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DOMAIN OF CLINICAL PSYCHOLOGY



**THE PROTECTIVE ROLE OF SELF-COMPASSION AND ITS
EFFECT ON PERFECTIONISM AND PROCRASTINATION**

- a case study on high achieving college students -

الدور الحامي للعلاج بالتراحم الذاتي وأثره على المثالية والتسويف

- دراسة حالة على الطلبة الجامعيين المتفوقين -

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Submitted By:

- Nada AGUIDA

- Anass MAHDJOUBI

Supervised by:

- Dr. Loubna SEFFARI

Board of Examiners	
Dr. Sounia Doudou	Chairperson
Dr. Aicha Chalabi	Examiner
Dr. Loubna Seffari	Supervisor

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DEDICATION

وجد الانسان على وجه البسيطة، ولم يعيش بمعزل عن باقي البشر

وفي جميع مراحل الحياة، يوجد أناس يستحقون منا الشكر

وأولى الناس بالذكر عائلتي الصغيرة والدي واختي الحبيبة على كل الدعم

واحب اللامتناهيان ... الضلع والسند الذي يميل ... الى عائلتي الكبيرة الى

كل شخص رافقني ودعني بأبسط الأشياء في مشواري الجامعي

الى صديقاتي الحبيبات

والى ملهستي استاذتي الحبيبة الدكتورة سفاري لبنى التي كان لها الفضل كبير في

انجاز المذكرة وعشق التخصص

الى الاخصائية النفسية بجاوي هدى على كل الدعم والتوجيه المستمران طوال فترة

الجامعة وعلى كل جهودها المشرة ودعمها اللامتناهي

الى احب الغير مشروط الذي كان داعما وملهما ومشجعاً في كل وقت

- ندى عقيدة

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من لا يشكر الناس لا يشكر الله

اثنى جهودكم الكبيرة في جميع أوقات الدراسة التي مرت علينا هنا، فما فعلتوه معنا يفوق أكبر من كل شكر، كل الشكر والتقدير لك.

تتسابق عبارات الحب ويتزاحم الكلام الرقيق ليقول لك شكرا على موقفك الكريم في كل لحظة. شكر حار على كل ما قدمته لنا وساعدتنا عليه استاذتي الفاضلة، شكر يفوق حدود الخيال على مساعدتك لنا في تحقيق الآمال.

إن شكرناك فكل شكرنا لن يوفيك حقك، وإن منحتك العالم فهديتنا لن تكفيك وتبقى قليلة في حقك.

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Abstract

Few studies have documented the impact of the perfectionism-procrastination cycle on high achieving college students, with harmful consequences for both the student's work and personal life. As both environmental and personality factors play a part in perfectionism, a common trait in high achieving students' personalities, has been linked to psychological distress and increasing students' vulnerability to Procrastination. Self-compassion, i.e., treating oneself kindly through hardship, has emerged as a protective measure between perfectionism and procrastination. The goal of this study is to measure the levels of all of the study variables before and after the treatment protocol on high achieving college students in order to measure the effectiveness of increased levels of self-compassion on decreasing the other two variables.

Using the three scales; Frost's Multidimensional Perfectionism scale, Academic Procrastination Scale, and the Self-Compassion Scale to measure the effectiveness of the treatment protocol that was applied to the study participants before and after, we found that the treatment protocol that focused on increasing the levels of self-compassion among the participants was effective in increasing it and in turn managed to decrease the levels of Perfectionism and Procrastination.

Our findings underline the relevance of proper self-compassion in combating the harmful effects of the perfectionism-procrastination cycle using proper homeworks and treatment protocols.

Keywords: Self-Compassion, Perfectionism, Procrastination, Academic procrastination, treatment protocol.

وثقت قلة من الدراسات تأثير دوامة الكمالية والتسويف على الطلبة الجامعيين المتفوقين وعواقبها السلبية على كل من حياة الطالب الشخصية والدراسية حيث تلعب كل من العوامل الشخصية والمحيط دورا في الكمالية، التي تعتبر خاصية شائعة في شخصيات الطلبة المتفوقين، والتي تم ربطها بالضغط النفسي وزيادة العرضة للتسويف. ظهر التراحم الذاتي، أي معاملة الذات بطيبة اثناء المحن، كوسيلة حمائية بين الكمالية والتسويف. والهدف من هذه الدراسة هو قياس مستويات كل متغيرات الدراسة قبل وبعد البروتوكول العلاجي على الطلبة الجامعيين المتفوقين من اجل قياس فعالية زيادة مستويات التراحم الذاتي في تخفيض مستويات المتغيرين الاخرين.

باستعمال المقاييس الثلاثة: مقياس فروست المتعدد الابعاد للكمالية، مقياس التسويف الأكاديمي، ومقياس التراحم الذاتي لقياس مدى فاعلية البروتوكول العلاجي المطبق على الحالات الذين شاركوا في هذه الدراسة قبل وبعد، ووجدنا ان البروتوكول العلاجي الذي ركز على زيادة مستويات التراحم الذاتي عند المشاركين كان فعالا في ذلك، وبالتالي استطاع ان يخفض مستويات كل من الكمالية والتسويف.

أكدت نتائجنا على أهمية التراحم الذاتي في محاربة الآثار الضارة لدوامة الكمالية والتسويف باستعمال البروتوكول العلاجي والواجبات المنزلية المناسبة.

الكلمات المفتاحية: التراحم الذاتي، الكمالية، التسويف، التسويف الأكاديمي، بروتوكول علاجي.

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GENERAL
INTRODUCTION

Introduction:

Psychotherapy and counseling are now well established as effective frontline treatments for mental health problems. In many countries they are seen as being a part of the framework of mental health services and often offered as an alternative to drug treatment. (Green, Latchford, 2012, p. 22)

Among the most important points in psychotherapy is self-compassion which is a relatively new psychological construct which refers to witnessing one's own suffering in challenging times, and attending to that suffering with kindness and a non-judgmental stance, while recognizing that suffering is part of the common human experience. While research studies over the past decade have identified a number of beneficial psychological and even physiological outcomes of self-compassion, little research attention has focused on its origins. Self-compassion emphasizes that all people are important and commendable paying little respect to their physical abilities or accomplishment. (Saleh, et al, 2022, p. 55).

When talking about self-compassion, we cannot do without the treatment that emanates from it, and its impact on the mental health of individuals, and its role in helping to reduce the levels of perfectionism and procrastination especially amongst university students. Through that, we carefully considered the following subject for research "the protective role of self-compassion and the relationship between perfectionism and procrastination."

On this basis, we started this study with an introductory chapter that contains the problem and the hypotheses of the study that were formulated in light of the questions of the study, and then determined the importance and objectives of the study, in addition to previous studies and defined the terms of the study, either for the theoretical aspect, which includes four chapters that deal with the theoretical background of variables the study, and followed the theoretical side with the practical side, which is an extension of the previous chapters, which consists of two chapters, where the fifth chapter is devoted to the methodological aspect of the study represented in the identification of study methodology, study sample, and study tools, while the sixth chapter we presented cases with an analysis of the results obtained through the application of therapeutic protocol of self-compassion.

The problem:

Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. (world health organization, 2003, p 7)

Among the things that hinder the good functioning of the mental health of individuals is idealism, which means a multidimensional personality trait associated with having very high, often unrealistic standards and expectations and striving to achieve them flawlessly. Manifestations of perfectionism are evident as early as childhood and adolescence and affect many areas of functioning, such as, sports, hobbies, and in adulthood, intimate relationships, professional activity, parenthood and academics. (Kwarcinińska, et al, 2022 , p6)

For perfectionist people with high standards, that perfectionism leads them to procrastination. For most people procrastination, irrespective of what they say, is NOT about being lazy. In fact, when we procrastinate, we often work intensely for long stretches just before our deadlines. Working long and hard is the opposite of lazy, so that can't be the reason we do it. (Voge ,2007, p 3)

Aggregated effects of procrastination on stress and mood have been inconsistent in the literature, perhaps because, as Steel (2007) observed, studies have not been consistent in the times in which mood has been assessed. Thus, the association between mood and procrastination may vary depending on different factors, including time in the semester, amount of time following dilatory behavior, performance on procrastinated tasks, and number of current deadlines. (Rice, et al, 2012, p 4)

Both procrastination and idealism affect the psychology of people so that they become very themselves and do self-flagellation, and this contradicts the self-compassion that its founders such as Kristin Neff talked about Self-compassion which is an open-hearted way of relating to negative aspects of oneself and one's

experience that enables greater emotional resilience and psychological wellbeing. (Neff, Lamb ,2009, p2)

Sapançi Ahmet spoke about these topics in his study (2021) entitled: “the mediating role of self compassion in the relationship between perfectionism and academic procrastination in pre-service teachers”. the aim of this study is to examine the mediating role of self-compassion in the relationship between perfectionism and academic procrastination in teacher candidates. Structural equation modeling, one of the quantitative research methods, was used in the study. The participants of the study consisted of a total of 478 teacher candidates, 328 females and 150 males, between the ages of 18-41. Personal Information Form, Aitken Procrastination Inventory, Frost Multidimensional Perfectionism Scale and Self-Compassion Scale were used as data collection tools in the research. According to the findings, perfectionism has a negative relationship with self-compassion, perfectionism has a positive relationship with academic procrastination, and self-compassion has a negative relationship with academic procrastination. As a result of the Bootstrap analysis for the significance of indirect effects, it was found that self-compassion had a partial mediating role in the relationship between perfectionism and academic procrastination.

And in another study by Aki Kawamoto et al. (2022) entitled: “The Role of Self-Compassion Among Adaptive and Maladaptive Perfectionists in University Students”. The purpose of this study was to examine the mediating role of self-compassion and its individual facets among adaptive and maladaptive perfectionists in relation to commonly reported psychological distress domains among university students. Supporting the tripartite model, our findings indicate that adaptive perfectionists tend to be psychologically healthier than maladaptive perfectionists and that self-compassion plays a significant role in this difference. Self-compassion appears to have adaptive functioning for perfectionists who inevitably need to accept their imperfection. this study highlights the need for research to examine the combined characteristics of the perfectionism dimensions and the importance of self-compassion practice for students who struggle with perfectionism.

Using the tripartite model of perfectionism that accounts for combined characteristics of the Perfectionistic Strivings and Perfectionistic Concerns dimensions, this study explored the mediating role of self-compassion to explain differences between adaptive and maladaptive perfectionists in four psychological distress domains: depression, generalized anxiety, social anxiety, and academic distress. A sample of 3,112 university students were classified into adaptive, maladaptive, and non-perfectionists. Results of mediation analyses comparing adaptive and maladaptive perfectionists indicated that adaptive perfectionists

reported significantly greater self-compassion and lower psychological distress levels in all four areas. Self-compassion significantly mediated the associations between perfectionist groups in all four domains. These findings were largely supported across various ethnic and international student groups in the analyses by subgroups. Furthermore, parallel mediation analyses demonstrated the unique contributions of individual self-compassion subscales as mediators. Implications for clinical practice, training, and future research are discussed.

Previous Studies:

1- Williams et al., (2008) “Start Today or the Very Last Day? The Relationships Among Self-Compassion, Motivation, and Procrastination” The study explores the relationship between self-compassionate attitudes, motivation, and procrastination tendencies among college undergraduates. Results using four online surveys were compared on measures of motivation anxiety, achievement goal orientation, and procrastination tendency, show that individuals with high self-compassion report less motivation anxiety and procrastination tendencies. The study emphasizes the importance of understanding self-views as potential procrastination triggers and suggests future research directions.

- this study is similar to ours as they both try to understand the relationship between self-compassion and procrastination. however, they differ in that our study used a small sample of four college students in the form of a case study, and this study used a large sample of 91 undergraduate students at a liberal arts university. And they also differed in that our study also included perfectionism as a variable.

2- Mehr & Adams (2016) “Self-Compassion as a Mediator of Maladaptive Perfectionism and Depressive Symptoms in College Students” The study investigated the link between maladaptive perfectionism, self-compassion, and depressive symptoms in college students. Results using surveys conducted on a secured website, showed that self-compassion partially mediates the relationship, with lower self-compassion levels correlated with greater depressive symptoms.

- this study is similar to ours as they both investigate the link between self-compassion and perfectionism, and they also share the sample (college students). However, they differ as our study also investigates procrastination and its relationship with the other variables, while this study investigates depressive symptoms.

3- Grzybowski & Brinthaupt (2022) “Trait mindfulness, self-compassion, and self-talk: A correlational analysis of Young Adults” This study investigates the correlation between trait mindfulness, self-compassion, self-talk frequency, and mindful practice experience. Results using two measures of trait mindfulness (the 15-item Five Facet Mindfulness Questionnaire and the Trait Toronto Mindfulness Scale), two measures of self-talk (the Self-Talk Scale and the Automatic Thoughts Questionnaire—Revised), and the Self-Compassion Scale short form on a sample of 342 participants, showed moderate positive correlations between positive self-talk and trait mindfulness and self-compassion, while a significant negative correlation emerged between negative self-talk and trait mindfulness. No moderating effects of mindfulness experience on self-talk or self-compassion were found. This relationship is crucial for effective treatment methodologies.

- this study is similar to ours as they both study the benefits of self-compassion as a treatment. however, they differ as this study also studies trait mindfulness and self-talk instead of perfectionism and procrastination.

4- Daniilidou (2023) “Understanding the Relationship Between the Multidimensional Perfectionism and Self-Compassion in Adults: The Effect of Age” The study examines the relationship between perfectionism and self-compassion in an adult sample, it aimed to (a) to examine the relationships between the types of perfectionism and the self-compassion components in an adult sample and (b) to check the effect of age on the relationship between the perfectionistic types and the self-compassion components, focusing on 509 adults aged 18 to 65. Results show that high standards predict self-compassion, discrepancy predicts self-judgment and isolation, and self-kindness and mindfulness negatively predict self-compassion. Adaptive perfectionists and non-perfectionists have higher levels of positive self-compassion components compared to maladaptive perfectionists.

- this study is similar to ours as they both try to understand the relationship between self-compassion and perfectionism. however, they differ in that our study used a small sample of adults (college students) in the form of a case study, and this study used a large sample of adults of different age groups. And they also differed in that our study also included procrastination as a variable.

Questions:

How does the role of self-compassion manifest?

Is self-compassion therapy effective in disrupting perfectionistic tendencies and procrastination?

What effect does self-compassion have on high achieving college students who display perfectionistic tendencies?

What effect does self-compassion have on high achieving college students who display procrastinatory tendencies?

Hypotheses:

General hypothesis:

- Self-Compassion therapy has a protective role against negative self-talk and harm, and tends to reduce the levels of perfectionism and procrastination among high achieving college students.

Specific Hypotheses:

- Self-Compassion therapy is highly effective in disrupting the Perfectionism-Procrastination cycle among high achieving college students.
- Self-Compassion has a positive impact in reducing perfectionistic tendencies among high achieving college students.
- Self-Compassion has a positive impact in reducing procrastinatory tendencies among high achieving college tendencies.

Study Objectives (Reformulation of the Hypotheses):

What all scientific research and studies seek is to achieve clear and specific goals and objectives, and therefore this study aims to achieve the following:

- Highlighting the perfectionism and procrastination of the outstanding university student.
- Testing the validity of the hypotheses developed for this problem.
- Provide a treatment program that helps alleviate the suffering of outstanding students.
- Improving self-compassion among outstanding university students.
- Providing psychological support to outstanding university students who suffer from idealism and procrastination.

The importance of the study:

This study is a new addition to university and scientific libraries in the field of clinical psychology, especially since studies and research are rare So much in this aspect.

- Enriching the scientific side with new knowledge that contributes to providing solutions to a type of psychological problem.

- Shedding light on this segment of society that has not received full psychological support.

- Providing psychological assistance to outstanding students through a therapeutic protocol that helps improve their psychological conditions and reduce idealism and procrastination

Reasons for choosing this topic:

- There is little to none Arabic studies on this subject.

- Lack of a treatment protocol based on self-compassion therapy.

- Lack of psychological care for outstanding university students who suffer from perfectionism and procrastination.

Key Definitions:

Self-Compassion: according to the APA Dictionary; a construct derived from Buddhist thought and entailing a noncritical stance toward one's inadequacies and failures. It has been suggested that if self-criticism can lead to negative emotions, self-compassion may promote well-being by protecting one from the negative emotional implications of one's perceived failings.

Perfectionism: according to the APA Dictionary; the tendency to demand of others or of oneself an extremely high or even flawless level of performance, in excess of what is required by the situation. It is associated with depression, anxiety, eating disorders, and other mental health problems.

Procrastination: Everyone puts things off sometimes, but procrastinators chronically avoid difficult tasks and may deliberately look for distractions. Procrastination tends to reflect a person's struggles with self-control. For habitual procrastinators, who represent approximately 20 percent of the population, "I don't feel like it" comes to take precedence over their goals or responsibilities, and can set them on a downward spiral of negative emotions that further deter future effort.

Chapter One:
Self-Compassion

Introduction:

Self-compassion, which can be understood as compassion for the experience of suffering turned inward, is a productive way of approaching distressing thoughts and emotions that engenders mental and physical well-being. Self-compassion is defined by a kind, warm, and caring attitude toward oneself, entailing a positive view of the self and the recognition that personal shortcomings are only human.

To understand self-compassion, we also need to understand self-criticism. Self-criticism is something that most people experience to varying degrees and relates to our internal voice, or ‘inner critic’ who insults, undermines, and criticizes us. What our inner critic tells us is different for each of us, but it might sound something like:

“You’re not good enough”

“You’re so stupid”

“You’re such a failure”

Having these thoughts can lead to negative cycles where we find it difficult to look after ourselves and feel worthless, incompetent, and insecure. It is like having someone there who is constantly highlighting negative things in your life and telling you that it is all your fault.

