, intensity and number of reported symptoms. Items are scored with a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). Higher scores represent higher frequency and intensity of symptoms. Internal consistency for the total scale was .97 with the subscales ranging from .71 to .85.

Turkish version of this scale (Şahin & Durak, 1994) contains only 5 subscales; named as anxiety, depression, paranoid ideation, somatization and hostility whose internal consistency was ranged from .63 to .86. In the current study, internal consistency was calculated as .97 for total scale, between .82 (hostility) and .91 (depression) for subscales.

2.2.6. Satisfaction with life scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985)

SWLS has 5 items to assess overall life satisfaction rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores reflect higher satisfaction with life and internal consistency was reported as .87 (Diener et al., 1985). Turkish version of the scale also includes 5 items whose internal consistency was calculated as .79 (Köker, 1991). In the current study, internal consistency was calculated as .84.

2.3. Procedure and analysis

After the approval of Maltepe University Ethics Committee, self-report questionnaires were administered to volunteered participants. All participants were informed about the purpose, confidentiality and procedure of the study in detailed through the inform consent. It took approximately 20 minutes to complete all items. Collected data was analyzed by using SPSS IBM 23. Firstly, Cronbach's alpha coefficients were calculated for all the scales. Secondly, relationships among variables were examined with Pearson's Correlation Analysis. Thirdly, predictors of psychological well-being were examined by using hierarchical regression analyses.

3. RESULTS

3.1. Descriptive information for the measures

In order to assess descriptive statistics for the measures, means, standard deviations, minimum-maximum scores, Cronbach's alpha coefficients for internal consistency were calculated for the subscales of Multidimensional Perfectionism Scale (MPS), namely; self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism; Self-compassion Scale total (SCS); Self-handicapping Scale (SHS); Brief Symptom Inventory total (BSI) and Satisfaction with Life Scale (SWLS) (See Table 1).

Table 1.
Descriptive Information for the Measures.

Measures	***N***	***M***	***SD***	**Range (Min-Max)**	**Cronbach's Alpha**
1. MPS-SOP	653	72.81	14.50	28-105	.86
2. MPS-OOP	653	62.38	11.08	29-96	.67
3. MPS-SPP	653	56.07	13.10	16-97	.78
4. SHS	653	80.49	13.58	35-113	.71
5. SCS total	653	83.24	18.41	29-126	.92
6. BSI total	653	58.22	40.73	0-195	.97
7. SWLS	649	21.81	6.70	5-35	.84

Note: 1 = MPS Self-Oriented Perfectionism, 2 = MPS Other-Oriented Perfectionism, 3 = MPS Socially Prescribed Perfectionism, 4 = Self-handicapping Scale, 5 = Self-compassion Scale, 6 = Brief Symptom Inventory, 7 = Satisfaction with Life

3.2. Intercorrelations among Variables of the Study

The findings of the correlation analyses revealed that socially prescribed perfectionism (r = -.37, p < .001), self-oriented perfectionism (r = -.11, p < .01) and other-oriented perfectionism (r = -.15, p < .001) were all negatively correlated with self-compassion. However, self-handicapping was positively correlated with socially prescribed perfectionism (r = .31, p < .001), but negatively correlated with self-oriented perfectionism (r = -.09, p < .05). In addition, other-oriented and socially prescribed perfectionism have positive correlations with psychological symptoms, and negative correlations with life satisfaction. Finally, self-handicapping, self-compassion, psychological symptoms and life satisfaction were significantly associated with each other in expected direction. All correlation coefficients among variables were listed in Table 2.

Table 2.
Intercorrelations among Variables of the Study.

Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1. MPS-SOP	1	.52***	.26***	-.11**	-.09*	.08	.02
2. MPS-OOP		1	.23***	-.15***	.02	.13***	-.08*
3. MPS-SPP			1	-.37***	.31***	.34***	-.27***
4. SCS total				1	-.58***	-.56***	.38***
5. SHS					1	.56***	-.26***
6. BSI total						1	-.29***
7. SWLS							1

Note: * p < .05, ** p < .01, *** p < .001; 1 = MPS Self-Oriented Perfectionism, 2 = MPS Other-Oriented Perfectionism, 3 = MPS Socially Prescribed Perfectionism, 4 = Self-compassion Scale, 5 = Self-handicapping Scale, 6 = Brief Symptom Inventory, 7 = Satisfaction with Life Scale

3.3. The predictors of the psychological well-being

In order to examine the factors associated with psychological well-being, two hierarchical regression analyses were performed. For these analyses, psychological symptoms (BSI) and life satisfaction (SWLS) were dependent variables. Independent variables entered into the equation in three steps via stepwise method. In the first step, age, education level and gender were entered into the regression analysis as control variables. In the second step, 3 perfectionism traits were entered. Finally, self-handicapping and self-compassion were entered in the third step.

The first regression analysis examined the predictors of psychological symptoms. The findings revealed that only age was the significant predictor of psychological symptoms as a demographic variable, [β = -.14, t(650) = -3.50, p < .001, pr = -.14]. After controlling the effect of demographic variables, only socially prescribed perfectionism was the significant predictor of psychological symptoms [β = .35, t(649) = 9.72, p < .001, pr = .36]. In the third step, self-handicapping [β = .48, t(648) = 14.21, p < .001, pr = .49] and self-compassion [β = -.31, t(647) = -8.08, p < .001, pr = -.30] were found to be significantly associated with psychological symptoms. All significant variables explained 40% of total variance. According to these results, after controlling the significant effect of age, increase in socially prescribed perfectionism and self-handicapping; and decrease in self-compassion were significantly associated with increase in the intensity of psychological symptoms (see Table 3).

Table 3.
Predictors of Psychological Symptoms.

	F_{change}	*df*	β	$t_{(within)}$	*pr*	$Adj.R^2$
Step 1: Demographics						
Age	12.22*	1,650	-.14	-3.50*	-.14	.02
Step 2: Perfectionism						
MPS-SPP	94.56*	1,649	.35	9.72*	.36	.14
Step 3: Self-handicapping and Self-compassion						
SHS	201.91*	1,648	.48	14.21*	.49	.34
SCS total	65.25*	1,647	-.31	-8.08*	-.30	.40

* p < .001; MPS-SPP = Multidimensional Perfectionism Scale-Socially Prescribed Perfectionism, SHS = Self-handicapping Scale, SCS = Self-compassion Scale

The second regression analysis examined the predictors of life satisfaction. The results indicated that only gender [β = -.24, t(646) = -6.26, p < .001, pr = -.24] and education level [β = .11, t(645) = 2.74, p < .01, pr = .11] were the significant predictors of life satisfaction as the control variables. Among perfectionism traits, socially prescribed perfectionism [β = -.23, t(644) = -6.01, p < .001, pr = -.23] and self-oriented perfectionism [β = .11, t(643) = 2.74, p < .01, pr = .11] were found to be associated with life satisfaction. In the final step, only self-compassion was the significant predictor, [β = .35, t(642) = 9.28, p < .001, pr = .34]. All significant variables explained 23 % of total variance. According to these findings, after controlling the significant effect of gender and education level, decrease in socially prescribed perfectionism but increase in self-oriented perfectionism and self-compassion were significantly associated with increase in life satisfaction (See Table 4).

Table 4.
Predictors of Satisfaction with Life.

	F_{change}	*df*	*β*	$t_{(within)}$	*pr*	$Adj.R^2$
Step 1: Demographics						
Gender	39.16**	1,646	-.24	-6.26**	-.24	.06
Education Level	7.49*	1,645	.11	2.74*	.11	.07
Step 2: Perfectionism						
MPS-SPP	36.15**	1,644	-.23	-6.01**	-.23	.11
MPS-SOP	7.50*	1,643	.11	2.74*	.11	.12
Step 3: Self-handicapping and Self-compassion						
SCS total	86.08**	1,642	.35	9.28**	.34	.23

Note: * $p < .01$, ** $p < .001$; MPS-SPP = Multidimensional Perfectionism Scale-Socially Prescribed Perfectionism, MPS-SOP = Multidimensional Perfectionism Scale-Self-Oriented Perfectionism, SCS = Self-compassion Scale

4. DISCUSSION

The current study aimed to examine the associations among different perfectionism traits, self-handicapping, self-compassion and the predictive roles of these on psychological symptoms and life satisfaction.

