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## Assessing the Relationships Between Self-Compassion, Perfectionistic Types, Resilience, and the “Big Five”

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Assessing the Relationships Between Self-Compassion, Perfectionistic Types, Resilience, and  
the “Big Five”

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Honours Psychology Thesis

School of Behavioural and Social Sciences

Brescia University College

London, Ontario, Canada

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## Abstract

Self-compassion is a non-evaluative, protective, and positive attitude comprised of three components: (a) self-kindness, whereby in times of suffering or failure, one is understanding towards themselves, (b) common humanity, referring to the understanding that one's experiences are part of a larger collective experience, and (c) mindfulness, where one remains conscious of painful thoughts without over-identifying with them (Neff, 2003a). Increasing self-compassion has been shown to improve mental health outcomes, and is related to the concepts of perfectionism, trait resilience, and the five-factor model of personality (Macbeth & Gumley, 2012). The current study assessed the relationships between adaptive, maladaptive, and non-perfectionism with self-compassion using an ANOVA. A correlational approach was also used to examine self-compassion, trait resilience, the "Big Five" traits, and perfectionism. Results showed that the three perfectionism groups differed from self-compassion significantly, and that maladaptive perfectionists exercised significantly less self-compassion than adaptive perfectionists. Further, neuroticism was found to be the only personality variable outside of perfectionism to significantly relate to self-compassion, where high levels of neuroticism were associated with low self-compassion. This study lends additional support for the relationships between perfectionism, neuroticism, and self-compassion.

## Assessing the Relationships Between Self-Compassion, Perfectionistic Types, Resilience, and the “Big Five”

Compassion is a positive, prosocial characteristic that involves recognition of an individuals’ suffering and experiencing concern, sympathy, or empathy towards them. This response elicits a motivation to help the individual to alleviate their suffering (Eagly, 2009; Strauss et al., 2016). Compassion is a core ethical component of international healthcare systems among many other professional bodies, and its practice in clinical settings has been shown to increase the speed of recovery and reduce patient’s anxiety (Fogarty et al., 1999; Strauss et al., 2016). Compassion can also be turned inwards to yield similar positive outcomes; this practice is known as self-compassion.

Inspired by Buddhist philosophy, Neff (2003a) defines self-compassion as a protective, non-evaluative, and positive state characterised by three domains: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus self-identification. The first domain, self-kindness, refers to the ability to be understanding towards the self in times of suffering or failure. Similarly, common humanity refers to the understanding that one’s experiences are part of a larger collective experience; recognizing that everyone falters at times because it is part of the human condition. The third domain of self-compassion is mindfulness, where one remains conscious of painful thoughts without over-identifying with them. Neff (2003b) stresses that although these components are each theoretically distinct, they are dynamic and interact with one another. Put differently, despite that the three components stem from different processes: emotional, cognitive, and attention, these components engender each other. For instance, mindfulness may be increased when common humanity is recognized.

Neff (2003a) highlights that self-compassion differs from concepts such as self-pity or self-esteem. Self-pity lacks common humanity; those who experience self-pity tend to feel as though no one can relate to their suffering. Further, those experiencing self-pity often become absorbed in their feelings, demonstrating a lack of mindfulness. Self-compassion also differs from self-esteem, as described by Neff (2003a), because unlike self-esteem, self-compassion does not include self-evaluation. While self-esteem maintenance attempts have been linked with narcissism, downward social comparison, and self-centredness, self-compassion increases social connectedness and compassion for others which should theoretically counter these tendencies (Neff, 2003a).

Previous studies have shown a strong link between self-compassion and adaptive functioning (Neff et al., 2007a). Indeed, self-compassion is an effective method for improving mental health outcomes; for instance, by reducing anxiety and depressive symptoms (e.g., Ferrari et al., 2019; Macbeth & Gumley, 2012; Wilson et al., 2018). Positive psychological features such as happiness, motivation, and emotional intelligence are positively correlated with self-compassion (Breines & Chen, 2012; Heffernan et al., 2010; Hollis-Walker & Colosimo, 2011). Consequently, maladaptive behaviours such as procrastination, rumination, and perceived stress are negatively related to self-compassion (Sirois, 2013; Raes, 2010). Specific exercises and short-term programs have been shown to increase self-compassion over time, making it a captivating area of research in the fields of clinical and counselling psychology (Neff & Germer, 2013).