Studies have explored the impact of early relationships with parents and development of self-criticism. Parental overcontrol and restrictiveness and lack of warmth consistently have been identified as parenting styles associated with development of self-criticism in children. One study found that self-criticism fully mediated the relationship between childhood verbal abuse from parents and depression and anxiety in adulthood. Reports from parents on their current parenting styles are consistent with these studies. Amitay et al states that “self-critics’ negative childhood experiences thus seem to contribute to a pattern of entering, creating, or manipulating subsequent interpersonal environments in ways that perpetuate their negative self-image and increase vulnerability to depression.” Not surprisingly, self-criticism is associated with a fearful avoidant attachment style. Review of the developmental origins of self-criticism confirms these factors and presents findings that peer relationships also are important factors in the development of self-criticism. (Warrens et al., 2016. P. 24)

Early positive relationships with caregivers are associated with self-compassion. Recollections of maternal support are correlated with self-compassion and secure attachment styles in adolescents and adults. Pepping et al found that retrospective reports of parental rejection, overprotection, and low parental warmth was associated with low self-compassion. (Warrens et al., 2016. P. 24)

A Historical excerpt:

In recent years, the practice of self-compassion has become increasingly popular, leading to a steadily growing number of research articles. The groundbreaking contribution by Neff presented self-compassion as a practice originating in Buddhist thought with the potential of providing many of the psychological benefits that have been associated with increased self-esteem but without some of its potentially detrimental repercussions. (Anālayo & Dhammadinnā, 2021)

There is a long history of philosophical and spiritual writings, highlighting the value of compassion as an antidote to suffering and anti-social Behaviour. However, it has only been in the last 30 years or so that we have seen much research on the neurophysiological, psychological, and social dimensions of compassion and compassion training. This work has been paired with the development of various forms of general compassion training and cultivating compassion to address personal problems like self-criticism and mental health issues. Among the latter, the most well-developed and evidence-based is mindful self-compassion of Neff and Germer to address self-criticism, and also cognitively-based compassion training, which combines the elements of cognitive therapy with Buddhist practices. Compassion focused therapy (CFT) is an integrative, multidisciplinary, process-based therapy that utilizes insights and wisdoms from many of the main schools of psychotherapy with increasing evidence of effectiveness. (Anālayo & Dhammadinnā, 2021)

During Kristin's last year of graduate school in 1997 she became interested in Buddhism, and has been practicing meditation in the Insight Meditation tradition ever since. While doing her post-doctoral work she decided to conduct research on self-compassion – a central construct in Buddhist psychology and one that had not yet been examined empirically. The scale she created to measure self-compassion was published in 2003 and is now being used by hundreds of researchers worldwide. (Psychology Today, 2015)

The Founders:

Kristin Neff:

Kristin Neff got her Ph.D. at the University of California at Berkeley in 1997 in the field of moral development. She then spent two years of post-doctoral study in the field of self-concept development at Denver University. Her current position is in the Human Development and Culture Program, Dept. of Educational Psychology, at the University of Texas at Austin. She started at UT in 1999 and was promoted to Associate Professor in 2006.

In addition to her pioneering research into self-compassion, she has developed an 8-week program to teach self-compassion skills. The program, co-created with her colleague Chris Germer at Harvard University, is called Mindful Self-Compassion. She has a new book titled "Self-Compassion" that was published by William Morrow in April, 2011.

Chris Germer:

Christopher Germer, PhD, is a clinical psychologist and part-time lecturer on psychiatry at Harvard Medical School. He co-developed the Mindful Self-Compassion (MSC) program—which has been taught to over 200,000 people worldwide—with Kristin Neff in 2010 and co-wrote two books with her: *The Mindful Self-Compassion Workbook* and *Teaching the Mindful Self-Compassion Program*. Dr. Germer is also the author of *The Mindful Path to Self-Compassion*. He coedited two influential volumes on therapy, *Mindfulness and Psychotherapy* and *Wisdom and Compassion in Psychotherapy*, and maintains a small psychotherapy practice in Massachusetts.

Definition of self-compassion:

Self-Compassion is a category of behaviors that function to preserve, protect, or enhance well-being. It is not self-indulgence (as so beautifully expressed by Audre Lorde in her essay collection *A Burst of Light*: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare”). It is not gratuitous or optional. At its core, Self-Compassion is about keeping your body well through sleep, diet, and exercise; your brain sharp through curiosity and stimulation; and your heart pulsing through social connections and self-respecting boundaries. It is essential to your quality of life.

A lot of the time, Self-Compassion is simply giving yourself permission to make mistakes—to be human. If you’ve spent hours agonizing over how to start an email to your boss, Self-Compassion is picking one option and sending the email anyway. In doing so, you’re basically saying to yourself, “It’s okay if I use

the wrong salutation. I'm acceptable regardless of how this person receives my email." If you exercise some perspective taking, preventing yourself from sending the email is equivalent to forcing someone to sit in front of their computer screen for hours exploring every single possible reaction to every permutation of greeting until they know exactly what the right answer is. (And even then, they won't.) If you find yourself arguing with this logic, ask yourself, "Would I ask someone I care about to go through that amount of stress to please their boss?" (Ong, 2022. p 128)

Self-Compassion is an everyday activity. Many people have the impression that they can make up for consistently running themselves into the ground if they intermittently go all out on self-care, sort of like doing a juice cleanse to reset the system. Accordingly, they focus on the grand-gesture end of the spectrum, raising the barrier to engaging in Self-Compassion and making themselves more likely to avoid it. This is like setting an exercise minimum of three-hundred push-ups—in that case, you'd probably try to get out of exercising however you could. (Ong, 2022. p 129)

In reality, "smaller" acts may be more significant precisely because they can be completed more easily and frequently. Self-Compassion is best practiced as a habit. It's easier to make up for the occasional late night than consecutive sleepless nights; it's unreasonable to expect yourself to be adequately rejuvenated after sleeping in one morning if you've been constantly sleep-deprived. More generally, it's absurd to expect infrequent injections of self-kindness to do the colossal job of neutralizing your burnout and quieting relentless self-criticism. (Ong, 2022. p 129)

Self-Compassion components:

SELF-COMPASSION ENTAILS THREE CORE COMPONENTS:

First, it requires self-kindness, that we be gentle and understanding with ourselves rather than harshly critical and judgmental. Second, it requires recognition of our common humanity, feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering. Third, it requires mindfulness—that we hold our experience in balanced awareness, rather than ignoring our pain or exaggerating it. We must achieve and combine these three essential elements in order to be truly self-compassionate. This chapter and the next two focus on each component separately, as they are all equally important. We'll start with what is perhaps the most obvious ingredient of self-compassion: self-kindness. (Neff, 2011. P. 55)

Self-kindness, by definition, means that we stop the constant self-judgment and disparaging internal commentary that most of us have come to see as normal. It requires us to understand our foibles and failures instead of condemning them. It entails clearly seeing the extent to which we harm ourselves through relentless self-criticism, and ending our internal war. (Neff, 2011. P. 56)

The second fundamental Element of Self-Compassion is recognition of the common human experience. Acknowledgment of the interconnected nature of our lives—indeed of life itself—helps to distinguish self-compassion from mere self-acceptance or self-love. Although self-acceptance and self-love are important, they are incomplete by themselves. They leave out an essential factor—other people. Compassion is, by definition, relational. Compassion literally means “to suffer with,” which implies a basic mutuality in the experience of suffering. The emotion of compassion springs from the recognition that the human experience is imperfect. Why else would we say “it’s only human” to comfort someone who has made a mistake? Self-compassion honors the fact that all human beings are fallible, that wrong choices and feelings of regret are inevitable, no matter how high and mighty one is. (As the saying goes, a clear conscience is usually the sign of a bad memory.) (Neff, 2011. P. 79-80)

When we’re in touch with our common humanity, we remember that feelings of inadequacy and disappointment are shared by all. This is what distinguishes self-compassion from self-pity. Whereas self-pity says “poor me,” self-compassion remembers that everyone suffers, and it offers comfort because everyone is human. The pain I feel in difficult times is the same pain that you feel in difficult times. The triggers are different, the circumstances are different, the degree of pain is different, but the process is the same. You can’t always get what you want. (Neff, 2011. P. 80)

The third key ingredient of Self-Compassion is mindfulness. Mindfulness refers to the clear seeing and non-judgmental acceptance of what’s occurring in the present moment. Facing up to reality, in other words. The idea is that we need to see things as they are, no more, no less, in order to respond to our current situation in the most compassionate—and therefore effective—manner. (Neff, 2011. P. 101)

To give ourselves compassion, we first have to recognize that we are suffering. We can’t heal what we can’t feel. As mentioned earlier, we often fail to recognize feelings of guilt, defectiveness, sadness, loneliness, and so on, as moments of suffering that can be responded to with compassion. When you look in the mirror and decide you’re too short, or that your nose is too big, do you immediately tell yourself that these feelings of inadequacy are painful and deserving of a kind,

caring response? When your boss calls you into his office and tells you that your job performance is below par, is your first instinct to comfort yourself for going through such a difficult experience? Probably not. (Neff, 2011. P. 101-102)

We certainly feel the sting of falling short of our ideals, but our mind tends to focus on the failure itself, rather than the pain caused by failure. This is a crucial difference. The moment we see something about ourselves we don't like; our attention tends to become completely absorbed by our perceived flaws. In that moment, we don't have the perspective needed to recognize the suffering caused by our feelings of imperfection, let alone to respond to them with compassion. (Neff, 2011. P. 102)

Chapter Two:
Perfectionism

The Definition of Perfectionism:

According to Clarissa Ong in her book the “anxious perfectionist”: “Perfectionism is broadly defined as working toward high standards and expectations. The “overachiever” is the prototype most people think of when we talk about perfectionism. However, perfectionism is more nuanced than overachieving; it shows up in multiple ways: the neighbor whose fence remains unpainted because they can’t decide between eggshell or ivory white, the friend who has a meltdown unless things go exactly according to plan, the artist who has produced nothing despite spending hours in the studio, or the graduate student who spends more time organizing tasks than doing them. All these people could be perfectionists.” (Ong, 2022. p 32)

And according to Joachim Stoeber: “Perfectionism has been described as a personality disposition characterized by striving for flawlessness and setting excessively high standards for performance accompanied by tendencies for overly critical evaluations of one’s Behaviour. Over the past 20 years, psychological research has progressed considerably in the understanding of perfectionism. Critical to this progress was the development of instruments that allowed for a multidimensional assessment of perfectionism. These instruments provided researchers with the necessary tools to discover that perfectionism—although overall a maladaptive personality disposition associated with a range of negative characteristics, processes, and outcomes—also has aspects that are ambivalent and aspects that are associated with positive characteristics, processes, and outcomes.” (Stoeber, 2010)

According to Roz Shafran in “overcoming perfectionism”: “Perfectionism is the setting of, and striving to meet, very demanding standards that are self-imposed and relentlessly pursued despite this causing problem. It involves basing one’s self-worth almost exclusively on how well these high standards are pursued and achieved.” (Shafran, 2010. p 21)

Types of Perfectionism:

There are two types of perfectionism: adaptive and maladaptive. Adaptive perfectionism describes a pattern of striving for achievement that is perceived as rewarding or meaningful; it is associated with positive outcomes like self-reported happiness, life satisfaction, and conscientiousness. Adaptive perfectionists can function at high levels of productivity without burning themselves out. They like this style of living, and it works for them. (Ong, 2022. p 32)

In contrast, maladaptive perfectionism is characterized by self-criticism, rigid pursuit of unrealistically high standards, distress when standards are not met, and

dissatisfaction even when standards are met. Unsurprisingly, maladaptive perfectionism is linked to such psychological conditions as depression, obsessive-compulsive disorder, eating disorders, and anxiety disorders. (Ong, 2022. p 32)

The differences can be summarized as follows:

	Adaptive	Maladaptive
Approach vs. Avoidance	-The motivation is to approach a desired consequence (positive reinforcement)	-The motivation is to avoid or escape an undesired consequence (negative reinforcement)
Process vs. Outcome	-Process-oriented perfectionism is about savoring the process of tasks and finding meaning in doing them regardless of outcome. - If you define success based on process or how you approach tasks, then you can control how successful you are.	-Outcome-oriented perfectionism cares only about results, such that an imperfect result negates all effort. - If you make outcome your metric of success, then success falls outside your control.
Casual vs. Committed	-If you're nice to yourself when you fall short of your ambitions, i.e., you have a casual relationship with your high standards. -More realistic about their capabilities and more accepting of their limitations.	-If you're unyielding with your measures and standards and measure your self-worth by your ability to meet those standards. i.e., you're in a committed relationship with your high standards -Failure is unbearable and triggers shame and guilt.

Table 1 : Summary of the differences between different types of perfectionism.

To further clarify the categories above:

Approach vs. Avoidance:

Do you act to obtain a reward or to avoid a consequence? For example, if completing work is about deriving a sense of satisfaction from meaningful engagement with the work, then it's adaptive. But if completing work is about avoiding negative evaluation from your supervisor, it's maladaptive. If you've been debating for hours whether to pick the flight that lands at 1:00 or 3:30 p.m. because you aren't sure of the optimal time to circumvent traffic, that's

maladaptive because you're trying to avoid the aversive state of being wrong. Undesirable consequences can be real-world events like failing a job interview or inner experiences like feeling inadequate. Generally, adaptive perfectionism is about seeking achievement that is experienced as fulfilling, whereas maladaptive perfectionism is about avoiding failure.

Process vs. Outcome:

Which do you have more control over: learning new things with curiosity or getting an A on every test? Being present during your child's first birthday party or making sure everyone has fun? Showing up as a genuine person or getting people to like you?

The problem with focusing on outcome is that you feel like you're continuously grasping for something that's just outside your reach, living in a limbo of "almost." The proximity to perfection is probably what's so dangerous because it deludes you into believing that the outcome you want is within reach—so you keep trying...and trying. In contrast, if you focus on process, you might find some pleasure in simply doing things and letting go of expectations to be better. In the "process" space, you can be exactly as you are.

The personality traits of a perfectionist:

Perfectionists have some personality traits that are similar to high-achievers personality traits, however there are some key differences between them, mainly with the maladaptive perfectionist types, and those differences are as follows: (Scott, 2023)

- **All-or-Nothing Thinking:** While a high achiever can be satisfied with doing a great job and achieving excellence (or something close) even if their goals aren't completely met, a perfectionist will accept nothing less than perfection.
- **Being Highly Critical:** Someone with a perfectionist personality is more critical of themselves and others than a high achiever. High achievers take pride in their accomplishments and tend to be supportive of others, yet perfectionists often spot mistakes and imperfections.
- **Feeling Pushed by Fear:** High achievers are often pulled toward their goals by a desire to achieve them. Perfectionists tend to be pushed by a fear of anything less than a perfectly met goal.
- **Having Unrealistic Standards:** High achievers can set their goals high, enjoying the fun of going a little further once these goals are reached. Perfectionists often set their initial goals out of reach.

- **Focusing Only on Results:** High achievers can enjoy the process of chasing a goal as much or more than the actual reaching of the goal itself. Conversely, perfectionists see the goal and nothing else and can't enjoy the process of growing and striving.
- **Feeling Depressed by Unmet Goals:** Perfectionists are often less happy than high achievers. While high achievers are able to bounce back fairly easily from disappointment, perfectionists tend to beat themselves up and wallow in negative feelings when their high expectations go unmet.
- **Fear of Failure:** Perfectionists have a greater fear of failure than high achievers. To them failure becomes a scary prospect, and since anything less than perfection is seen as a failure, it makes it difficult to get started on anything new.
- **Procrastination:** research has found that a perfectionist person who isn't able to adjust to their situation or environment—called maladaptive perfectionism—is often more prone to procrastinate. The reason for this is because, fearing failure as they do, perfectionists will sometimes worry so much about doing something imperfectly that they become immobilized and fail to do anything at all. This procrastination can then lead to greater feelings of failure, further perpetuating a vicious and paralyzing cycle.
- **Defensiveness:** A less-than-perfect performance is painful and scary to a perfectionist; he will often respond defensively to constructive criticism. High achievers, on the other hand, can see criticism as valuable information that will help improve their future performance.
- **Low Self-Esteem:** Although striving for perfectionism is associated with higher self-esteem, when someone with a perfectionist personality evaluates themselves critically, this contributes to low self-esteem instead. Perfectionists can also be lonely or isolated due to their critical nature and rigidity pushing others away. This can lead to even lower self-esteem, ultimately having a serious impact on the person's self-image and overall life satisfaction while also impacting their relationships.

The causes and consequences of perfectionism:

The causes:

Throughout the years, researchers debated the original causes of perfectionism, while some say that it's caused by genetic factors, as some researchers found in a study about twins that both environmental and genetic factors play a role in perfectionistic traits (Iranzo-Tatay et al., 2015). While others hypothesize that those traits come from the person's own personal expectations and from the expectations of those around them (Woodfin et al., 2021).

Perfectionism is encouraged in some families. Sometimes parents knowingly or unknowingly establish perfection as the standard. These parents require high scores in school or flawless performance in any extracurricular activities. Mistakes are also harshly punished in these families. The punishment may be severe, even abusive. This can include name-calling, yelling, shaming, the silent treatment, and physical punishment. Such punishments convey to the child that mistakes will not be tolerated.