Firstly, the findings confirmed the first hypothesis by pointing out that psychological symptoms are positively associated with socially prescribed perfectionism and self-handicapping; while negatively associated with self-compassion. These findings are consistent with previous studies indicating that trying to meet others' or society's expectations and using self-handicapping strategies to protect self-esteem may lead to some psychological problems such as depression and anxiety (Frost et al., 1993; Zuckerman & Tsai, 2005). On the other hand, self-compassion is argued to be a protective factor for these problems (Neff, 2003; Sun et al., 2016). As self-compassion is not based on the performance evaluations, it can cultivate positive emotions without the necessity of protecting self-concept (Neff, 2003).

As consistent with the second hypothesis, the findings also revealed that life satisfaction is positively associated with self-oriented perfectionism and self-compassion; but negatively associated with socially prescribed perfectionism. The promoting role of self-compassion on life satisfaction has been validated in the literature (Neff, 2003). On the other hand, this finding also highlights the difference between the pressure of being perfect based on others' expectations and the genuine strive to be flawless on the influence of life quality. In other words, trying to be perfect in the eye of others seems to be impediment to a flourishing life; whereas being motivated to be perfect based on the internal expectations is promoting and beneficial. This distinction may shed a light on the debate between healthy perfectionists and unhealthy perfectionists (Stoeber & Otto, 2006).

In addition to that, other-oriented perfectionism was found to be the significant predictor of neither psychological symptoms nor life satisfaction. This finding is noteworthy, since other-oriented perfectionism tends to be ignored in the literature due to

the lack of unique characteristics that are not shared by self-oriented or socially prescribed perfectionism (Hewitt & Flett, 2004). Nonetheless, expecting others to be perfect and judgmental attitudes that come with this are assumed to play important role in dyadic dynamics, such as relationship commitment and satisfaction (Stoeber, 2012). Consistently, other-oriented perfectionism is found to be uniquely associated with interpersonal processes, such as less interest in helping others, in knowing or getting along with others or in making others happy (Stoeber, 2014). Therefore, the current findings provide a support to the claim that other-oriented perfectionism deserves further attention in research regarding to interpersonal outcomes rather than intrapersonal well-being.

Along with these two hypotheses, all facets of perfectionism were negatively correlated with self-compassion, which is in the line with literature (Ferrari et al., 2018). Perfectionistic attitudes are related to self-judgement and self-criticism particularly in case of a failure (Frost et al., 1990); while self-compassion refers to being caring and kind toward self in any case of negative experiences including failure or disappointment (Neff et al., 2007; Neff, 2011). Therefore, these two concepts seem to be opposite to each other regardless of specific dimension. However, a differentiation was observed in the relation of self-handicapping to diverse aspects of perfectionism. Accordingly, self-handicapping strategy was positively correlated with socially prescribed, but negatively correlated with self-oriented perfectionism. It is reasonable to suggest that self-oriented perfectionists and socially prescribed perfectionists may benefit from different strategies when they anticipate a failure. To illustrate, people setting high standards based on others' expectations may be more likely to externalize their failures or blaming others with an attempt to present themselves flawlessly to others. Otherwise stated, the strive for seeming perfect in the public may trigger self-handicapping behaviors. Whereas, self-oriented perfectionist with intrinsic goals may work hard or show greater effort to avoid a possible failure. Consistently, Hewitt and Flett (1991b) also emphasizes that self-instinct motivation might be increased by self-oriented perfectionism, while decreased by socially prescribed perfectionism.