### **Perfectionism**

A trait that appears contradictory to self-compassion is perfectionism. Perfectionism is a multidimensional personality trait marked by exceptionally high standards of individual

performance which can lead to self-criticism (Linnett & Kibowski, 2019). Several studies have indicated that perfectionism appears in early childhood and remains relatively stable throughout adulthood (Chen et al., 2019; Hong et al., 2017; Rice & Aldea., 2006). There are many different conceptualizations of perfectionism, one of which is the two-dimensional structure, which states that perfectionism manifests as either: (a) maladaptive perfectionism, a negative orientation related to emotional distress and low performance outcomes, or (b) adaptive perfectionism, a form of perfectionism that can lead to enhanced performance, defined by low symptoms of distress despite an individual's high personal standards (Gilman et al, 2005; Lo & Abbott, 2013). Past research suggests that females are more likely to experience maladaptive perfectionism than males (Rice et al., 2015). Maladaptive perfectionism is linked to deficits in self efficacy and self-esteem, increased levels of depression and anxiety, and lower levels of performance compared to adaptive perfectionists (Gilman & Ashby, 2003; Gnilka et al., 2012; Lo & Abbott, 2013). In contrast, adaptive perfectionists tend to have higher ratings of positive well-being, academic and life satisfaction compared to maladaptive perfectionists (Lo & Abbott, 2013; Rice & Mirzadeh, 2000). Maladaptive and adaptive perfectionists have been shown to have a higher internal locus of control than non-perfectionists. This means that compared to non-perfectionists, both adaptive and maladaptive perfectionists have a greater belief that their actions can control their life outcomes (Periasamy & Ashby, 2002).

Previous studies have found a negative correlation between maladaptive perfectionism and self-compassion, although, there are mixed findings on the relationship between adaptive perfectionism and self-compassion (Linnett & Kibowski, 2019; Mistler, 2010; Neff, 2003b; Şahin, 2021). Mistler (2010) and Linnett and Kibowski (2019) found a large negative correlation between maladaptive perfectionism and self-compassion. Linnett and Kibowski (2019) also

found maladaptive perfectionism to be a predictor of lowered levels of self-compassion. Both Neff (2003b) and Linnett and Kibowski (2019) found no significant relationship between adaptive perfectionism and self-compassion, however, Şahin (2021) found a small yet significant negative correlation between the two variables.

There are recent studies exploring self-compassion with perfectionism through mediation analyses of variables associated with well-being. For example, self-compassion has been examined a mediator for the relationship between maladaptive perfectionism and depression. Findings have indicated a partial mediation effect and a reduction of the strength of the relationship between depression and perfectionism in individuals with higher levels of self-compassion (Mehr & Adams, 2016; Ferrari et al., 2018; Şahin, 2021). The mediating role of self-compassion has also been examined between perfectionism, body image, and disordered eating in an undergraduate female population (Barnett and Sharp, 2016). In this study, a significant indirect effect was found for the mediating role of self-compassion between body image satisfaction and maladaptive perfectionism. Such effects were not found between disordered eating and maladaptive perfectionism. These results may be attributed to the self-soothing effects of self-compassion which shift one's affective state from negative to positive, and increase feelings of security (Barnett and Sharp, 2016; Gilbert and Irons, 2005; Neff, 2003a). Overall, the existing findings suggest that self-compassion may alleviate negative outcomes that are associated with maladaptive perfectionism.

## **Resilience**

Another characteristic that is shown to have strong protective effects is resilience (Hu et al., 2015). Although resilience is studied widely across disciplines, it lacks a single operational definition (Davydov et al., 2010). A recent meta-analysis revealed key themes across definitions

of resilience, which included overcoming and bouncing back from adversity, as well as adaptation and adjustment despite adversities faced (Aburn et al., 2016). From a psychological perspective, resilience is the ability to cope with recover from adverse experiences and regain positive mental health (Herrman et al., 2011). Research examines resilience as either a process-, outcome-, or trait-oriented factor (Hu et al., 2015). Specifically, process and outcome resilience have garnered more attention in recent years, as meta-analyses such as by Liu et al. (2020) have found significant changes in resilience after participation in resilience-promoting interventions. These results indicate that resilience may be subject to change and may be a product of various interactions between an individual and their environment. The current research, however, will employ a trait-oriented approach to remain consistent with the existing literature exploring resilience with self-compassion.

Trait resilience is a stable personal attribute that supports positive adjustment and increases one's ability to overcome adversity (Hu et al, 2015). One of the most widely used self-report scales that reliably measures trait resilience is the Ego-Resilience Scale (ERS; Block & Kremen, 1996, Hu et al., 2015). Common characteristics of resilient individuals under this model are hardiness, self-reliance, and perseverance (Block & Kremen, 1996; Wagnild & Young, 1990). In addition, resilient individuals are likely to exercise adaptive coping strategies, for example, positive cognitive restructuring, and have an internal locus of control (Allen & Leary, 2010; Cazan & Dumitrescu, 2015; Tu et al., 2020). Positive mental health indicators such as hope and optimism are associated with increased resilience (Karairmak, 2010), as are lowered levels of anxiety and depression (Beutel et al., 2010). Results of a recent meta-analysis suggest that trait resilience is a stable predictor of mental health (Hu et al., 2015). For instance, Hu and



colleagues (2015) posit that grouping people based on their level of their trait resilience can be helpful to predict the likelihood of developing anxiety and depression after a traumatic event.