Young children have a strong desire to please adults, even abusive adults. Children don't have the thinking skills or life experience to understand that sometimes adults are wrong. Children are at the mercy of adults when it comes to building their self-worth. If an adult tells a small child that s/he is a failure, not smart enough, too fat, or not talented, the child will internalize this message. The child will believe this is true and then continue to find evidence to support this point of view. (Sharon Martin, 2015)

The consequences:

While perfectionism in itself is not a disorder, it's however a symptom and a coping mechanism for several mental disorders, and having maladaptive perfectionistic tendencies increases the risk of those mental disorders (Dorwart, 2023), including:

- **Anxiety and depression:** Perfectionism, anxiety, and depression symptoms often go hand in hand with one another. Perfectionists are significantly more likely to meet the diagnostic criteria for conditions like generalized anxiety disorders and major depressive disorder.
- **Obsessive-compulsive disorder:** OCD is a mental health disorder that involves both obsessions (intrusive, unwanted thoughts) and compulsions (repetitive rituals that someone performs to manage their anxiety about an obsession). The trait of perfectionism plays an important role in the development of OCD. Children and adolescents who exhibit perfectionistic

traits have a higher chance of developing OCD symptoms during their lifetime.

- Eating disorders: There is a well-established link between perfectionism and eating disorders, such as anorexia nervosa and bulimia nervosa. Researchers believe that perfectionists may be more likely to strive for extreme thinness, feel dissatisfied with their body or weight, and try to match unattainable standards of beauty.

Those with maladaptive perfectionistic tendencies also experience lower levels of life satisfaction and higher levels of stress. If left unchecked it can also affect their day-to-day functioning (Dorwart, 2023), including:

Time management: studies have found that perfectionism is linked to various forms of self-sabotage, such as procrastination and poor time management. Fear of failure and obsessive thinking can make things take longer than they should or leads to an avoidance starting tasks. Perfectionism can also stifle your creativity, increase self-doubt, and make you afraid to take on new challenges.

Relationships: Perfectionism can have a negative impact on your ability to maintain healthy, high-quality relationships. Partners, children, and other loved ones may become frustrated with your critical comments, workaholic tendencies, or constant requests for reassurance and approval.

Stress levels: Perfectionists often become burned out, overextended, and distressed over time. Studies suggest that medical students who report high rates of perfectionism consistently experience significantly heightened levels of stress.

Physical and mental health issues: Chronic stress and neglect of self-care can increase your risk of physical conditions such as chronic fatigue syndrome, as well as mental health issues like depression and anxiety.

Chapter Three:
Procrastination

The Definition of Procrastination:

The term procrastination was first coined by Brown & H. Oltman in 1967 this term is rooted in another language procrastinate which means to delay until the next day. Milgram (1991) states that procrastination is done solely to complete tasks optimally. However, the delay does not make the task better, it leads to a delay that is not useful. (N, 2020. P 133)

The dictionary definition of the verb “procrastinate” is “to postpone, put off, defer, prolong.” The word comes from the joining of two Latin words: *pro*, meaning “forward,” and *crastinus*, which means “belonging to tomorrow.”¹ Forward it to tomorrow, otherwise known as “I’ll do it later.” Procrastination has been a problem since ancient times. (Bhatt, 2023)

The Egyptians had two words that translated as “procrastinate,” and both were related to survival. One denoted the useful habit of avoiding unnecessary work and impulsive effort, thus conserving energy. The other denoted the harmful habit of laziness in accomplishing a task that was necessary for subsistence, such as failing to till the fields at the appropriate time of year in the Nile flood cycle. (Bhatt, 2023)

Academic procrastination is a special form of procrastination that occurs in the academic settings. It involves knowing that one needs to carry out an academic task or undertake an academic activity, such as writing a term paper, studying for examinations, finishing a school related project, or undertaking the weekly reading assignments, but, for one reason or another, failing to motivate oneself to do so within the expected time frame. (jiao, 2012. P 120)

Characteristics of Academic Procrastination:

Academic procrastination occurs when a student delays work related to academic tasks. For such delays to be regarded as procrastination, the student voluntarily chooses to delay despite expecting to be worse off. Thus, there is an important distinction between delays that are sensible and rational (e.g., “I chose to postpone my thesis submission because my supervisor advised me to revise the discussion part”) and those that are not (e.g., “I did not prepare for the seminar today, I watched a movie instead”). In effect, academic procrastination is a form of irrational delay, as the person acts against better judgment.

The delays seen in academic procrastination may result from late onset (e.g., “I did not start writing until just one week before deadline”) and impulsive diversions during work (e.g., “I was working, but got tired and had a coffee with a friend instead”). (Svardal et al., 2020)

The consequences to Procrastination:

Numerous studies have shown a negative correlation between procrastination and academic performance, with higher levels of procrastination leading to lower grades and delayed task completion. Additionally, academic procrastination has been associated with increased stress, anxiety, and reduced overall life satisfaction. (Bhatt, 2023)

The factors contributing to procrastination:

As procrastination is heavily associated with low conscientiousness and a failure of self-regulation, then reasons for it include factors such as fear of failure and aversiveness of the task, with no difference in study habits or time management. Individuals who procrastinate also report higher levels of test anxiety, weekly state anxiety, and weekly anxiety-related physical symptoms.

Internal factors contributing to procrastination:

Locus of control: according to rotter (1966) it's defined as "the degree to which the individual perceives that a reward follows from, or is contingent upon, his own Behaviour or attributes versus the degree to which he feels the reward is controlled by forces outside of himself and may occur independently of his own actions". In other words, the perception of the event is changed based on whether it is contingent on one's own effort or ability, which marks an internal locus of control, or if it is contingent in luck, chance, fate, or the control of powerful others, which marks an external locus of control. As the locus of control is rooted in the social learning theory, means that reinforcements that are perceived outside of one's own control is less likely to raise expectancies for future reinforcements compared to successes that are perceived to be within one's own personal control. (Reynolds, 2015. p 6)

In other words, the locus of control is the degree to which an individual perceives a reward follows from, or is contingent upon. Additionally, individuals with an internal locus of control were found to procrastinate less and complete their work earlier than those with an external locus of control. (Reynolds, 2015. p 8)

Other personality factors: internal factors contributing to procrastination are factors that have a psychological component which is associated with procrastination.

According to a research by Nicholson and Scharff (2007), individuals who were chronic procrastinators with high self-awareness would score negatively on a measure of internal emotion when placed in a room with a mirror, and regardless of procrastination level, individuals with low self-awareness would score

positively on a measure of internal emotion when placed in a room without a mirror; this suggests that a chronic procrastinator's mood may be affected negatively when made aware of their emotional state. (Reynolds, 2015. p 8)

In summary of the studies discussed in the thesis, less chronic procrastinators may be better at regulating their emotions when under stressful situations, and individuals who are able to cope with stress are less likely to procrastinate. Also, the lower the emotional intelligence and academic self-efficacy that LD students had, the higher academic procrastination they reported. Procrastinators showed to have lower self-esteem, reported being indecisive, and held irrational beliefs about personal standards. Finally, individuals with a future time orientation are more intrinsically motivated and less likely to procrastinate. Internal factors are not the only contributors to procrastination. Researchers also believe that there are external factors, such as parenting style that contribute to procrastination. (Reynolds, 2015. p 12)

External factors contributing to procrastination:

The External factors are those that originate outside of people and are associated with an increased likelihood of procrastination.

One external factor that is thought to contribute to it is parenting style. According to Baumrind (1971), there are three types of styles: permissive, authoritarian, and authoritative. Permissive parents make fewer demands on their children than other parents, and allow them to regulate their own activities. Authoritarian parents tend to be highly directive with their children and value unquestioning authority over them, they tend to be more detached and less warm than other parents. Authoritative parents are those who fall between these two extremes, they provide clear and firm direction for their children that is moderated by warmth, reasonable flexibility, and verbal give-and-take. (Reynolds, 2015. p 13)

According to a research done by Pychyl et al. (2002), it was found that authoritarian parenting from mothers showed no significant relationship; however, authoritarian parenting from fathers showed a significant positive relationship with procrastination with sons and daughters. Authoritative parenting from mothers showed a significant negative correlation with procrastination for both boys and girls.

Authoritative parenting from fathers was not significantly related to procrastination for boys; however, there was a significant negative relationship found between authoritative parenting from fathers and procrastination in girls. Additionally, self-worth was not correlated to procrastination for males; however,

there was a significant negative correlation between self-worth and procrastination for females. (Reynolds, 2015. p 14)

The results of that study can be summarized in the following table:

Child Gender	Parent Gender	
	Father	Mother
Son	Permissive 0	Permissive 0
	Authoritarian +	Authoritarian 0
	Authoritative 0	Authoritative -
Daughter	Permissive 0	Permissive 0
	Authoritarian +	Authoritarian 0
	Authoritative -	Authoritative -

0. Has No Effect on Procrastination

+. Increases Procrastination

-. Reduces Procrastination

Table 2 : Parenting Style Effects on Procrastination in Sons and Daughters

Other factors affecting procrastination according the study of (Bhatt, 2023) can be summarized in the following table:

Internal factors (individual characteristics)	Motivational aspects (intrinsic and extrinsic motivation)	External dimensions (environmental factors)
Dr. piers steel and the temporal motivation theory, examine the individuals cost-benefit thinking and its effect on procrastination.	Edward Deci and Richard Ryan’s research on Self-Determination theory suggests that high intrinsic motivation leads to a lower likelihood of academic procrastination	Barry Tuckman’s research focused on task characteristics and the impact on student procrastination.
Prof. Schouwenburg explored how perfectionism and fear of failure lead to procrastination among students.	Claude Senecal et al. Research highlighted the role of intrinsic and extrinsic motivation in predicting procrastination. Where intrinsic motivation leads to avoiding proc. And engaging in productivity	Greg Schraw et al. explored the role of time management attitudes in academic procrastination.
Dr. pychyl explored how self-regulatory processes affect academic procrastination.	Elliot Andrew’s research states that the pursuit of mastery goals tend to lead to less proc.	Robert Klassen et al. studied the impact of workload and academic demand on proc.
Dr. Joseph Ferrari’s work explored the relationship between personality factors, perfectionism and academic procrastination.	Summary: Fear of failure and perfectionism are key motivational factors leading to academic procrastination. Students who fear failure may avoid starting tasks to protect their self-esteem. Delaying work to avoid the anxiety associated with imperfection.	Summary: Overwhelming academic Workload leads to students postponing tasks. Task characteristics (complexity, difficulty) can trigger proc. When the task is daunting/uninteresting.
Summary of traits: low conscientiousness and high neuroticism. Struggles with task initiation and time management. Poor Self-regulatory skills and ineffective goal-setting. Low self-efficacy leading to avoidance.		

Table 3 : Summary of factors affecting procrastination according to the study of Bhatt (2023)

The Outcomes of Academic Procrastination:

Passive procrastination:

Researchers from Singapore conducted an experiment with 226 undergraduate students to investigate the correlation between academic procrastination and students' performance on grade. The results of the experiment indicated that the procrastination has overall and negative impacts on the academic performance of undergraduate students. As a result, procrastination was found to have a significant relationship with both students' expectations and their ability to self-regulate their learning. Students who lack both a healthy sense of self-efficacy and the ability to self-regulate their learning tend to engage in passive procrastination more frequently and, as a result, receive grades that are below average.

Active Procrastination:

Researchers have considered procrastination a self-defeating, dysfunctional, and impeding habit in the context of completing academic work for decades. Even though Chu Academic Procrastination: Outcomes and Interventions and Choi claimed that not all forms of procrastination are harmful or result in adverse outcomes, this form of putting things off could be considered an example of active procrastination. This concept of active procrastination is further explained by indicating that not all forms of academic postponement or delay have negative repercussions for the student. Previous research found that there is a condition in which periods of delay could potentially enable a person to acquire more comprehensive data and that assist in organizing the school work with more utility-oriented and specific information, which improves the quality of assignments. In addition, one study found that academic procrastination effects are positively and moderately associated with course achievement. This study found this to be the case when the engagement rate in coursework was significant. Students who choose to participate in extra-difficult coursework and materials (the primary reason that students procrastinate is because of the difficulty of the work) are especially likely to see how their participation positively impacts their course marks. (Li, 2022. P 538-539)

Differences between Procrastination and Strategic Delay:

Procrastination requires delay but is not equivalent to delay. However, at times the notion of “active” or “positive” procrastination will arise, referring to a strategic self-serving delay (Chu & Choi, 2005). This is not compatible with the dominant use of the term or procrastination’s strong association with self-regulatory failure. However, there are forms of positive or purposeful delay that superficially appear similar to procrastination. In particular, purposely leaving a manageable portion of a project until near the deadline, taking advantage of increased motivation that occurs then, can be beneficial. In contrast, involuntarily leaving excessive amounts of work until just before the deadline because one can’t find motivation earlier typically is not. In the former, the person can choose to work earlier but prefers not to. In the latter, the person may prefer to work earlier but cannot find the motivation. Helping to differentiate the two is the question “How useful would it be for you to have more motivation earlier, well before the deadline?” While everyone might find more motivation desirable, for the procrastinator this will be especially so. (Steel & Klingsieck, 2015. P 73-78)

Chapter Four:
The Relationship between
Perfectionism and
Procrastination

Introduction:

Research on perfectionism and procrastination has largely focused on the role of rational behavioral control in effective self-regulation. However, procrastination is characterized by the priority of short-term gratification over long-term goals and implies the breakdown of the rational system, which suggests that a deeper investigation of the natural tendency to follow impulses is valuable. In this study, we attempt to address this gap by considering the joint effects of motivation and affect. Specifically, based on self-determination and emotion regulation theory, two supplementary pathways linking the two types of perfectionism are proposed (perfectionism strivings and perfectionism concerns) to procrastination behavior: a motivational path via autonomous motivation and an affective path via psychological distress. Further, it is hypothesized that the relationships are contingent upon a contextual moderator, such that external performance pressure strengthens the negative indirect effect of perfectionism strivings on procrastination behavior as well as the positive indirect effect of perfectionism concerns on procrastination behavior. (Wang et al., 2023)

A study by Huang et al. (2023) found that both maladaptive and adaptive perfectionism significantly positively and negatively predicted academic procrastination, respectively. While numerous other studies have shown that individuals often procrastinate on tasks that they should complete even though they are aware of the negative consequences, mainly because they fear harsh judgement. These individuals tend to be governed by two irrational beliefs: 1- they feel that their abilities are insufficient to accomplish tasks, 2- they perceive the world as too difficult and demanding. Fear of failure, negative perfectionism, and evaluation anxiety are manifestations of these irrational beliefs.

Maladaptive perfectionists have high or unrealistic standards for themselves. They view everything as either perfect or failing. They hesitate to act because they are terrified of failing and errors. People who are troubled and harmed by these irrational beliefs are more likely to make negative or even catastrophic interpretations of benign events, thereby irrationally postponing many actions in their lives. In contrast, adaptive perfectionists seek reasonable and realistic success criteria and derive satisfaction and self-affirmation from them. Some have suggested that procrastination is essentially a failure of self-regulation or self-control. (Huang et al., 2023)

Similarities between perfectionism and procrastination:

The study of perfectionism from a multidimensional perspective has important implications for an understanding of procrastination. As noted earlier, many authors have alluded to the link between perfectionism and procrastination. Indeed, a conceptual analysis of both personality factors reveals that they have many features in common. For instance, both perfectionism and procrastination are related to increased endorsement of irrational beliefs. Both perfectionists and procrastinators endorse beliefs involving the need for high levels of performance and the need to avoid social disapproval. (Ferrari et al., 2013. P 117)

Perfectionism and procrastination are also similar in that they are associated with elements of Type A behavior (Type A personality is characterized by a competitive, driven, and time-conscious nature). Flett et al. (1994) have shown that different aspects of the perfectionism construct correspond to aspects of the Type A construct, while Effert and Ferrari (1989) have shown that procrastinators exhibit Type A characteristics, such as speed and impatience. Perhaps the most noteworthy characteristic that is common to both constructs is the association with fear of failure. In the case study described previously, Pacht (1984) alluded to a link between perfectionism and fear of failure. A recent study on perfectionism and self-actualization confirmed that perfectionism and fear of failure are closely linked. Other studies have shown that perfectionism is associated with a variety of specific fears and chronic worry. (Ferrari et al., 2013. P 118)

There are numerous reasons why procrastination more closely resembles socially prescribed perfectionism instead of self-oriented perfectionism. Procrastination is a personality variable that may also be interpreted as a type of motivational deficit. Procrastinators are plagued by a lack of self-control and a general tendency to suffer from a variety of forms of negative affectivity. If procrastination is associated with self-oriented perfectionism, we would expect a negative association between these variables, given that procrastinators appear to suffer from a relative lack of conscientiousness rather than too much conscientiousness. (Ferrari et al., 2013. P 119)

Variables Linking Perfectionism and Procrastination:

Conscientiousness:

The connection between conscientiousness and perfectionism has been extensively investigated and the results have been mostly universally agreed upon. Previous research has found that self-oriented perfectionism, most commonly associated with the adaptive aspects of perfectionism, was strongly associated with conscientiousness, while concern over mistakes, most commonly associated

with the maladaptive aspects of perfectionism, was negatively associated with conscientiousness. (P. Sederlund et al., 2020)

Adaptive procrastination is positively associated with conscientiousness, which creates a link between both adaptive aspects of procrastination and perfectionism, while the specific aspects of maladaptive procrastination, arousal, and avoidant procrastination, are negatively associated with conscientiousness. (P. Sederlund et al., 2020)

Emotion (Depression, Stress, Anxiety, and Satisfaction with Life):