From a cultural perspective, current findings regarding to the associations among perfectionism traits, self-handicapping, self-compassion and psychological well-being were similar to those of other studies conducted in Turkey and also in different cultures. For instance, a study conducted in the U.K. showed that self-oriented perfectionism and socially prescribed perfectionism were negatively associated with self-compassion (Stoeber, Lalova, & Lumley, 2020). Additionally, Stoeber et al. (2020) also found that self-compassion positively predicted subjective well-being, and fully mediated the relationship between perfectionism and subjective well-being. Furthermore, Pulford et al. (2005) revealed that self-oriented perfectionism was reported as one of the major predictors of self-handicapping among both British and Lebanese participants. As another cultural support, researchers found that socially prescribed perfectionism was associated with decrease in well-being in South Korea (Park & Jeong, 2015). Finally, another study having Turkish sample reported positive correlation of self-handicapping with stress, anxiety and depression (Sahranç, 2011). These similar results across cultures supported the idea that the predictive roles of some personality traits, particularly those related to criticism and judgmental attitudes, on psychological well-being might be independent of the cultural components. Nevertheless, further cross-cultural studies are recommended to clarify the role of cultural and personal factors among these associations.

Overall, the findings of the current study are consistent with the argument for that perfectionism might not be an entirely negative construct (Stoeber & Otto, 2006). Therefore, the present study may contribute to the literature by pointing out the dimensional

differences of perfectionism and its related mechanisms to explain psychological outcomes. Although all aspects of perfectionism are associated with less self-caring attitudes; only individuals who try to meet others' standards tend to engage in self-interfering strategies to protect self-esteem. Considering the predictive role of these strategies on psychological symptoms, self-handicapping tendency may have a potential role to explain the association between socially prescribed perfectionism and specific problems. Moreover, future research focusing on clarifying the link between socially prescribed perfectionism and self-handicapping is recommended. For instance, shame and guilt as two essential social emotions are found to be correlated with socially prescribed perfectionism but not with self-oriented perfectionism (Klibert, Langhinrichsen-Rohling, & Saito, 2005). Therefore, these emotions can be examined as source as well as mediating factors for this mechanism. Another importance of study is that predictors of psychological outcomes provide a support on positive psychology literature from a nonclinical Turkish sample. Accordingly, self-handicapping had just the significant role on increased psychological symptoms; while self-compassion was the significant predictor of both increased life satisfaction and decreased symptoms. This is consistent with the principle of positive psychology emphasizing that absence of maladaptive strategies or psychological symptoms does not necessarily indicate a higher level of psychological well-being. Hence, the factors contributing and fostering well-being and life quality, such as self-compassion should also be considered in order to make an accurate assessment and effective intervention plan regarding to psychological welfare.

Present findings have some clinical implications as well. Therapeutic interventions focusing on perfectionism driven thoughts and behaviors (e.g. self-handicapping strategies such as procrastination and lack of effort) are beneficial in dealing with psychological problems. The recognition of the pressure of fulfilling other's expectation among self-handicappers may lead to therapists to achieve comprehensive case conceptualization as well as effective treatment plan. In addition to that, mindful self-compassion promoting programs may improve psychological health and life quality. Although self-oriented perfectionism and self-compassion are negatively related to each other, it is important to note that both have significant roles in psychological-well-being. Therefore, self-compassion focused interventions may help individuals to cope with failure in daily life or crisis and to maintain self-motivation for personal development and performance enhancement.

The current study is not free from limitations. Firstly, the participants composed of mostly females and young adults may limit the generalizability of the findings. Therefore, future studies having sample from different socio-demographic characteristics are recommended. Furthermore, information about the presence/absence of the participants' psychiatric history was gained by only a self-report question. Since a concrete clinical assessment was not conducted to collect information about the nature of their problems; participants with psychiatric help and those without were treated as one sample and not compared to each other for different variables. Hence, future studies conducting a detailed clinical assessment are recommended to examine the differences of these patterns between participants with and without a history of psychological help. Moreover, due to the cross-sectional nature of the study, it is not possible to infer causality or directions about these associations. Longitudinal studies may provide more insight about these relationships. Besides, further studies may be conducted with participants experiencing a crisis situation at a certain period of their lives, such as divorce or college entrance exam, in order to shed light on the protective role of self-compassion in a challenging experience. Lastly, future studies including particular clinical groups are recommended to achieve knowledge for the role of different dimensions of perfectionism and related self-handicapping strategies in various psychological disorders.

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