There are a small number of studies which specifically examine the relationship between trait resilience and self-compassion. Recent research by Egan et al. (2022), Hayter and Dorstyn (2014), as well as Shebuski et al. (2020) has indicated a direct positive relationship between the two variables. These findings may suggest that resilient individuals are more likely to exercise self-compassion.

### **The Big Five**

The five-factor model of personality suggests that there are five factors, or traits, which capture all personality differences, known as the “Big Five”. The Big Five include neuroticism, extraversion, openness to experience, conscientiousness, and agreeableness (McCrae & John, 1992). Goldberg (1990) conducted a factor analysis of the Big Five using over 1,400 English trait adjectives; the analytic procedure demonstrated robustness of the Big Five factor structure. The five-factor model has been used in many areas of research, including clinical and counselling psychology, and is the dominant model in personality research (Roccas et al, 2002; Thurackal, 2016). Studies have indicated numerous correlates of the Big Five factor model, such as the relationship between high neuroticism, high openness, low conscientiousness, agreeableness, and extraversion with substance abuse, PTSD, agoraphobia, lifetime anxiety, and lifetime depression (Trull & Sher, 1994).

Research has examined several of the relationships between self-compassion and the Big Five. A significant positive relationship between the Big Five factors conscientiousness, agreeableness, and extraversion were found, indicating that the more an individual exhibits these traits, the more likely they are to be self-compassionate (Neff, 2007b). Additionally, a significant

negative relationship was found between neuroticism and self-compassion by Neff et al. (2007b). Openness to experience and self-compassion had no significant relationship in the study by Neff et al. (2007b), although a more recent study by Thurackal et al. (2015) indicated a positive association between openness to experience and self-compassion. The remainder of the correlations between the Big Five factors and self-compassion by Thurackal et al. (2015) supported those of Neff et al. (2007b). Multiple regression analyses have suggested that conscientiousness, agreeableness, extraversion, and emotional stability (neuroticism) are significant predictors of self-compassion in adolescent populations (Qadriyah et al., 2020). In sum, the Big Five have shown consistent correlations with self-compassion, however, the directionality of the relationship is variable across studies.

### **The Current Study**

The current study sought to examine the relationships between self-compassion, forms of perfectionism: adaptive and maladaptive, resilience, and each of the personality traits defined by the five-factor model of personality. Previous literature has examined these relations individually; however, little is known about how these characteristics relate to one another. Moreover, as self-compassion is a relatively recent concept, replication of prior findings in this area is beneficial.

The primary goal of this study was to understand the relationships between maladaptive perfectionism, adaptive perfectionism, and self-compassion. The secondary goal of this research was to investigate the correlations between trait resilience and the “Big Five” -- neuroticism, extraversion, conscientiousness, agreeableness, openness to experience with self-compassion. These effects were explored using an undergraduate sample at a women’s university. Females are a population which has been found to report slightly lower levels of self-compassion and

higher levels of maladaptive perfectionism compared to males (Rice et al., 2015; Yarnell et al., 2015).

It was hypothesized that the current study would replicate prior research which found a significant negative relationship between self-compassion and maladaptive perfectionism and no significant relationship between self-compassion and adaptive perfectionism (e.g., Kawamoto et al., 2023; Linnett & Kibowski, 2019; Neff, 2003b). A positive relationship was anticipated between self-compassion and trait resilience in accordance with previous studies such as the work by Egan and colleagues (2022). Of the traits measured by the five-factor model, it was hypothesized that neuroticism and self-compassion would be significantly negatively correlated. In contrast, conscientiousness, openness to experience, extraversion and agreeableness were expected to correlate positively and significantly with self-compassion, as observed by Thurackal and colleagues (2015). The current study may provide support for the use of self-compassion interventions. It may also deepen the understanding of the unique relationships between personality variables and self-compassion in females.

## **Method**

### **Participants**

The final analysis was comprised of 37 undergraduate students from a women's university (35 females, 2 non-specified).<sup>1</sup> The SONA online platform was used to recruit participants from both the introductory psychology and research methods in psychology courses at Brescia University College in London, Ontario during the 2022/2023 academic term. The ages of the participants ranged from 18-23 ( $M = 19.21$ ,  $SD = 1.97$ ). All participants were compensated with one credit towards their psychology course.

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<sup>1</sup> The subject pool for this study was restricted to a women's university. Thus, no males were included in this study.

## Materials

**Demographics Questionnaire.** Participants were asked their age and gender identity for the collection of demographic information (see Appendix A).

**Self-Compassion Scale- Short Form (SCS-SF; Raes et al., 2011).** The SCS-SF (see Appendix B) is a self-report measure that examines self-compassion as an independent variable. The scale measures responses to twelve items on a scale of 1 (almost never) to 5 (almost always). A sample item is: “when I fail at something important to me, I become consumed by feelings of inadequacy”. Items are categorized into six subscales: self-kindness (reverse scored), self-judgement, common humanity, isolation (reverse scored), mindfulness, and over-identification (reverse scored). A total score is attained by calculating the mean of each subscale, then by calculating a total mean. A higher score indicates higher self-compassion. The SCS-SF is strongly correlated with the long form Self-Compassion Scale and is reliable when examining overall self-compassion. Past research indicates that the internal consistency of the SCS-SF is high (e.g.  $\alpha = \geq .86$ ; Raes et al., 2011).