Emotion is an essential factor to consider when investigating the link between procrastination and perfectionism. The dual-process model differentiates between an adaptive and a maladaptive mode of perfectionism on a functional basis. The underlying functional processes that lend to this distinctive difference include emotional states and cognitive processes. It was found that maladaptive perfectionism is related to many negative characteristics of emotion, such as heightened levels of depression, anxiety, and stress, along with a decreased satisfaction with life and a negative view of the future due to rumination over potential future failures. (P. Sederlund et al., 2020)

Procrastinators have been found to exhibit many of the characteristics associated with maladaptive perfectionism in this dual process model. However, past research has linked procrastination and maladaptive aspects of perfectionism based on a unidimensional model of procrastination. (P. Sederlund et al., 2020)

Fear of Failure:

Procrastinators have been frequently linked to the maladaptive aspects of perfectionism, most notably to the excessive fear of failure, placing unrealistic demands on themselves, and the endorsement of irrational beliefs.

in addition to perfectionism and procrastination, fear of failure has an established link to motivation, a key component of procrastination. A study found that students were more motivated to obtain better grades at the risk of “losing” something rather than the prospect of “gaining” a reward for their behavior. Students feared the consequences of failure more than they sought a reward for completing a task, thereby effecting their motivational stimulus. (P. Sederlund et al., 2020)

Temporal Orientation:

Procrastination and perfectionism have a relationship on a behavioral and cognitive basis, with the concept of temporal orientation being a key factor. The Zimbardo Time Perspective Instrument (ZTPI) classifies an individual's relationship with time into past, present, and future orientations, as well as fatalistic and hedonistic outlooks. These perspectives provide insight into an individual's personality, as their decision-making processes, judgments, actions, and appraisals of personal experiences can influence their temporal awareness. The past-negative perspective, which represents an aversive view of the past, has strong negative associations with depression, trait anxiety, and negative affect, while the past-positive perspective relates to a happy and nostalgic view of the past. The future orientation, dominated by future goals and potential rewards, has strong negative associations with depression and trait anxiety, while the present-hedonistic perspective is closely related to impulsivity and risk-taking behavior. The present-fatalistic perspective, reflecting hopeless views of the future, has strong negative associations with conscientiousness, impulse control, and self-esteem, all of which are associated with maladaptive procrastination. (P. Sederlund et al., 2020)

Motivation and self-regulation are two concepts that are frequently conceptually intertwined, often used in tandem when analyzing certain constructs, such as procrastination. Self-regulation has been defined as “any process by which an organism regulates its state, encompassing all manners of goal pursuit” and motivation has been defined as “the reasons why people pursue their goals.” Since an individual’s ability to regulate oneself and their reasons for pursuing a specific goal play an important role in both perfectionism and procrastination. (P. Sederlund et al., 2020)

Time Management:

Adaptive perfectionists have better control over anxiety due to internal influences such as conscientiousness and motivation. Individuals that are highly intrinsically motivated may be perfectionists but are unlikely to be chronic procrastinators because they are able to manage their time in an organized fashion. Procrastinators have been proven to be the opposite of adaptive perfectionists, intentionally delaying tasks and causing time management issues by intentionally creating a time pressure for themselves, therefore managing their time in a way that best suits their preferences. Adaptive procrastinators adequately manage their time to their liking just as adaptive perfectionists do to accomplish a task. (P. Sederlund et al., 2020)

Methodological Section

Introduction:

Numerous challenges confront today's clinical psychologist, regardless of his or her theoretical orientation or area of activity, and it is our view that such challenges can be met successfully only in tandem with a clear research emphasis. First, research is needed to facilitate a deeper understanding of the fundamental processes of psychological development (normal and abnormal; prenatal to senescence), as an essential precursor to the field's development of more comprehensive models of human behavior. (Roberts & Ilardi, 2003)

And after delving into the theoretical side of our research entitled *The Protective Role of Self-Compassion in The Relationship Between Perfectionism and Academic Procrastination Among High Achieving Students*, we will delve in this chapter into the methodology and tools used in this research from the chosen research method and the study sample, to the tools and techniques used in Acceptance and Commitment Therapy (ACT).

Research Methodology:

A case study is one of the most extensively used strategies of qualitative social research. Over the years, its application has expanded by leaps and bounds, and is now being employed in several disciplines of social science such as sociology, management, anthropology, psychology and others.

This research relies on a case study based clinical methodology, and according to Yin and Campbell (2018, p. 45-46) a case study is an empirical method that: investigates a contemporary phenomenon (the “case”) in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident.

And a case study:

- copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result.
- benefits from the prior development of theoretical propositions to guide design, data collection, and analysis, and as another result.
- relies on multiple sources of evidence, with data needing to converge in a triangulating fashion.

Yin (2009, p. 18) defines case study as an empirical inquiry which investigates a phenomenon in its real-life context. In a case study research, multiple methods of data collection are used, as it involves an in-depth study of a phenomenon. It must be noted, a case study is not a method of data collection, rather is a research strategy or design to study a social unit.

The reason we chose this subject of study is because There is little to none Arabic studies on this subject, there is a lack of a treatment protocol based on self-compassion therapy, there is a lack of psychological care for outstanding university students who suffer from perfectionism and procrastination.

Study Group:

This study targeted high achieving students in the university of Setif, and it's composed of 4 cases of the age range 21-24, and they have been chosen in a deliberate way for the purposes of this study.

Research Group Criteria:

This study targeted individuals who exhibit symptoms of both perfectionism and procrastination which were measured using tools that had a double purpose, a primary diagnosis and a confirmation of the existence of perfectionistic and procrastinating tendencies at the same time as a pre-measurement scale. in addition to the following list of criteria:

- University Students.
- Among the top five students in their year.
- They have not repeated a year in university.
- Procrastination and Perfectionism.

and we started working with them since the March of 2024, the following table demonstrates the characteristics of the sample:

Table 4 : displaying the characteristics of the research group

Case Number	Name	Age	Year	Social Status	Rank	Score
1	Nessma	22	2 nd year License	Single	5	14,
2	Qamar	24	2 nd year Master	Single	2	15,
3	Midas	21	1 st year Master	Single	2	15,78
4	Mawja	24	2 nd year Master	Single	3	15,01

The table above displaying the characteristics of the research group showcases that they all belong to the major ranks of their respective classes ranging from the 2nd spot to the 5th, reflecting their excellent academic skills confirming their perfectionistic tendencies, in a longitudinal study by Endelman et al. (2021) it was found that at no time point did either form of perfectionism (Self-Oriented perfectionism, and Socially-Prescribed perfectionism) predict academic achievement, highlighting that perfectionism is more likely an outcome of

academic achievement, rather than an antecedent. Further reflecting that the field of education is a place to exemplify perfectionistic tendencies. Achieving high ranks in university and high grades is important on the level of narcissistic reward. This study did not aim to study the differences between the genders.

Research Tools:

Since the variables of our study required measurement before and after the application of the protocol, we were required to use the following tools in order to measure them:

3-1- Frost Multidimensional Perfectionism Scale (FMPS):

Overview:

The FMPS is appropriate for people 15 years and older and is especially useful in the assessment of individuals with body image concerns such as anorexia, obsessive compulsive disorder and anxiety disorders. (Buchanan, 2024)

Some individuals take pride in their perfectionistic nature and such beliefs can be a key target for psychological intervention. This scale can be useful in highlighting that perfectionism is in fact unhelpful, and provides clinicians and clients useful benchmarks regarding what “normal” levels of perfectionism are. (Buchanan, 2024)

Scoring and interpretation:

Results consist of a Total Perfectionism score (total of subscales not including Organization) as well as four subscales.

Scores are also represented as percentiles based on the data from Stober’s (1998) sample of university students. Interpretation of results using percentiles helps contextualize a respondents’ scores compared to typical patterns of responses among healthy individuals. Higher percentiles indicate more problems while a percentile closer to 50 represents average (and healthy) responses. Percentile scores above the 90th percentile are of clinical significance and represent dysfunctional perfectionism. (Buchanan, 2024)

High scores on the Organization subscale do not contribute to Total Perfectionism and are not intrinsically problematic, but combined with high scores on the other factors may exacerbate dysfunction. (Buchanan, 2024)

The four subscales are:

Concern over mistakes and doubts about actions

(Questions 9,10,13,14, 17,18,21,23,25,28,32,33,34)

Excessive concern with parents' expectations and evaluation

(Questions 1,3,5,11,15,20,22,26,35)

Excessively high personal standards

(Questions 4,6,12,16,19,24,30)

Concern with precision, order and organization

(Questions, 2,7,8,27,29,31)

Psychometric properties:

The Frost Multidimensional Perfectionism Scale was developed by Dr. Randy Frost and colleagues in 1990 and originally measured six sub-scales. Subsequent evaluation using principal components analysis found that four sub-scales were more appropriate. Stober (1998) validated the scale using 243 university student participants with an average age of 26 years. (Buchanan, 2024)

The validity of the scale has been widely established through convergence with other clinically significant problems, including anxiety in college students (Frost & Marten, 1990), insomnia (Lundh, Broman, Hetta, & Saboonchi, 1994), social phobia (Juster, Heimberg, Frost, Holt, Mattia, & Faccenda, 1996), obsessive-compulsive symptoms (Rheaume, Freeston, Dugas, Letarte, & Ladouceur, 1995) and anorexia nervosa (Bastiani, Rao, Weltzin, & Kaye, 1995). Perfectionism has been shown to be an underlying trait in many of these presentations. (Buchanan, 2024)

3-2- Self-Compassion Scale:

Overview:

The Self-Compassion Scale was the first tool of its kind and specifically developed as a method by which individual differences in self-compassion could be assessed. (Elaine, 2024)

In its early form, the SCS was hypothesized to be a three-factor scale that included self-kindness, common humanity, and mindfulness.

However, throughout its development it became apparent that the scale should have six factors – the three core components mentioned above and their “negative” opposite constructs of self-judgment, isolation, and over-identification – which represents compassionate versus uncompassionate behavior and a self-compassionate frame of mind. (Elaine, 2024)

The self-report 26-item SCS explicitly represents the thoughts, emotions, and behaviors associated with the three components of self-compassion and includes items that measure how often people respond to feelings of inadequacy or suffering with each of six components:

- Self-Kindness vs. Self-Judgment
- Common Humanity vs. Isolation
- Mindfulness vs. Over-Identification

Scoring and Interpretation:

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items (reverse scored): 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items (reverse scored): 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identification Items (reverse scored): 2, 6, 20, 24

To reverse score items (1=5, 2=4, 3=3, 4=2, 5=1).

To compute a total self-compassion score, first, reverse score the negative subscale items - self-judgment, isolation, and over-identification. Then take the mean of each subscale, and compute a total mean (the average of the six subscale means). (Neff, 2019)

When examining subscale scores, higher scores on the self-judgment, isolation and over-identification scale indicate less self-compassion before reverse-coding, and more self-compassion after reverse coding. You can choose to report subscale scores with or without reverse-coding, but these three negative subscales must be reverse coded before calculating a total self-compassion score. (Neff, 2019)

Note that the scoring procedures are slightly different than that used in the original scale article (Neff, 2003), in which items were totaled rather than averaged. However, it is easier to interpret the scores of the total mean is used and most researchers currently report total SCS scores on a five-point scale. (Neff, 2019)

Psychometric Properties:

Norms and Significance:

There are no clinical norms or scores which indicate that an individual is high or low in self-compassion. Rather, SCS scores are mainly used in a comparative manner to examine outcomes for people scoring higher or lower in self-compassion. (Neff, 2019)

As an ad hoc rubric, however, you can consider scores 1.0-2.49 to be low, between 2.5-3.5 to be moderate, and 3.51-5.0 to be high. When trying to determine whether self-compassion levels are high or low relevant to a particular sample, some researchers use a median split. (Neff, 2019)

Scale Development and Validity:

The SCS was developed in a sample of college undergraduates (Neff, 2003a). After identifying 71 items that were easily understood by students using a small pilot sample (n=68), exploratory factor analyses (EFA) were used with a larger sample (n=391) to identify 26 items that loaded best on separate subscales representing the six components of self-compassion. Confirmatory factor analyses (CFA) were used to provide support that scale items fit as intended with the proposed a priori theoretical model. An initial CFA found a marginal fit to a higher-order model representing a global factor of self-compassion and six subscale factors. Cross validation using CFA in a second sample (N=232) found adequate fit for a higher-order model. Total SCS scores evidenced good internal reliability (Cronbach's $\alpha = .92$), as did the six subscales (Cronbach's α ranging from .75 to .81). Test-retest reliability over a three-week interval was also good for the total score (Cronbach's $\alpha = .93$) and six subscale scores (with Cronbach's α ranging from .80 to .88). (Neff, 2019)

More recently, bifactor Exploratory Structural Equation Modeling (ESEM) has been used to verify the factor structure of the SCS rather than a higher order model, as it is more theoretically appropriate. Neff et al. (2019) used bifactor ESEM to examine the factor structure of the SCS in 20 diverse samples (N = 11,685), and excellent fit was found for a model of one general factor of self-compassion and six specific subscale factors. Moreover, 95% of the reliable variance could be attributed to a general factor. Although there has been debate over whether or not the SCS should be used as a total score or as separate positive and negative scores, empirical evidence tends to support the use of a total score rather than two separate scores. The factor structure of the SCS has also been found to be culturally invariant across 18 international samples. (Neff, 2019)

3-3- The Academic Procrastination Scale:

Overview:

In order to properly develop and validate the Academic Procrastination scale, a multi-step approach was taken. First, the academic procrastination literature to date was carefully reviewed as discussed in the introduction, and our respective conceptual representation developed. Once an adequate conceptualization of the construct was obtained, a large number of items were developed. Subject matter experts (i.e., undergraduate and graduate research assistants well-versed in the topic) were employed to review the initial items and ensure content domain coverage. Once an initial set of items was identified, two different data collection studies were conducted allowing for a) initial inferences to be made and b) the measure to be refined in the pilot study, and in the latter study, c) for cross-validation and d) hypotheses testing to occur. Sixty-two resultant items were employed in the pilot study, with approximately equal numbers representing each of the 6 conceptual areas of academic procrastination: Laziness, Distractions, Beliefs about Abilities, Time Management, Social Factors and Person Initiative. (Justin & Shannon, 2015)

Scoring and Interpretation:

The APS uses a likert 1-5 scale, which means to first, reverse score the negative Subscale items then compute a total mean for the scale, and then assign the score according to point range intervals, strongly disagree 1.00-1.80, disagree 1.81-2.60, neutral 2.61-3.40, agree 3.41-4.20, strongly agree 4.21-5.00.

Psychometric Properties:

Items were evaluated using several criteria: item endorsement indices, item discrimination indices, relations with other items, and relations with other scales. According to Nunnally and Bernstein (1994), “the primary criterion for including an item is the discrimination index, e.g., the corrected item-total [correlation] r ” (p. 305). Nunnally and Bernstein (1994), however, do not recommend using correlations as the sole predictor of item selection. Instead, one should also look at the distributions of items. Even though high correlations relate to good discrimination, if all distributions were the same, the scale would likely only discriminate those scoring in the middle of the test, resulting in either low or high scorers. Therefore, item difficulties, or averages in this case, were used in selecting items. If items were only retained which had a mean of 4 on a 5-point Likert-type scale, the scale would be artificially restricting the range of the sample. When examining the distributions of items with a discrimination index

above .5, it was determined that these items exhibited adequate distribution coverage. In fact, the average item responses ranged from 1.80 - 3.58, indicating a good range of item responses. Nevertheless, a majority of items were included which were in the middle of the scale and reflected a more normal distribution. All items with item-total correlations of .5 and above were retained in the final scale. The final items were reviewed for domain coverage, again ensuring adequate coverage of the 6 conceptual areas. A total of 25 items were retained in the pilot study. (Justin & Shannon, 2015)

Although likely upwardly biased since items were selected based on related criteria, the overall internal reliability of the scale was .95 according to Cronbach's coefficient alpha. The Academic Procrastination Scale and the Tuckman (1991) scale, as anticipated, were highly correlated ($r = .85$), indicating that over 70% of the variance in the two scales is shared. However, the current scale demonstrated superior predictive validity relative to the former. Specifically, an ANOVA indicated that students with different grade point average levels possessed differing levels of academic procrastination as indicated by the Academic Procrastination Scale, $F(3, 73) = 4.58, p = .01, \eta^2 = .16$. As expected, those who had the highest GPA exhibited the lowest levels of academic procrastination, ($M = 54.62, SD = 17.19$). Those who had the lowest GPA exhibited the highest levels of academic procrastination, ($M = 83.33, SD = 16.62$). The more widely used Tuckman (1991) scale, however, did not find differences between GPA groups in terms of academic procrastination, $F(3, 75) = 1.93, p = .13, \eta^2 = .07$, suggesting that the current scale may have a better potential to accurately identify academic procrastination. Of note as well, conscientiousness and the APS were highly correlated ($r = -.59$). (Justin & Shannon, 2015)

3-4- Clinical Interview:

The clinical interview is a critical and commonly used assessment procedure in mental health practice that involves a personal exchange between clinician and client designed to gather information needed for diagnosis and treatment. In this chapter we review the evolution of the clinical interview over the past 100 years, from a lengthy and nondirective procedure that could continue over the course of days, to a focused, complex, and efficient procedure where detailed information must be gathered in a short period of time. (Allen & Becker, 2019)

This research employed A semi-structured interview, and it's a method of research used most often in the social sciences. While a structured interview has a rigorous set of questions which does not allow one to divert, a semi-structured

interview is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. The interviewer in a semi-structured interview generally has a framework of themes to be explored. (Knott et al., 2022)

Semi-structured interviews are widely used in qualitative research; for example, in household research, such as couple interviews. A semi-structured interview involving, for example, two spouses can result in "the production of rich data, including observational data." (Knott et al., 2022)

interviews following a semi-structured format offer flexibility both to the researcher and the participant. As the conversation develops, the interlocutors can explore the topics raised in much more detail, if desired, or pass over ones that are not relevant. This flexibility allows for the unexpected and the unforeseen to be incorporated into the scope of the research. (Knott et al., 2022)

Observational methods have been defined as “the selection, provocation, recording, and encoding of behaviors” (Weick, 1968). This definition highlights the fundamental elements of nearly every type of observational system. The observer first selects people, classes of behavior, events, situations, or time periods to be the focus of attention. Second, a decision is made about whether to provoke (i.e., artificially bring about) behaviors and situations of interest or to wait for them to happen on their own. For example, to observe how a socially anxious person responds under stress, a clinician could either wait for a stressful event to occur (and hope to be able to observe it) or create one by asking the person to, say, give a speech. Third, plans are made to record observations using observer memory, record sheets, audio or video recording, physiological monitoring systems, timers, counters, or other means. Finally, a system for encoding raw observations into a more usable form must be developed. Encoding is often the most difficult aspect of any observational procedure. (Bernstein et al., 2021. P. 128)

Observational methods of assessment developed in parallel with assessment via interviews. Both methods were recognized early as rich sources of data about clients, but it became clear that the meaning of observations were too often in the eye of the beholder—different observers saw different things, or they interpreted the meaning of the same observation differently. To remedy this problem, observational assessment methods have become more structured, much as happened with interviews. Most observational techniques now define observational targets (i.e., specific behaviors that are to be observed) and specify how those behaviors should be recorded, combined, and interpreted. Many of

these structured observations were first developed for use in research, but as their reliability, validity, and ease of use has increased, so has their prevalence in clinical practice. (Bernstein et al., 2021. P. 129)

3-5- The Treatment Protocol:

Efficacious psychological treatments exist for a variety of mental health conditions, but many who could benefit from these treatments do not receive them. Increasing efforts have been made to disseminate effective protocols, and several approaches for implementing such treatments have been proposed, including the use of protocols, principles, practices, and policies. We discuss the relative merits of disseminating protocols, and highlight the importance of employing flexibility within fidelity. We describe the benefits of using protocols, including their empirical support, guidance for decision making, and structure to facilitate training and enhance treatment integrity. We also address several criticisms that have been offered against protocols, citing data that indicates that many of the criticisms are not warranted. (Kendall & Frank, 2018)

Our treatment protocol relied on the ACT approach, ACT is an orientation to psychotherapy that is based on functional contextualism as a philosophy and RFT as a theory. As such, it is not a specific set of techniques. ACT protocols target the processes of language that are hypothesized to be involved in psychopathology and its amelioration, as described in the psychological flexibility model. ACT protocols are thus instances of a general intervention strategy which is designed to be flexibly applied. ACT protocols can vary from short interventions done in minutes or hours, to those that take many sessions. ACT can be used in groups, individual sessions, classroom settings, couples therapy, bibliotherapy, workplace trainings, and much more. (Association for Contextual Behavioral Science, 2022)

3-5-1 The SECCA grid:

The SECCA grid [Situation, Emotion, Cognition, behavior (Comportement), Anticipation], is by far the most used in France. This grid has integrated the “response systems” of Lang's theory (1977) on the memory of learning (verbal reactions, motor reactions, psychophysiological reactions) used since the 80s and is called “synchronic functional analysis” to indicate the current dimension. A diachronic scoring sheet completes it to collect the historical elements of the problems analyzed. (Herman, 2010)

SECCA has imperceptibly made a shift in CBT that corresponds to the “cognitive revolution” of the 80s: if the Reaction (E, C, and C) is still understood occurring in an antecedent context (Situation), it is no longer related to the consequences it produces. Anticipation, a cognitive activity par excellence, has a status of its own, creating confusion. With this grid, the explanation of behavior is transferred to the cognitive factor, rather than located in the distant or actual context (distal or proximal). (Herman, 2010)

3-5-2 Metaphors:

In the book “Man and his symbols”, C.G. Jung wrote about one of his dreams that “it did not state the situation directly but expressed the point indirectly by means of a metaphor that I could not at first understand”. Trying to understand metaphors and their therapeutic value has been of importance to the field of psychotherapy since its very beginning. Lakoff and Johnson theorize that the meaning we ascribe to abstract concepts is based on the way our thoughts are structured in terms of metaphorical concepts – a theory called Conceptual Metaphor Theory (CMT). The therapeutic relevance of this is clear: If metaphors are important in structuring our thoughts about ourselves and the world, and act as filters that regulate how we view our present and our past as they can be an important target of therapy. (Malkomsen et al., 2022)

Metaphors are common in the CBT-nomenclature, and using metaphors is often a part of the CBT training. In their book on CBT-metaphors, Stott et al. point out that metaphors may act as a bridge between the abstract and the concrete in CBT. The book offers numerous examples of metaphors that can be used for psychoeducation (e.g., “worry-thoughts are like quicksand”). Killick et al. interviewed experienced CBT-practitioners about which metaphors they found helpful in therapy, and most of the chosen metaphors were used by the therapists in a psychoeducational manner. Mathieson et al. have shown that CBT-therapists frequently use metaphors, often for the purpose of psychoeducation – with therapists using metaphors twice as often as their patients in recorded sessions. (Malkomsen et al., 2022)

In this research we used two metaphors; the Hook metaphor (l’hamcon) and the mother cat metaphor (maman chat).

3-5-3 Homework:

Therapy homework comprises tasks or assignments that your therapist asks you to complete between sessions, homework can be given in any form of therapy,

and it may come as a worksheet, a task to complete, or a thought/piece of knowledge you are requested to keep with you throughout the week. (Gupta, 2023)

Therapy homework can be assigned as part of any type of therapy. However, some therapists and forms of therapy may utilize it more than others. For instance, a 2019-study notes that therapy homework is an integral part of cognitive-behavioral therapy (CBT). According to Dr. Erkkitz, therapy homework is built into the protocol and framework of CBT, as well as dialectical behavior therapy (DBT), which is a sub-type of CBT. (Gupta, 2023)

the benefits of therapy homework include:

- It helps the therapist review your progress.
- It gives the therapist more insight
- It helps empower you

3-5-4 Verbal Aikido:

Verbal self-defense or verbal aikido is the art of using one's words to prevent, de-escalate, or end an attempted assault. It is a way of using words to maintain mental and emotional safety. This kind of "conflict management" involves using posture and body language, tone of voice, and choice of words as a means for calming a potentially volatile situation before it can manifest into physical violence. This often involves techniques such as taking a time-out, deflecting the conversation to less argumentative topics, and/or redirecting the conversation to other individuals in the group who are less passionately involved.

Most experts who write and publish articles and books on the subject of verbal self-defense identify several key elements to strong verbal self-defense skills.

- Being able to identify people, situations, and/or behaviors that induce hurtful feelings – such as fear, inadequacy, and shame – is important in order to know when a person needs to apply verbal tactics of defense.
- Controlling how a person responds to conflict, both mentally and emotionally, is key to applying verbal defense skills efficiently and appropriately.
- Having a general knowledge of what to say in advance offers a significant advantage for anyone using verbal self-defense. Some authors have even gone so far as to provide actual statements for people to use as a way to deal with verbally aggressive communicators

3-5-5 Mindfulness:

Mindfulness is a moment-by-moment awareness of thoughts, feelings, bodily sensations and surrounding environment. Being mindful is related to be open, nonjudgmental, friendly, curious, accepting, compassionate and kind. Mindfulness practices aim to cultivate mindfulness state. These practices can be formal (e.g., breathing, sitting, walking, body scan) or informal (e.g., mindfulness in everyday life). Many mindfulness-based interventions (MBI) programs have been established. Among all the MBIs, mindfulness-based stress reduction (MBSR), which was launched by Jon Kabat-Zinn in 1979 and mindfulness-based cognitive therapy (MBCT) by Segal, Teasdale and Williams based on MBSR are the two most widely adopted MBIs. These two programs include eight weekly mindfulness sessions with one-day retreat. (Zhang et al., 2021)

And the Mindfulness practice that was used in our research is Breathing practice, also known as “diaphragmatic breathing” or “deep breathing,” is defined as an efficient integrative body–mind training for dealing with stress and psychosomatic conditions. Diaphragmatic breathing involves contraction of the diaphragm, expansion of the belly, and deepening of inhalation and exhalation, which consequently decreases the respiration frequency and maximizes the amount of blood gases. Benefits of diaphragmatic breathing have been investigated in association with meditation and ancient eastern religions (such as Buddhism) and martial arts. It is considered to be a core component of yoga and Tai Chi Chuan (TCC) and contributes to emotional balance and social adaptation, as well as special rhythmic movements and positions. (Ma et al., 2017)

And the type of breathing exercise used in our protocol is Mindfulness Breathing, Mindfulness meditation involves focusing on your breathing and bringing your attention to the present without allowing your mind to drift to the past or future. Engaging in mindfulness breathing exercises serves the same purpose, which can help ease your anxiety. (Matthew Tull, 2022)

One mindfulness breathing exercise to try involves choosing a calming focus, including a sound ("om"), positive word ("peace"), or phrase ("breathe in calm, breathe out tension") to repeat silently as you inhale or exhale. Let go and relax. If you notice that your mind has drifted, take a deep breath and gently return your attention to the present. (Matthew Tull, 2022)

3-5-6 Cognitive Defusion:

Cognitive defusion is one of the most often used techniques in acceptance and commitment therapy (ACT), which involves seeing thoughts as just thoughts, not facts. It helps individuals to notice and separate from their thoughts, understanding they're not permanent, much like clouds in the sky. This makes it easier to deal with challenging emotions without being overwhelmed by negative thinking. (Risser et al., 2023)

Cognitive defusion is about:

- looking at thoughts rather than from them
- noticing thoughts rather than getting caught up or buying into the thought
- letting thoughts come and go rather than holding onto the thought.

The purpose of cognitive defusion is to enable you to be aware of the actual process of your thinking so you are better able to reflect objectively and problem solve effectively before taking any action.

Study Cases Presentation, interpretation and discussion of results:

After we got acquainted with the theoretical side consisting of perfectionism, procrastination and self-compassion followed in this thesis.

In this Chapter, a special presentation will be made for all study cases, depending on the results of the interviews.

Primary and therapeutic treatments and the analysis of the SECCA network presents the results of the scales of perfectionism, academic procrastination and self-compassion, and the application of the treatment protocol with the cases and in the end, we discuss the results of the study, General Results and conclusion.

Discussing The results of The Research:

Discussion of the results for the 1st case: Nessma

The presentation of the clinical interview 1st case: Nessma.

Functional Analysis of SECCA

Anamnesis:

Nesma is a young girl of 22 years, Single, living in M'sila, studying in her second year of Bachelor of Economic Sciences.

The participant is characterized by medium stature, with a soft, tan skin, her features are smooth, characterized by softness and femininity.

She appears to be in a good mood, with a confused face, smiles most of the time (she had a fit of crying when remembering her deceased father), but even when talking about her sorrows, she still maintains her smile.

Communication with the case was easy and smooth, she was very responsive and helpful. Her language is sound and understandable, her speech is clear, she uses her hands to express a few times to explain things that are painful, or that bother her, and most often she is holding her hands or twiddling her fingers.

Nessma has no problems in understanding or comprehension.

Diachrony:

The participant lives in a family consisting of a mother, six children and the father is dead. She is the youngest daughter, living in stable family conditions in a warm family atmosphere, her father died 03 months ago and that was two weeks before the exams of the first semester, and she was absent from home (the case was very affected when remembering her father and broke down crying) "ماتو فعتش أنه يموت" Her relationship was normal, she said. I mentioned that he was a good and understanding father "جامي يقولي لالا, سيرتو في كوتي القرابية لأنو غير أنا الي قريت" As for her mother, she said that her relationship with her is normal and that it is like any other relationship between a mother and a daughter, and that her mother is very kind and affectionate towards her. Her relationships with her sisters are good, and she expressed that she loves them very much and loves their children, that's why she buys them a lot of gifts every time she returns home after returning from university residence. As for her brother and her relationship with him, she said that it is good and she reciprocates love and respect for him.

As for the study, Nessma is a second-year student in university majoring in economic sciences, microeconomics at the University of M'sila, she chose her specialty with conviction. In her academic career, she repeated the 4th year of middle school, and she did not pass the first baccalaureate exam, and for Nessma, the baccalaureate score is very low in comparison to the effort she made. "كنت نقرا بغياء علابيها ماديتش باكي اللول". ماستنتيش هذاك المعدل اللي ديتو في الباك مقارنة بالجهد الي درتو "

The participant talked about her high school studies and elaborated on the baccalaureate experience in which she failed and how it affected her psyche a lot, and that she repeated the exam again the following year.... The case suffers from extreme Perfectionism, and this Perfectionism has caused her many obstacles in her life on both personal and academic levels, so that Nessma stated that she avoids going out with her friends in the university residence until she can organize her exercises and lessons.

Functional analysis of SECCA:

Nessma thinks that the state of Perfectionism that accompanies her, began from Middle School, she narrated the incident of the Arabic language teacher tearing her notebook without a clear justification for her.

As for procrastination for Nessma she has somewhat overcome it from her point of view, so that it often disappears, but it returns slightly in overwhelming circumstances. She has tried hard to get rid of it because in her view it decreases her perfectionism, limits her success, and changes the way she looks at herself to become a look of contempt.

Diagnosis:

The participant has been diagnosed with perfectionism and procrastination despite the fact they are not found in the diagnostic statistical guide DSM-5-TR, but they are proven by the following scales:

- Frost's Multidimensional Perfectionism Scale (FMPS)
- The Academic Procrastination Scale

Other diagnosis:

according to the classification of the DSM-5. The following diagnosis can be suggested:

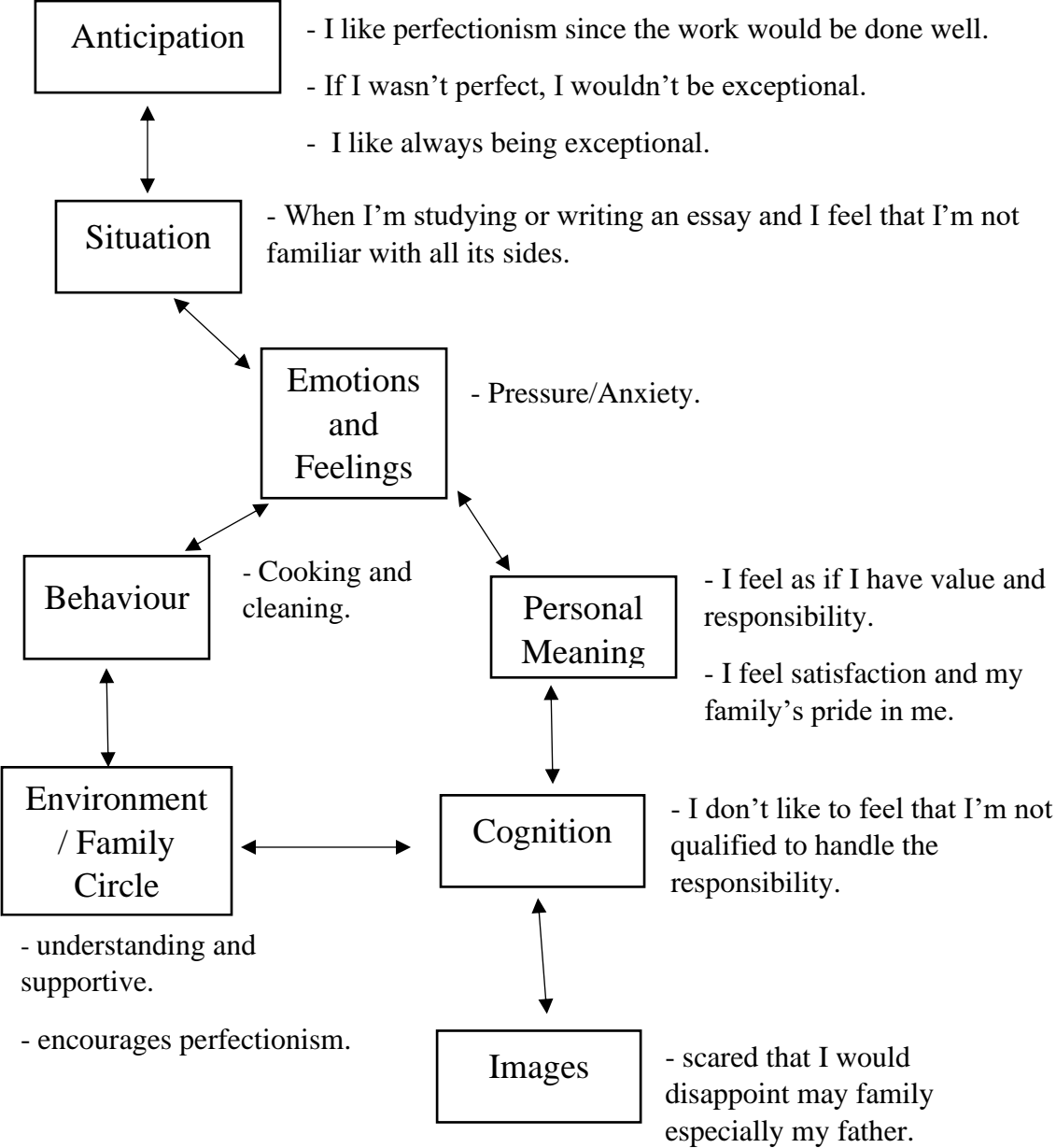
- Obsessive-compulsive personality disorder (F60.5).