**Almost Perfect Scale-Revised (APS-R, Slaney et al., 2001).** The APS-R (see Appendix C) is a multidimensional measure of perfectionism. The Almost Perfect Scale-Revised is made up of three subscales: High Standards, Order, and Discrepancy. Discrepancy and Standards subscale scores are often used as a continuous measure of maladaptive or adaptive perfectionism respectively (Vandiver & Worrell, 2002). The Cronbach’s alpha for each subscale ranges from  $\alpha = .82$  to  $.92$ , all of which are within the acceptable range of internal consistency (Slaney et al., 2001). The APS-R is comprised of twenty-three questions measured on a Likert scale of 1 (strongly disagree) to 7 (strongly agree). A sample item is: “I am seldom able to meet my own standards of high performance”. Scores of each subscale can also be summed for categorical

measurement. In this instance, scores above 42 in the Standards subscale indicate the trait of perfectionism, and below 42 indicates non-perfectionism. Perfectionists with scores above 42 in the Discrepancy and Standards subscale experience maladaptive perfectionism, and perfectionists below 42 in the Discrepancy subscale and above 42 in the Standards subscale experience adaptive perfectionism (Rice & Ashby, 2007).

**Ego Resilience Scale (ER89; Block & Kremen, 1996).** The Ego Resilience Scale (see Appendix D) is a widely used measure of trait resilience (Hu et al., 2015). The ER89 includes 14 items rated on a scale of 1 (does not apply at all) to 4 (applies very strong). A total sum is calculated where higher scores represent higher resiliency. A sample item is: “I quickly get over and recover from being startled”. Previous studies indicated that the Cronbach’s alpha for the ER89 is high ( $\alpha = .72$ , Block & Kremen, 1996).

**The Big Five Inventory-2 Short Form (BFI-2-S; Soto & John, 2017).** This inventory (see Appendix E) measures the Big Five personality factors and is comprised of 30 items measured on a scale of 1 (disagree strongly) to 5 (agree strongly). There are subscales for each of the five personality factors, and a total sum is calculated for each subscale. High scores reflect a higher affiliation with each personality factor. A sample item from the neuroticism facet is: “is temperamental, gets emotional easily”. The Cronbach’s alphas for the BFI-2-S domains are high ( $\alpha = .73- .84$ ; Soto & John, 2017).

## **Procedure**

The description of the study was presented to potential participants in Introductory Psychology or Research Methods in Psychology through the Brescia SONA recruitment platform. It was estimated that study participation would take thirty minutes to complete. Students in either course who signed up for the study on SONA were provided with a link to

access the survey on Qualtrics. First, students were presented with the Letter of Information in Qualtrics, upon which students indicated their consent by advancing to the next section of the study. After reading the Letter of Information, participants consented by clicking an arrow to open the survey. The survey began with a demographic questionnaire, followed by the Self-Compassion Scale Short-Form, Almost Perfect Scale-Revised, The Big Five Inventory-2 Short Form, and the Ego Resilience Scale. At the end of the study, participants were presented with the debriefing form which outlined the study's hypothesis, purpose, and contact information, should the participant choose to withdraw their data from the study or ask additional questions. Following the completion of the study, students were compensated with 1.0 credit towards their undergraduate psychology course. This process was facilitated electronically by SONA.

### **Results**

A total of nine participants were excluded from the study due to incompleteness of over 10% of the items from any questionnaire. If a single item was left unanswered on any scale, a mean substitution was conducted whereby the mean was taken for the existing responses of the scale and was used in place of the missing value (Tabachnick & Fidell, 2007). This study sought to conduct a correlational analysis with a multiple linear regression if significant differences between variables were found. However, due to a small sample size, an additional analysis was used to provide further insight into the primary hypothesis: to understand the relationship between maladaptive perfectionism, adaptive perfectionism, and self-compassion. In addition to the original correlational analysis, it was decided to categorize participants based on their outcomes from the APS-R, resulting in the following categories: adaptive perfectionist, maladaptive perfectionist, and non-perfectionist, then analyse the groups using an ANOVA.