Nessma's features of turmoil began almost after she did not get her baccalaureate for the first time, and worsened after the death of her father.

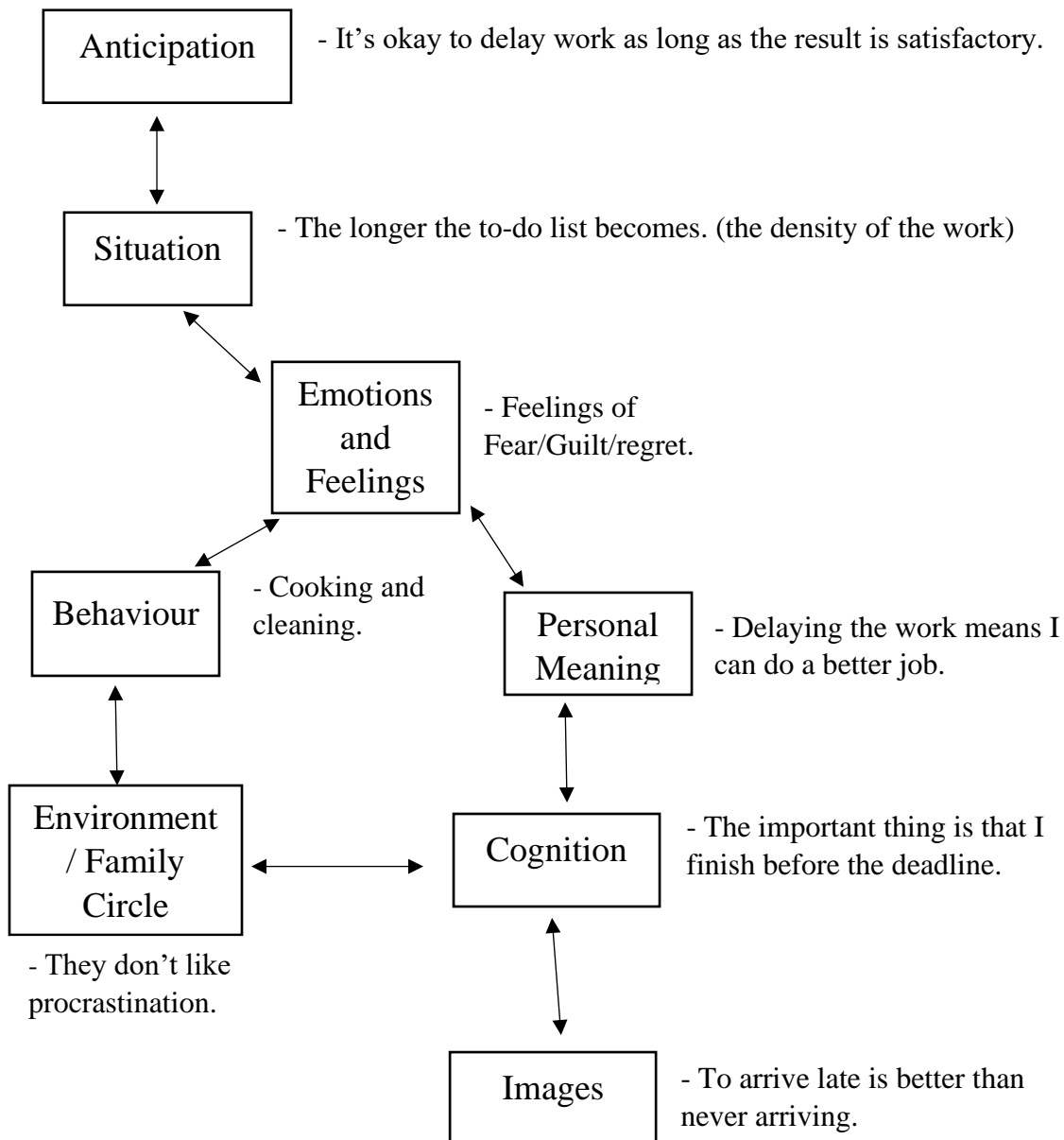
This reflected directly on her studies and affected her Perfectionism and procrastination and greatly affected her private relationships and social life.

Synchrony:

Perfectionism:



Procrastination:



Developmental Data:

The father's personality: understanding, encouraging, motivates her to work seriously and meticulously, and to master her work.

The mother's personality: understanding, kind, and encouraging. (the entire family is supportive, especially when it comes to her education)

Historical factors contributing to the maintenance of the disorder: having to retry the baccalaureate, others looking at her as if she's inferior.

Primary causing factors: a teacher hitting her in middle school and tearing her copybook.

Acceleration factors: retrying the baccalaureate and not getting the grade she wanted.

Other disorders:

Previous treatments: N/A.

Medication: N/A.

Perfectionism and Procrastination:

The explanatory theory of the origin of Perfectionism according to Nessma is linked to a traumatic event in which she was punished by tearing her notebook under the pretext of not organizing and arranging it, so she had the idea of non-perfectionism associated with the idea of punishment and humiliation, as if perfectionism had become a need to maintain her security and dignity, at least in the school environment.

Nessma linked procrastination to her failure in the first baccalaureate in her view it decreases her perfectionism, limits her success, and changes the way she looks at herself to become a look of contempt.

Showcasing the results of the Scales:

The First Case: Nessma.

The first evaluation:

Self-Compassion scores:

Self-kindness score: 3.4

Self-Judgment score: 4

Common Humanity: 4.5

Isolation: 3.25

Mindfulness: 3.25

Over-Identification: 4

The total score: 2.96

The total score is in the range between 2.5-3.5 on the Likert scale, which, according to the interpretation of the scale, indicates a low to moderate degree of Self-Compassion.

Academic Procrastination:

The total score: 1.8

The total score is in the range of 1.00-1.80 on the Likert scale, which, according to the interpretation of the scale, indicates a low degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

Table 5 : displaying the 1st case Nessma's before FMPS results.

	Raw	Percentile
Total Perfectionism	86	79.3
Concern Over Mistakes & Doubts About Actions	32	56.1
Parental Expectations and Criticism	27	80.7
Personal Standards	27	86.3
Organization	30	97

From the above results we can conclude that the participant has 79.3% in the total score for perfectionism, indicating the existence of a high amount of perfectionism. The source of this perfectionism comes from "Organization" at a 97% followed by "Personal Standards" at a score of 86.3% followed closely by "Parental Expectations and Criticism" at 80.7%.

Therapeutic Sessions:

After conducting diagnostic interviews, the SECCA network in its immediate and past parts of the case and the results of the scales, and based on what we have reached, we started with Cognitive Behavioral intervention sessions according to the SECCA network and therapeutic intervention that affects various behavioral, Cognitive and emotional aspects in order to alleviate them by applying behavioral intervention techniques (mindfulness), Cognitive (Cognitive Defusion) and homework, where we did 9 therapeutic interviews and one evaluation interview and can be summarized in:

Session 03: 45 minutes

In this session, we discussed the subject of research, building a therapeutic agreement and emphasizing the need to adhere to therapeutic sessions and doing homework. We also discussed the concept of Perfectionism and procrastination and the results of each and how each affects the individual's personal life (family and emotional), and his life as a university student.

Nessma was very interested in the treatment protocol because she suffers from Perfectionism so much that it influenced every aspect of her life. She was excited to start the treatment protocol by saying, "I would be happy to help you and benefit you as I would benefit from it as well."

Session 04: Recognizing Self-Compassion: 50 minutes

We started the session by using the mother cat metaphor, then self-compassion was introduced: what it is, the pillars on which it is based on (self-kindness, mindfulness, common humanity). Then we moved on to how to use the daily self-compassion assessment record and use it for homework.

The case often hesitates to answer questions outside her field of knowledge and this was highlighted in the metaphor of the mother cat, where she was very slow in answering the questions of metaphor (She tended to wait for my answers despite my constant assertion that there were no right and wrong answers).

Session 05: Matrix: 45 minutes

The session began with welcoming Nessma, then discussing the homework and how Nessma felt every day she applied the daily self-compassion assessment record.

Then we moved to the core of the session, which is the matrix, I put forward the idea of the matrix and what it represents. Then we moved on to apply it together. It was difficult for Nessma to answer questions about the matrix, but she quickly adapted and began to respond. Then towards explaining the homework, which is to observe the matrix and look at the things or actions that bring her closer or keep her away from the important things or people in her life.

Nessma began to respond to the treatment sessions faster than expected, so that the self-compassion assessment record helped her a lot. "I started to be kinder on myself a bit." "when I didn't study like I was used to, I was going to start blaming myself, but I gave excuses to myself." "I started reviewing myself and the behaviors that I did with myself and didn't take into account"

As for the application of the matrix, there were looks of astonishment from Nessma when the matrix was completed, with confusion and concentration, "I was surprised by how a whole Nessma in a small matrix."

Session 06: Verbal Aikido:

We started the session by discussing Nessma's homework and then moved on to the hook metaphor and projecting it on the reality of the case (recognizing her own hooks). Then we went to explain the concept of verbal aikido and the basics

on which it is based, and then we began to apply the verbal aikido exercise to facilitate homework, which was the use of verbal aikido exercise with in multiple different situations.

Nessma merged a lot with the verbal aikido exercise, where she accurately explained the situation, she chose to apply the exercise to and interacted with the exercise questions.

Session 07: Mindfulness:

The session began with a discussion of homework, then we moved to mindfulness as we learned about its concept, importance, objectives and uses, then we moved to the application after a brief explanation of how to apply.

Nessma was a little nervous before applying the mindfulness exercise because she didn't do any relaxation or meditation exercises or anything like it. But she quickly merged. a few minutes before the end of the exercise, Nasma suddenly opened her eyes, "I was scared, I felt that I was feeling nothing" after re-exercise and asking how she felt during and after, she said "I felt the blood flowing in my veins, I felt my heart beating hard" "I felt my brain empty ... I felt comfortable."

Session 08: Emotions:

We started the session by discussing homework, talking about emotions and explaining their concept and the way negative emotions and feelings work. Then explain the homework (table of emotions).

Nessma was very interested and responsive in this session and. She had no difficulty receiving and interacting with the information

Session 09: Cognitive Defusion:

The session started with a homework discussion. Then explain the concept of Cognitive Defusion and then move to the concept of Cognitive Defusion and its importance in the life of each individual and its impact on our thoughts and way of thinking. Then apply the Cognitive Defusion exercise. With the use of the bus metaphor + Homework (evoking a situation that occupies your mind with the use of the bus metaphor.

Nessma reacted in a good way in the session, she was thirsty to apply the Cognitive Defusion exercise, "I have many ideas that we think about and forget them a little."

Session 10: Values:

The session started with a homework discussion. Then we moved to the values and their concept, basics, characteristics and importance, then we moved to the practical questions to reveal the values of Nessma in life.

Nessma was also engaged in the values session, "it's as if I'm discovering myself for the first time"

Session 11: Taken Actions:

The session went well. We started the session by defining the taken actions as it is very important in mitigating procrastination and how it helps to move from setting goals and dividing them, to the point of action, then explaining the homework and concluding the session.

Nessma interacted with the questions well, with her intense focus in answering each question and taking her time thinking about the answer.

Evaluation Session:

As for the evaluation of the work by Nessma: Nessma believes that the work was very useful to her, she did not expect her to respond to the protocol quickly.

She sees that she benefited from all the sessions, especially the self-compassion session and the daily self-compassion assessment record. As well as the verbal aikido session, matrix and mindfulness exercise because she has never tried it before.

General analysis of treatment sessions for case 01: Nessma case:

In general, what we can conclude from the therapeutic sessions with Nessma is that she suffers from some distorted ideas associated with her academic achievement that led her to excessive Perfectionism, which resulted in wrong behaviors, including procrastination (which Nessma is trying hard to get rid of permanently, which she was relatively successful in) as well as self-flagellation, which is evident on her. Nessma fears the how others look at her and hates the criticism directed at her person or the action she does, and this appeared in the matrix and the verbal aikido sessions, where it was clear that it was important for her that people see her in an ideal way, due to the bullying of her classmate and her comments on every action that comes from Nessma. Her cruelty to herself and her mercy to others was also evident. The father, may God have mercy on him, was a negative reinforcement of the Nessma's Perfectionism, especially after his death, as she wants to maintain the same level of Perfectionism that she had before

so that she would be loyal and honorable to him as well. Her sad feelings overwhelming her is apparent on her as she tells her stories smiling while crying (except for the story about her father’s death in her absence, and the story of how she was bullied, in the second story she tried to hold on but succumbed to tears) stating that she thought she had overcome the incident. Nessma was very punctual and timing of her attendance and committed to homework duties to the extent that she refused to fold worksheets or homework.

Perfectionism according to Nessma is linked to the traumatic event in which she was punished by tearing her notebook in front of classmates, so she has associated imperfection with humiliation and punishment.

As for procrastination only, she linked procrastination to her failure in the baccalaureate and pointing fingers at the community near her that she is a failed person like the rest of the family since she is the only one who completed her studies.

The Second Evaluation:

Self-Compassion scores:

The total score: 3.38

The total score is in the range between 2.5-3.5 on the Likert scale, which, according to the interpretation of the scale, indicates a moderate degree of Self-Compassion.

Academic Procrastination:

The total score: 1.64

The total score is in the range of 1.00-1.80 on the Likert scale, which, according to the interpretation of the scale, indicates a low degree of Academic-Procrastination

Frost’s Multidimensional Perfectionism Scale:

	Raw	Percentile
Total Perfectionism	84	75.8
Concern Over Mistakes & Doubts About Actions	29	43.3
Parental Expectations and Criticism	26	77.1
Personal Standards	29	93
Organization	30	97

Table 6 : displaying the 1st case Nessma’s after FMPS results.

From the above results we can conclude that the participant has 75.8% in the total score for perfectionism, indicating the existence of a high amount of perfectionism. the source of this perfectionism comes from “Organization” at a 97% followed closely by “Personal Standards” at a score of 93% followed by “Parental Expectations and Criticism” at 77.1%.

Table 7 : displaying the before and after results of all the scales used (Nessma).

	Before	After
Self-Compassion	2.96	3.38
Academic Procrastination	1.8	1.64
Perfectionism	79.3	75.8

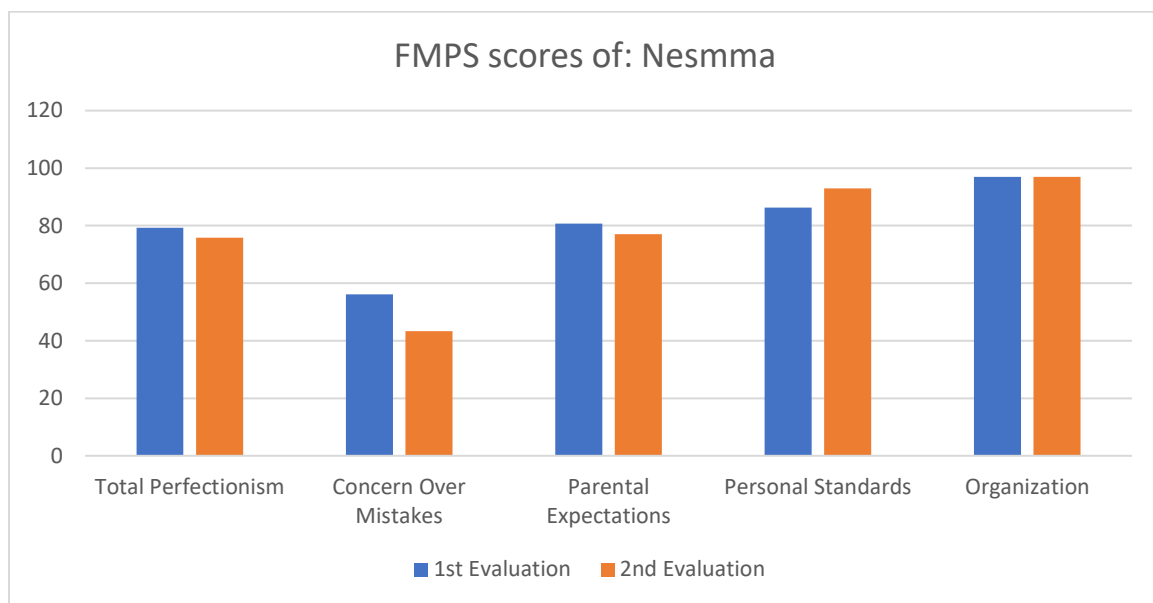


Figure 1 :displaying the results of the 1st and 2nd evaluation for the FMPS scales (Nessma).

the 2nd participant: Qamar.

Discussion of the results for the 2nd case: Qamar

The presentation of the clinical interview 2nd case: Qamar.

Functional Analysis of SECCA

Anamnesis:

Qamar is a 24-year-old young girl who lives in the Wilaya of Bordj-Bou-Argeridj and is a second-year master's degree student in clinical psychology.

The participant is tender with short stature, brunette skin, slender texture, calm features, with black eyes, wearing the Islamic veil, characterized by softness and femininity in her dress, but sometimes she displays some masculine behaviors.

The case appears to be in a good mood, she has a confused face, but tries to keep smiling most of the time, at the same time she looks sad and tired, she is saddened when she mentions the economic situation of her family, which she describes as normal, but she keeps it is very simple, as well as when mentioning her ended romantic relationship.

Communication with Qamar was very smooth and easy, she was responsive and cooperative, her explanations were detailed and accurate, her language is sound and understandable, her speech is clear, she uses her hands to express it a few times. The participant does not have any problems with understanding or comprehension.

Diachrony:

The participant lives in a family consisting of a mother and a father who works as an employee and 06 children, she is the third daughter, living in simple family conditions in a warm family atmosphere, her relationship with her father is normal like any father and his daughter "علاقتنا مليحة كأبي وأب وبنتو", as for her relationship with her mother, it is a close relationship, close to her mother a lot and considers her a friend "ماما حنينة عليا بزاف، هي عطوفة على كل أولادها". As for her relationship with her brothers, Qamar said that it's good and that she is close to everyone and a friend to everyone "أنا قريبة من خاوتي كامل البنات والذراي وصديقتهم كامل بالصغير بالكبير"

As for her studies, Qamar is 2nd year Master's in clinical psychology at the University of Setif. She did not choose the major with full conviction, as she studied physics for two years in Algiers, and then transferred the major because she failed in her university year despite her diligence, "ماقدرتش نزيد نبدل مجهود أكثر,

عيبت نفسيا لدرجة أنه جاني انهيار عصبي, وحتى ظروفى المادية ماساعدتنيش كي بعدت ماشي كيما كنت " نقلهم لدارنا نبديل تخصص وندير Sharia شرعية ما خلاونيش, ماحبوش, حتى علم النفس العيادي اعترضو عليه, كانوا حايبين ندير ارشاد وتوجيه " As for the Perfectionism, it began in the first year of university, where Qamar was seeking to stand out and prove that she deserves the place where she is at (the first specialization), as she was subjected to racism because of her modest dress and origin " The Perfectionism worsened after changing the major after two years of hard work without result" .

Diagnosis:

The participant has been diagnosed that she has perfectionism and procrastination despite the fact they are not found in the diagnostic statistical guide DSM-5-TR, but they prove by the following scales:

- Frost's Multidimensional Perfectionism Scale (FMPS)
- The Academic Procrastination Scale

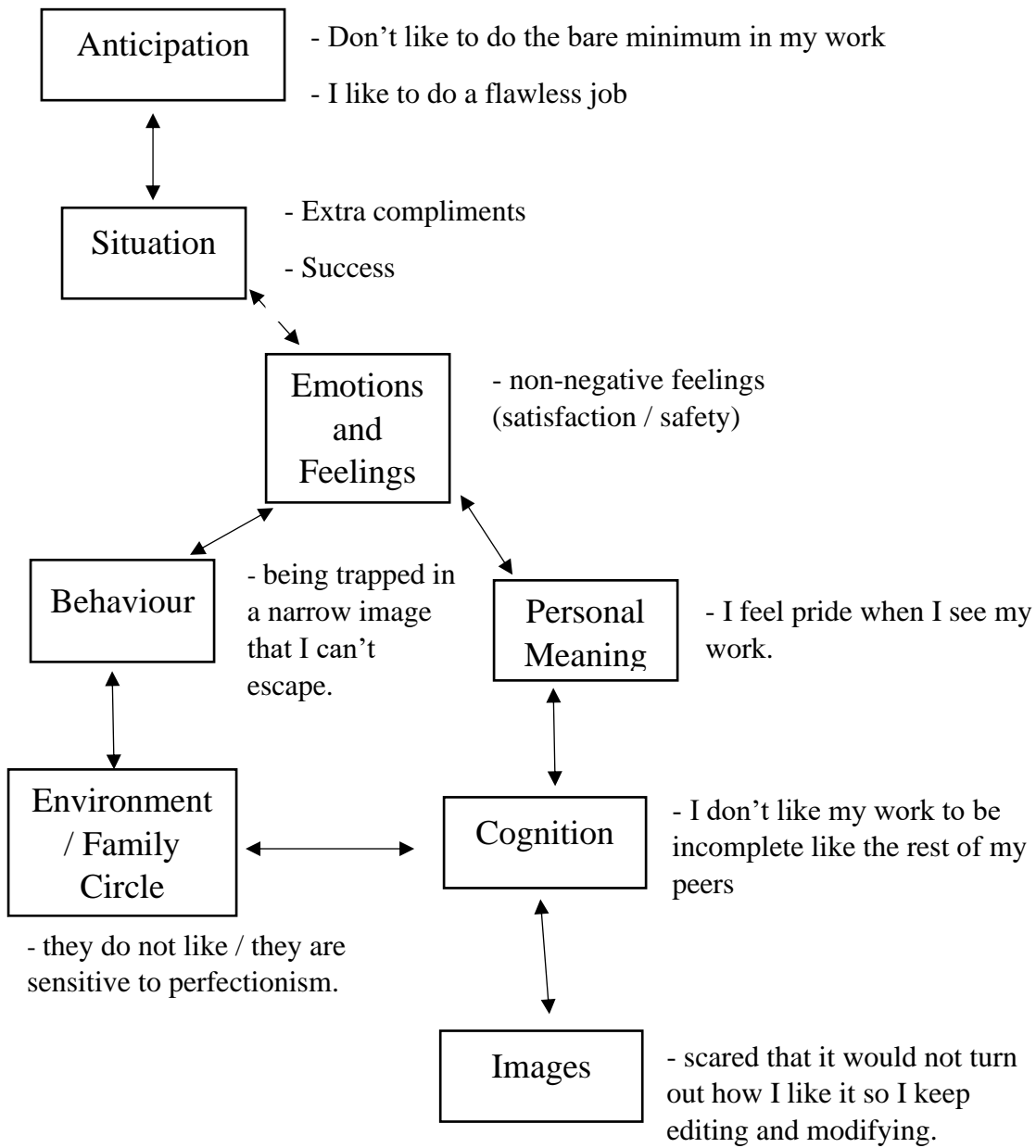
Functional analysis of SECCA:

Through SECCA's real-time analysis, we notice that Qamar suffers from Perfectionism and procrastination. For Qamar, Perfectionism expresses her high standards that she aspires to reach, according to her, procrastination is considered a postponement of her future failure. For her living conditions, she worked as a negative promoter of procrastination, studying is a refuge from poverty and an incentive to improve her life.

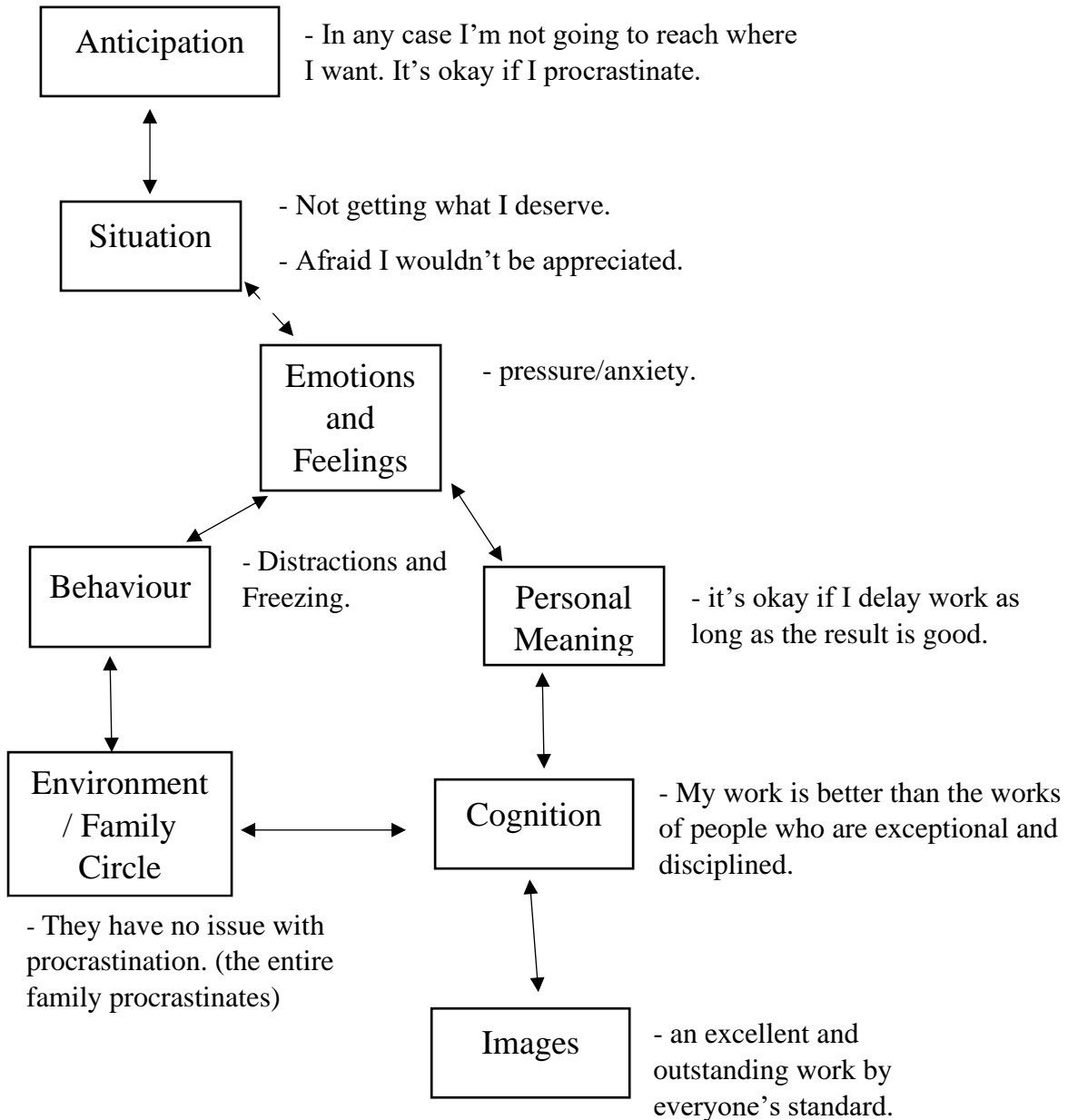
One of the most important narcissistic wounds of Qamar is her trauma / sense of inferiority on the side of poverty and from how she looks as well, even her real name worries her and represents a source of inconvenience to her and enhances her sense of inferiority in the aesthetic aspect because it is a name that reflects the personality of a very beautiful girl who is not connected to this amount of beauty. In addition to failures in her emotional/intimate experiences.

Synchrony:

Perfectionism:



Procrastination:



Developmental Data:

The father's personality: normal, non-authoritative. (a procrastinator)

The mother's personality: overly kind personality, warm and compassionate. (not perfect)

Historical factors contributing to the maintenance of the disorder: not being able to study in a major of her choice. (not satisfied)

Primary causing factors: not getting academic accolades despite the efforts given/comparisons.

Acceleration factors: changing the major after two years of studying another.

Other disorders:

Previous treatments: N/A.

Medication: N/A.

The Second Case: Qamar.

The first evaluation:

Self-Compassion scores:

Self-kindness score: 4

Self-Judgment score: 2.6

Common Humanity: 4.75

Isolation: 2.5

Mindfulness: 4.25

Over-Identification: 2.5

The total score: 3.8

The total score is in the range between 3.51-5.00 on the Likert scale, which, according to the interpretation of the scale, indicates a high degree of Self-Compassion.

Academic Procrastination:

The total score: 3.84

The total score is in the range of 3.41-4.20 on the Likert scale, which, according to the interpretation of the scale, indicates a an above average degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

	Raw	Percentile
Total Perfectionism	82	72
Concern Over Mistakes & Doubts About Actions	37	75.5
Parental Expectations and Criticism	16	30.2
Personal Standards	29	93
Organization	25	80

Table 8 : displaying the 2nd case Qamar's before FMPS results.

From the above results we can conclude that the participant has 72% in the total score for perfectionism, indicating the existence of a high amount of

perfectionism. the source of this perfectionism comes from “Personal Standards” at a score of 93% followed closely by “Organization” at 80%.

Therapeutic sessions:

Session 03: 45 minutes

In this session, we discussed the subject of research, built a therapeutic agreement and emphasized the need to adhere to therapeutic sessions and do the homework. We also discussed the concept of Perfectionism and procrastination and the results of each and how they affect the individual's personal life (family and emotions), and his life as a university student.

I discussed to present more details of the treatment program and to present some of the therapeutic techniques used in the therapeutic program, because the participant is a colleague in the specialty.

Qamar was somewhat interested in the therapeutic protocol because she suffers from Perfectionism and that influenced so much in every aspect of her life. She was excited to start the protocol to satisfy her curiosity and ambition to get rid of perfectionism.

Session 04: Recognizing Self-Compassion: 50 minutes

We started the class by using the mother cat metaphor, then self-compassion was introduced: its concept, the pillars on which self-compassion is based (self-kindness, mindfulness, common humanity). Then we moved on to how to use the daily self-compassion assessment record and use it for homework.

The participant did not hesitate to interact with and answer the questions, but on the contrary was entertained and this was highlighted in the metaphor of the mother cat, as the rhythm of her interaction was very fast in answering the questions of metaphor.

session 05: Matrix: 45 minutes

The class began with welcoming Qamar, then discussing the homework and how she felt every day that she applied the daily self-compassion assessment record.

Then we moved to the core of the Session, which is the matrix, I put forward the idea of the matrix and what it represents. Then we moved on to apply it together. It was difficult for Qamar to answer the questions about the matrix, but she quickly adapted and began to answer, although her answers were rather superficial. Then explained the homework, which is to observe the matrix and

look at the things or actions that bring her closer or keep her away from the important things or people in her life.

session 06: Verbal Aikido:

We started the class by discussing Qamar's homework and then moved on to borrow the hook and drop it on the reality of the situation (recognizing its own hooks). Then we went to explain the concept of verbal aikido and then its basics on which it is based, and then we began to apply the verbal aikido exercise to facilitate homework, which was the use of verbal aikido exercise with the choice of multiple situations.

Qamar merged with the verbal aikido exercise, where she accurately explained the situation, she chose to apply the exercise to, and interacted with the exercise questions.

session 07: Mindfulness:

The class began with a discussion of homework, then we moved to mindfulness, we learned about its concept, importance, objectives and uses, then we moved to its application after a brief explanation of how to apply.

Qamar was a little nervous before applying the mindfulness exercise despite doing relaxation exercises many times. She stated after finishing that she felt dizzy and felt her head was moving left and right (although she had not moved at all).

session 08: Emotions:

We started the class by discussing homework, talking about emotions and explaining their concept and the way negative emotions and feelings work. Then explained the homework (table of emotions).

Qamar was interested and responsive in this session. She had no difficulty receiving and interacting with the information.

session 09: Cognitive Defusion

The class started with a discussion about homework. Then explaining the concept of Cognitive Defusion and then moved to the concept of cognitive defusion and its importance in the life of each individual and its impact on our thoughts and way of thinking. Then apply the cognitive Defusion exercise. With the use of the bus metaphor. + Homework (evoking a situation that occupies your mind with the use of the bus metaphor).

Qamar reacted well in session; she was hungry to apply the defusion exercise.

"عندي بزاف أفكار نطال نخمم فيهم ونحوس ننساهم شوي".

"ضرك نطبقها مع المذكرة كشما نخدم شوي".

session 10: Values:

The class started with a discussion about homework. Then moved to values and their concept, basics, characteristics and importance, then moved to the applied questions to reveal the values of Qamar's life.

Qamar was also interactive in the values class.

session 11: taken actions

The class went well. We started the class by defining the actions taken and it is very important in mitigating procrastination and how it helps to move from setting goals and dividing them, to the point of action, then explaining the homework and concluding the class.

Qamar was responsive to the questions, with her intense focus in answering each question and taking her time thinking about the answer.

Evaluation Session:

In this evaluation session, we discussed the last homework in the treatment protocol with Qamar and then we applied the scales that we had previously applied in order to monitor the results of the treatment program.

Qamar was satisfied with the initial results learned from the treatment program and that she felt herself having benefited a lot.

General analysis of therapeutic sessions: Qamar:

In general, what we can conclude from the therapeutic sessions with Qamar is that she suffers from some distorted ideas associated with her academic achievements that led her to excessive Perfectionism, which results in wrong behaviors, including procrastination and self-flagellation. For Qamar, her standards are very high and can only be achieved through Perfectionism, self-pressure and flagellation. As for Qamar's Perfectionism, it is also a proof of her existence and that it deserves to reach what she really is, after transferring from the scientific specialization that satisfied her high standards and worth.

Despite her statements that she does not seek the first ranks, she strives to occupy the first ranks. One of the amplifiers of Qamar's Perfectionism is her high standards and this shows in her choosing the title of an essay and working hard until she gets an essay or a topic that has not been chosen or worked on before, in addition to her desire to feel desirable because of her emotional failures.

As for procrastination for Qamar's case, it expresses her cruelty to herself and proves that she is special.

The Second Evaluation:

Self-Compassion scores:

The total score: 4.07

The total score is in the range between 3.51-5.00 on the Likert scale, which, according to the interpretation of the scale, indicates a high degree of Self-Compassion.

Academic Procrastination:

The total score: 2.96

The total score is in the range of 2.61-3.40 on the Likert scale, which, according to the interpretation of the scale, indicates an average degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

	Raw	Percentile
Total Perfectionism	69	43.3
Concern Over Mistakes & Doubts About Actions	29	43.3
Parental Expectations and Criticism	16	30.2
Personal Standards	24	70
Organization	24	73.7

Table 9 : displaying the 2nd case Qamar's after FMPS results.

From the above results we can conclude that the participant has 43.3% in the total score for perfectionism, indicating the existence of a slightly below average amount of perfectionism. the source of this perfectionism comes from "Organization" at a score of 73.3% followed closely by "Personal Standards" at 70%.

	Before	After
Self-Compassion	3.8	4.07
Academic Procrastination	3.84	2.96
Perfectionism	72	43.3

Table 10 : displaying the before and after results of all the scales used (Qamar).