However, due to a small sample size, using the cut-off scores recommended by Slaney et al. (2001) would result in a heterogeneity of variances. A median-split with the restriction that participants with the same score be in the same group was instead conducted on the Standards and Discrepancy scores to create the following groupings: High Perfectionism – High Discrepancy ( $n = 11$ ), High Perfectionism – Low Discrepancy ( $n = 9$ ), Low Perfectionism – Low Discrepancy ( $n = 17$ ). These groups represent maladaptive perfectionism, adaptive perfectionism, and non-perfectionism respectively. Justification for the median-split was based on the conceptualizations of the Standards and Discrepancy subscales of the APS-R. The Standards subscale is used to examine the concepts of perfectionistic strivings and adaptive functions of perfectionism, whereas the Discrepancy subscale measures the negative dimensions of perfectionism. Slaney and colleagues (2001) described this subscale as the distress caused by the discrepancy between high personal standards and actual performance. The structure coefficients for the Discrepancy subscale ranged from .56 to .87 and .42 to .84 for Standards, which indicates a strong fit between the items and each conceptualization (Slaney et al., 2001).

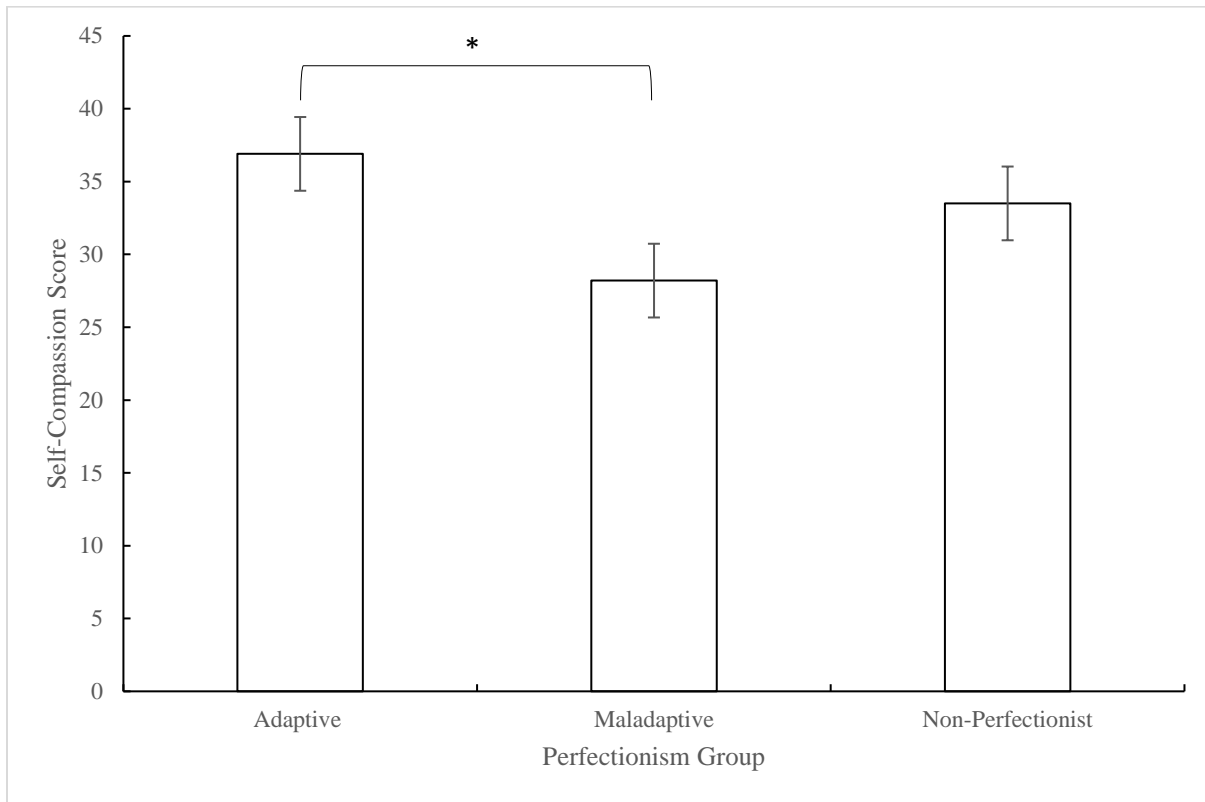
An ANOVA was conducted using *jamovi* to assess how the three perfectionism groups differed in self-compassion (The jamovi Project, 2022). Self-compassion was the dependent variable, and the independent variable was perfectionism, comprised of the following three groups: High Perfectionism – High Discrepancy (maladaptive), High Perfectionism – Low Discrepancy (adaptive), Low Perfectionism – Low Discrepancy (non-perfectionist). Overall, the three perfectionism groups differed from self-compassion significantly  $F(2, 34) = 3.76, p < .05, \eta^2 = 0.18$ . Post hoc testing was conducted using Tukey's HSD to determine the relations between each group and self-compassion. The pairwise comparisons found that maladaptive ( $M = 28.2$ ) and adaptive ( $M = 36.9$ ) perfectionists differed significantly on levels of self-

compassion. Maladaptive perfectionists exercised significantly less self-compassion than adaptive perfectionists ( $p = .03$ ). Non-perfectionists ( $M = 33.5$ ) held a level of self-compassion that was between that of maladaptive and adaptive perfectionism, but which did not differ significantly from the other two groups. These results suggest that different types of perfectionists exercise significantly different levels of self-compassion. The results of the ANOVA are represented as a bar graph (see Figure 1).

To assess the relationships between maladaptive perfectionism (using the Discrepancy subscale scores), adaptive perfectionism (using the Standards subscale scores), self-compassion, trait resilience, and traits of the Big Five, a correlation matrix was generated (see Table 1). The perfectionism groupings created for the ANOVA were also examined in the correlational analyses as a ranked variable: 'perfectionism group'. Within 'perfectionism group', rankings were established from 1-3, where 1 represented adaptive perfectionist, 2 reflected non-perfectionist, and 3 corresponded to maladaptive perfectionist in alignment with the ANOVA results. All correlations were calculated as a Pearson's  $r$ , except for the correlations with 'perfectionism group' which were examined with Spearman's Rho due to rank ordering.

Significant negative relationships were found between self-compassion and neuroticism, Discrepancy, and perfectionism group. Of those correlations, the strongest was found between neuroticism and self-compassion  $r(35) = -.70, p = < .001$ . The relationship between self-compassion and Discrepancy was similar in magnitude  $r(35) = -.61, p = < .001$ . Between self-compassion and perfectionism group, a moderate significant correlation was found  $r_s(35) = -.42, p = < .01$ . There were no other significant relationships detected between any variable and self-compassion. These findings suggest that specifically, heightened levels of neuroticism and maladaptive aspects of perfectionism were associated with lower levels of self-compassion.



**Figure 1**

*Note.* Marginal means of perfectionism group and self-compassion scores. \* Significant difference.

**Table 1***Correlations between Self-Compassion and Personality Measures*

Measure	1	2	3	4	5	6	7	8	9
1. Self-Compassion	--								
2. Trait Resilience	.15	--							
3. Extraversion	.04	.42**	--						
4. Agreeableness	.20	.51**	.12	--					
5. Conscientiousness	-.12	.11	.17	.19	--				
6. Neuroticism	-.70***	-.27	-.30	-.23	0	--			
7. Openness	.09	.17	.10	-.04	.17	-.04	--		
8. Perfectionism Group	-.42**	-.05	-.67	-.15	.08	.24	-.22	--	
9. Discrepancy	-.61***	.01	-.02	-.07	.20	.46**	-.16	.71***	--
10. Standards	-.20	.28	.04	.34*	.61***	.16	.33*	.03	.45**

*Note.* Values are Pearson's  $r$  except correlations with 'Perfectionism Group' which are presented as Spearman's Rho. \*  $p < .05$ , two-tailed. \*\*  $p < .01$ , two-tailed. \*\*\*  $p < .001$ , two-tailed.

Within the variables related to perfectionism, Discrepancy scores were correlated strongly and positively with perfectionism group  $r_s(35) = .71, p = < .001$ . This relationship was anticipated as the highest rank within perfectionism group corresponded to maladaptive perfectionist, which is determined by a high Discrepancy score. A strong correlation with Discrepancy confirms the nature of the rank-order found in the ANOVA.

### **Discussion**

This study aimed to form a greater understanding of the relationships between self-compassion and personality variables such as perfectionism, resilience, and the “Big Five” traits. Findings of this study have contributed to the growth of literature on self-compassion, a recent conceptualization spearheaded by Kristen Neff in 2003. The first set of analyses in this study sought to determine the extent to which forms of perfectionism differed in levels of self-compassion. The second analysis examined the correlations between self-compassion, perfectionistic types, resilience, and traits of the “Big Five”. Results of the study lent partial support of the hypotheses. In accordance with the hypothesis, Discrepancy and neuroticism were both negatively related to self-compassion. Further, there was no significant relationship between Standards and self-compassion. Trait resilience and each of the remaining Big Five traits (openness to experience, conscientiousness, agreeableness, and extraversion), however, were expected to relate significantly and positively to self-compassion but were not significantly related to self-compassion in any direction.

Findings of the ANOVA which examined self-compassion and the three perfectionism types measured by the APS-R allowed the primary hypothesis to be explored in more depth given the acquired sample size. Due to a small sample size, the cut-off scores recommended by

the APS-R resulted in a violation of heterogeneity of variances. This study instead conducted a median split to group participants as adaptive, non-, or maladaptive perfectionists.

Maladaptive perfectionists reported significantly lower levels of self-compassion compared to adaptive perfectionists. Additionally, maladaptive perfectionists also reported lower levels of self-compassion compared to non-perfectionists, although these differences were not statistically significant. These findings are consistent with work by Ferrari et al. (2018), Linnett and Kibowski (2019), and Neff (2003a) who found a negative association between maladaptive perfectionism and self-compassion. Maladaptive perfectionism is characterised by high levels of self-criticism, negative emotionality, and avoidant coping (e.g. Dunkley et al., 2003), whereas self-compassion is characterised by low levels of self-judgement, greater experiences of mindfulness, and positive mental health outcomes (Neff, 2003a). The associated symptoms of maladaptive perfectionism inherently work in opposition to the concept and correlates of self-compassion. Furthermore, adaptive perfectionists exhibited slightly higher levels of self-compassion as compared to non-perfectionists. The results imply that adaptive perfectionists have a higher degree of acceptance for their shortcomings compared to maladaptive perfectionists. Neff (2003a) suggests that self-compassionate individuals are more understanding towards themselves when their personal standards are not met, and hence are less likely to experience distress. However, Neff (2003a) also specifies that this attitude does not mean that these individuals will adopt a lower standard for themselves thereafter. It is plausible that instead of exercising criticism, adaptive perfectionists use self-compassion to adopt a growth mindset whereby they learn from their failures in order to improve, which may not only improve their psychological outcomes but contribute to their enhanced performance. Maladaptive

perfectionists may feel more defeated and less likely to try again after their standards are not met, perhaps due to being less self-compassionate.

Results of the correlational analyses were partially corroborative of the study's hypotheses. As predicted, neuroticism scores were strongly, negatively related to self-compassion. The trait of neuroticism is generally described as the tendency of a person to respond to stress with intense negative emotions such as fear, anger, or sadness (Barlow et al., 2013). Not surprisingly, neuroticism is associated with self-blame and a self-critical nature (Gunthert et al., 1999). A possible explanation for the strong negative relationship between neuroticism and self-compassion is that these tendencies may undermine one's ability to be self-compassionate. Alternatively, self-compassion may be a protective factor against the negative aspects of neuroticism. Those who are high in self-compassion tend to have more adaptive ways of coping; self-compassion is positively associated emotion-focused coping and negatively associated with avoidance coping (Neff et al., 2005). Perhaps in spite of one's neurotic tendencies, those who are high in self-compassion are able to cope more effectively and maintain mental stability.

A significant inverse relationship between self-compassion and Discrepancy (maladaptive perfectionism) was found, also in alignment with the hypothesis. The Discrepancy subscale of the APS-R has correlated negatively with self-compassion in several other studies (e.g. Linnett and Kibowski, 2019; Mistler, 2010). Similar to individuals high in neuroticism, those who are high in Discrepancy typically have feelings of inadequacy and engage in self-judgement which are antithetical to self-compassion, and their self-evaluations tend to be excessively harsh and distressing (Grzegorek et al., 2004; Lo & Abbott, 2013; Rice & Slaney, 2002). In comparison, a study by Leary and colleagues (2007) found that individuals high in self-

compassion have more accurate self-evaluations that are based on observers' assessment of their performance, hence they are less prone to catastrophizing and the subsequent emotional distress. No significant relationship was found between Standards scores (adaptive perfectionism) and self-compassion, as expected. This hypothesis was based on prior research by Neff et al. (2003b) and Linnett and Kibowski (2019). According to Neff (2003b), the lack of significance demonstrates that self-compassion does not result in lowered standards, but instead self-compassion may help individuals to cope and be more accepting of themselves when those standards are not met.

A moderate, negative correlation was found between self-compassion and the ranked variable 'perfectionism group'. The rank order was based on the results of the ANOVA: (1) adaptive perfectionism, (2) non-perfectionism, and (3) maladaptive perfectionism. The negative correlation demonstrates that as 'perfectionism group' changes from adaptive, to non-, to maladaptive perfectionism, self-compassion scores decrease. Discrepancy was strongly, positively correlated with 'perfectionism group', whereas Standards was not. Put together, these findings validate the rank ordered relationship because as 'perfectionism group' scores increase, the scores relate more to maladaptive perfectionism and less to adaptive and non-perfectionism, lending additional support for the findings of the ANOVA.

Contrary to hypotheses and the work of by Egan et al. (2022), Hayter and Dorstyn (2014), as well as Shebuski et al. (2020), no significant correlation was found between self-compassion and trait resilience. While trait resilience and self-compassion are both associated with positive mental health and overcoming hardship, they may operate as independent constructs. Alternatively, this contrast may be due to the variation in measurement tools that assess trait-resilience. Hayter and Dorstyn (2014) and Shebuski et al. (2020) used the Connor-

Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). Egan et al. (2022) used a ten-item version of the CD-RISC. The ER89 and the CD-RISC are both widely used measures of trait resilience with strong empirical support. However, it is possible that the relationship between trait resilience and self-compassion is more difficult to detect when the ER89 is used. Another possible explanation is the small sample size of this study, which may have resulted in the inability to detect a significant difference regardless of the selected measurement tool.

Agreeableness, openness to experience, extraversion, and conscientiousness had no significant relationship with self-compassion. This finding conflicted with the hypothesis as well as with prior research. Most likely, this was once again due to the small sample size acquired in this study. However, the lack of significance may also be due to differences in measurement tools, as with trait resilience. To my knowledge, this is the first study that examined the “Big Five” traits with self-compassion using the validated BFI-2-S. Generally, the full, 44-item Big Five Inventory (BFI; John et al., 1991) is used. In this study, the short form was used in the interest of time. Careless responding is a relevant issue among undergraduate samples and can be avoided by reducing the length of study participation (Ward & Pond, 2015).

As discussed previously, the current study is limited by its small sample size, it is also important to consider that the current study did not contain any male participants because the study was conducted at a women’s institution. Past research has indicated that females are more prone to maladaptive perfectionism and hold slightly lower levels of self-compassion compared to males (Rice et al., 2015; Yarnell et al., 2015). What is more, females tend to score higher on measures of neuroticism and agreeableness than males (Weisberg et al., 2011). Finally, this study was conducted in individuals between the ages of 18-23. Self-compassion is a malleable state which can change across the lifespan. Future research may consider addressing these limitations

by using a greater sample size, a balanced gender representation, and a larger age range. Further, measuring resilience as a process or outcome may result in a greater understanding of the relationship between resilience and self-compassion. A final consideration would be to study an all-female population at a mixed-gender institution. Perhaps variables such as self-compassion and perfectionism are influenced by the presence of male-peers.

The findings of this study are relevant to the fields of clinical, counselling, and personality psychology. Results of the ANOVA may provide support for the use of self-compassion as an intervention to reduce the negative symptoms of maladaptive perfectionism such as psychological distress and self-criticism. Similarly, self-compassion practices may also buffer against the negative aspects of neuroticism like self-blame. Self-compassion practices are simple, accessible and cost-effective (e.g. Toole & Craighead, 2016; Shapira & Mongrain, 2010). They have also been found to be successful in student populations (e.g. Smeets et al., 2014). It may be of interest to examine the moderating relationship of self-compassion on maladaptive perfectionism and neuroticism, then to conduct a direct intervention study of self-compassion on both variables. In summation, the current study provides additional evidence of the relationships between self-compassion and personality variables. Findings of this study extend upon the existing body of literature of self-compassion and point towards the use of self-compassion for mental health interventions.



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## Appendix A

Q1 What is your age? (please type your response in the text box provided)

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Q2 What is your gender / how do you identify?

Male

Female

Non-binary

Other (please specify) \_\_\_\_\_

Prefer not to answer

## Appendix B

Please read each statement carefully before answering. Indicate how often you behave in the stated manner based on the scale of 1 (almost never) to 5 (almost always).

	1 (Almost never)	2	3	4	5 (Almost always)
1. When I fail at something important to me I become consumed by feelings of inadequacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I try to be understanding and patient towards those aspects of my personality I don't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When something painful happens I try to take a balanced view of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I try to see my failings as part of the human condition.

6. When I'm going through a very hard time, I give myself the caring and tenderness I need.

7. When something upsets me I try to keep my emotions in balance.

8. When I fail at something that's important to me, I tend to feel alone in my failure.

9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

11. I'm disapproving and judgmental about my own flaws and inadequacies.

12. I'm intolerant and impatient towards those aspects of my personality I don't like.









## Appendix D

Please read the below statements about yourself and indicate how well it applies to you on a scale of 1 (does not apply at all) to 5 (applies very strongly). There are no right or wrong answers. Please respond to all of the items.

	1 (Does not apply at all)	2 (Applies slightly)	3 (Applies somewhat)	4 (Applies very strongly)
1. I am generous with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I quickly get over and recover from being startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I enjoy dealing with new and unusual situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I usually succeed in making a favorable impression on people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy trying new foods I have never tasted before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am regarded as a very energetic person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I like to take different paths to familiar places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am more curious than most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Most of the people I meet are likable.

10. I usually think carefully about something before acting.

11. I like to do new and different things.

12. My daily life is full of things that keep me interested.

13. I would be willing to describe myself as a pretty "strong" personality.

14. I get over my anger at someone reasonably quickly.

## Appendix E

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please select a response to indicate the extent to which you agree or disagree with each statement.

*I am someone who...*

	Disagree strongly (1)	Disagree a little (2)	Neutral; no opinion (3)	Agree a little (4)	Agree strongly (5)
Tends to be quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is compassionate, has a soft heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tends to be disorganized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is fascinated by art, music, or literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is dominant, acts as a leader.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is sometimes rude to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has difficulty getting started on tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tends to feel depressed, blue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has little interest in abstract ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumes the best about people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is reliable, can always be counted on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is emotionally stable, not easily upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is original, comes up with new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is outgoing, sociable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can be cold and uncaring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps things neat and tidy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is relaxed, handles stress well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has few artistic interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefers to have others take charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is respectful, treats others with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is persistent, works until the task is finished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels secure,  
comfortable  
with self.

Is complex, a  
deep thinker.

Is less active  
than other  
people.

Tends to find  
fault with  
others.

Can be  
somewhat  
careless.

Is  
temperamental,  
gets emotional  
easily.

Has little  
creativity.