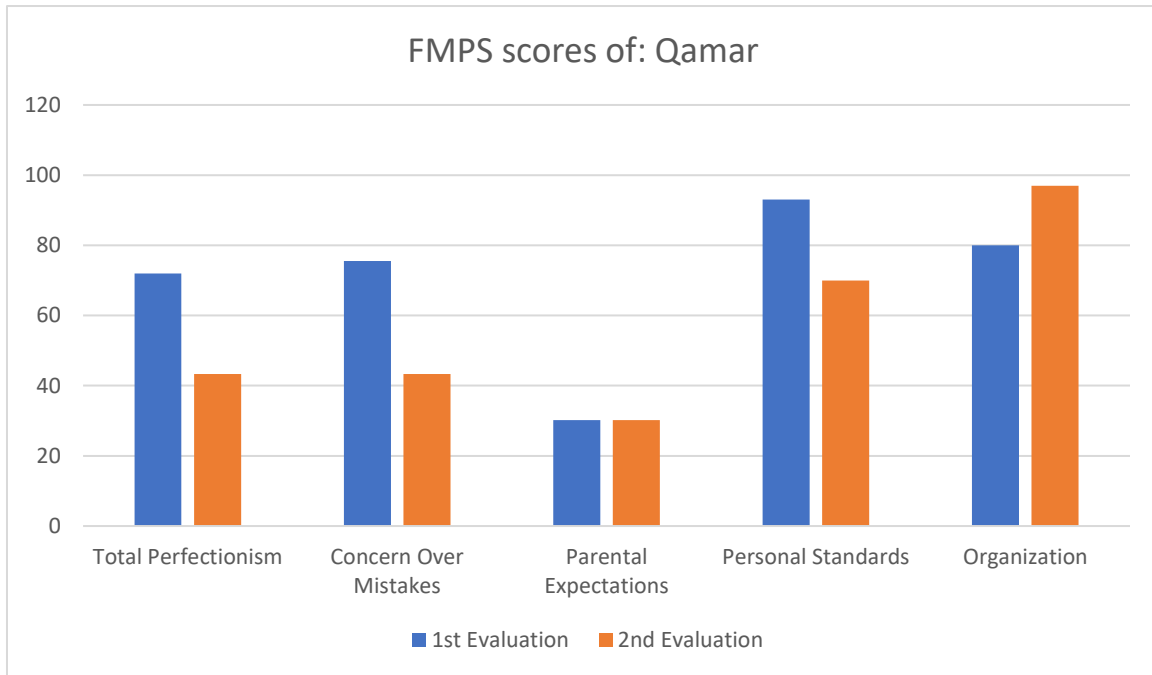


Figure 2 :displaying the results of the 1st and 2nd evaluation for the FMPS scales (Qamar).

the 3rd participant: Midas.

Discussion of the results for the 3rd case: Midas

The presentation of the clinical interview 3rd case: Midas.

Functional Analysis of SECCA

Anamnesis:

Midas is a young man of 21 years, single, living in Bordj-bou-arreridj, studying in his 1st year of master's in clinical psychology.

He is of medium average height between 174-178 cm, bronze skin, a little bit broad, dark eyes, with thick curly hair.

Midas appeared in calm relaxed mood from what was apparent in both his speech and the way he talked and sat and his general body language. He was calm and collected for most of the time, but as soon as he started talking about his father his facial features changed from looking calm to looking annoyed and bothered.

communicating with him was easy and smooth and his narration flowed freely due to the effect of free association, although there was some resistance in narration when he brought up his father, and during most of the time he talked he repeated several phrases and words such as “كي شغل...” and “منحبش نتعب...” roughly translating to “like...” and “I don't like getting tired...” respectively, which might hint at verbal reservations and that might indicate doubt about his autonomy and self-judgment, in addition to great hesitation. He didn't use hand gestures while talking and he sat relaxed for most of the session.

Diachrony:

21 years old Midas lives in bordj bou arreridj in a family composed of two parents and 4 siblings, the eldest brother was born in 1987, the eldest sister in 1990, the youngest sister in 1994, and Midas in 2002. He lives in a medium income family, the father is the first and main provider while the eldest brother, who is married, supports them, but he prioritizes his smaller family first and foremost. He has a good relationship with his mother and siblings, especially the eldest brother and the youngest sister since they are closer in age, while his relationship with his father is not good because of his father's short fuse, which appears in him saying “...طبيعتو هكذا هو قلوب وعصبي و غضوب يقلي متناقشنيش...” roughly translating to “that's just his nature he's neurotic and easily angered and he says do not talk back to me”, which led to a certain kind of withdrawal and anger towards his father, and since Midas likes to debate and argue that forces him to avoid his father especially as of late due to his old age being 58, and his illness

تجيه واحد النوبة هكذا يولي يستغم صراتلو مرتين ولا ديجا، راح للسييطار عليها ولا ياكل في الدواء، “ وهو يحكمو قلبو ويتقلق، يتقلق بزاف ماشي نورمال، كارثة

Academic Side:

Midas is a student in his 3rd license year studying clinical psychology. The decision to choose his major came from willingness and desire since his high school days thanks to his philosophy teacher, and because of him and his teaching methods mixing philosophy and psychology he discovered an interest in psychology in general, but he holds some reservations concerning his current studies, and that is because of the repetition of and the focus on the theoretical side while neglecting the practical side for basically the whole curriculum.

He did not repeat any year before in his life and his grade averaged between 11-12 in high school, and between 10-11 in the first two years of college, the exception was during the baccalaureate where he got 13.94 the reason for according to him “منحبش نتعب روجي نقرا غير ليلة الرعد” roughly translating to “I don’t like to get tired I only study on the final night”, thanks to him studying seriously the night before he noticed the big improvement to his grade, which confirmed his suspicions about the procrastination he noticed the beginning of during middle school ... لاحظت بلي فيا هكذا التفنيين، سيرتو سيرتو بعد ما ديت مليح في الباك، شغل كنت ندري “ بلي معالبايش هذاك هو المعدل نتاعي، بصح كي زيرت روجي عرفت بلي منيش ماد حق لروحي بلاك and from that “هذاك هو المعدل نتاعي، بصح كي زيرت روجي عرفت بلي صح صح منحبش نتعب... we see a link and a connection between procrastination and laziness in addition to the effect of the high score on his procrastination, as he doesn’t like to work until the last second especially after he found comfort in that “كي شغل لقيت روجي منقراش” وندي خير من واحد يتعب، واحد ظال يقرأ وانا نقرا في الساعة الاخرة، معالبايش في الدقائق الاخرة نقرا، “لقيتو مساعدي استحسننو

Concerning his perfectionistic tendencies, he noticed them in college and specifically in the writing and presentation of essays, he described himself as “الكونترول” or the controller, as in he had the final word concerning the essays “كانوا يخدمو هكذا ويمدولي زعما ونشوف تسما نسيي شغل نسيي الخدمة نتاعهم نمدلها الماكسيموم ...، شغل .” His use of the word *dynamo* might be an indication to the need to draw attention to himself, and it also appears in his daily life as follows “شغل منين ذاك نسيي ندير مخطط نبلاني النهار نتاعي نوض الصباح ندير ميديتاشيون” ندير عفسة هكذا، زعما باش نحقق الهدف، شغل نسيي نكون بارفي (مثالي) سواء على المستوى الروحي، وفي النهار نتاعي يكون كاين سبور الكور نتاعي يستفاد والنفس نتاعي تستفاد والروح نتاعي تستفاد، هذو “هما، but his on and off procrastination created an obstacle for him to achieve that “كنت ندير هاذو ايامات وننتكس نعاود للتفنيين هذاك الاول، ميش زعما حاجة مخلاتنيش التفنيين هذاك “ هو الي مخلاتنيش

In addition to that perfectionism appeared even in his hobbies, as he can't start a new book, series, or a movie until he finishes what he already started, and he doesn't like to waste his time if the rating of any of the above was low “مثل”
كي نبدا كتاب منقدرش نعقب لكتاب وحداخر بلا ما نخلصو لاشتى معجبنيش منقدرش نبدا كتاب وحداخر بلا ما نخلص الاول، تسمى نبقى معلق وكون منخلص هذاك الكتاب نبقى معلق، بصح هاهي تقصت عندي هادي الحاجة شوي، في الليسي مثلا باش نتفرج سيرري منقدرش حتان نكمل، ... منقدرش نروح نتفرج الا “ولازم تكون مكلابية IMDB اذا شفت التقييم في”

And the reason that made him seek perfectionism in his opinion is his desire to become a great person and to leave his mark on history like the greats “كي شغل”
معلاباليش شني الحاجة الي خلاتني نسعى وراء الكمالية، بصح نحب نكون ... منحش نكون أفيراج هكذا نحب نكون نخلي الاثر نتاعي، ولا كيما يقولو ندير ما خلقت لأجله، شغل معلاباليش، شخصية عظيمة كيما نتاع التاريخ، ... معلاباليش اكراكت وش حاب ندير مي حاب هكذا نتميز في حاجة ونخلي الاثر نتاعي، “زعا كي تكون هذيك الحاجة تقعد في التاريخ...”

Diagnosis:

The participant has been diagnosed with procrastination and perfectionism despite the fact they are not found in the diagnostic statistical guide DSM-5-TR, but they are proven by the following scales:

- Frost's Multidimensional Perfectionism Scale (FMPS)
- The Academic Procrastination Scale

Other diagnosis:

according to the classification of the DSM-5. The following diagnosis can be suggested:

- Narcissistic Personality Disorder (F60.81).

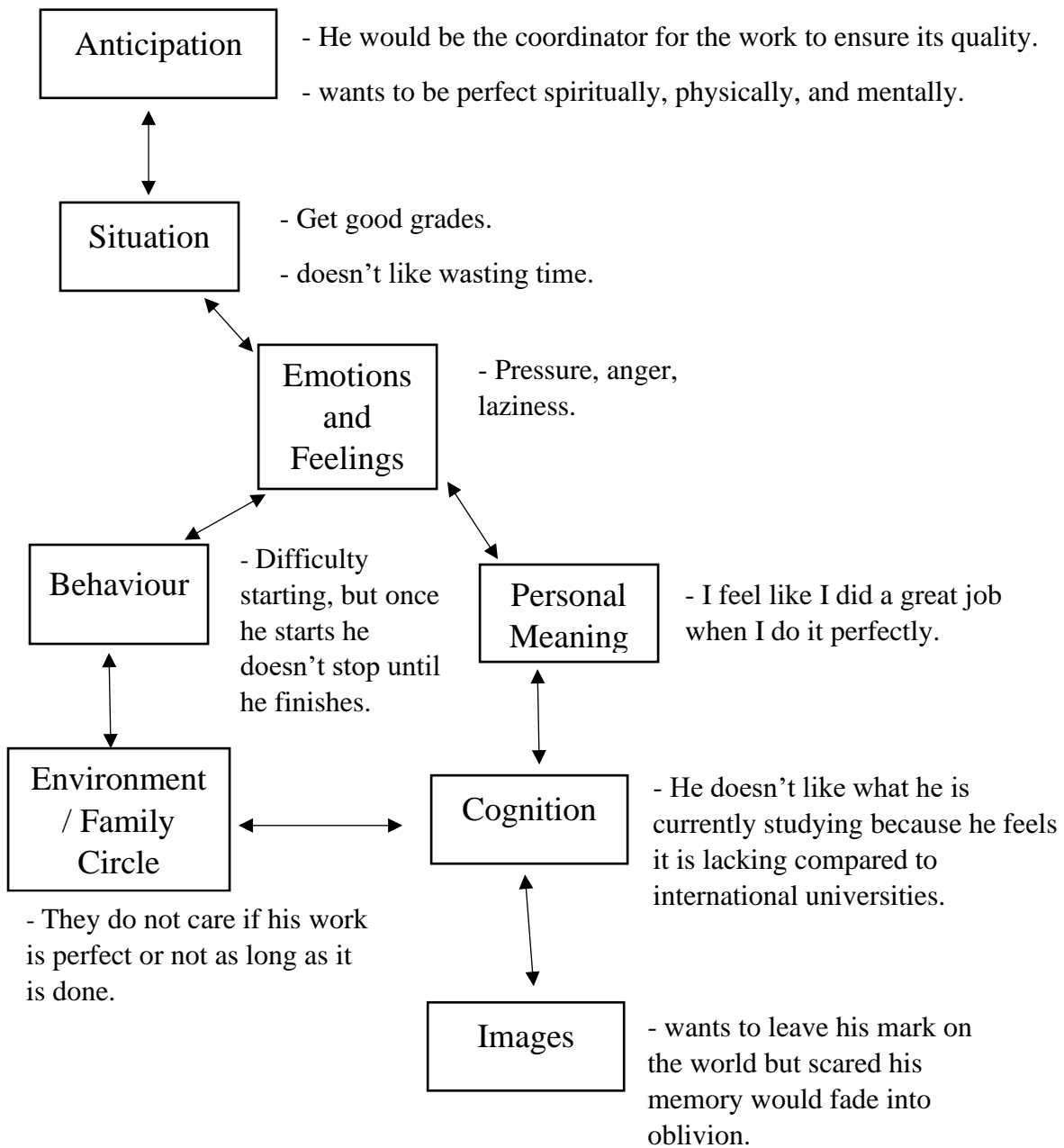
SECCA Functional Analysis:

Midas sees that his perfectionism began in his early years at university, he wants to be a great person that history will remember, and for that his work must be perfect. He has difficulty beginning work, but if he starts, he cannot stop until the work is perfect, and this is what makes him tend to procrastinate.

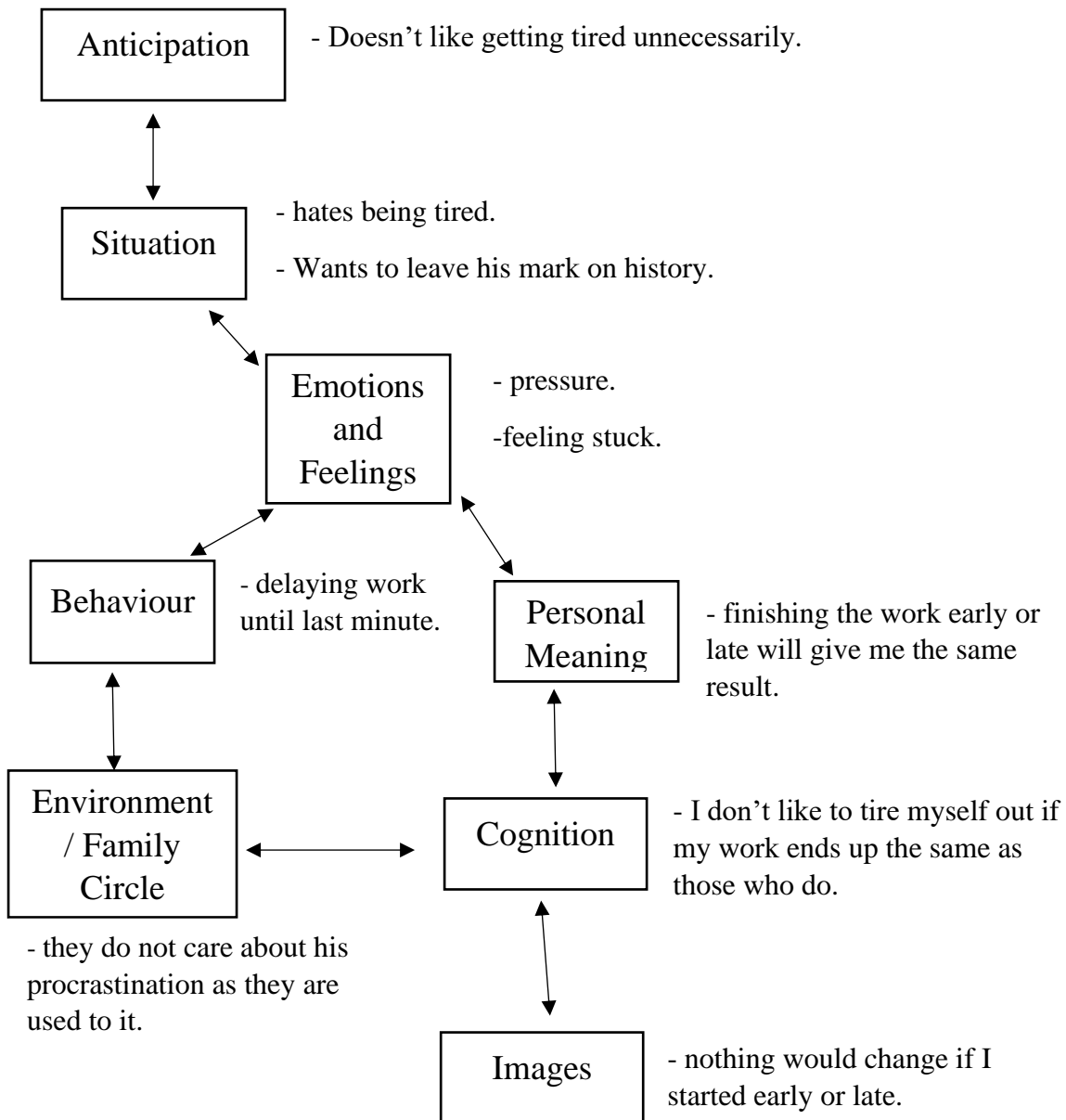
As for his procrastination, he discovered that he had it in middle school when he noticed that even if he did not study or work hard, he would get a result similar to the result of someone who studied hard, in addition to that he does not like to tire himself out unnecessarily, as he feels pressure if he decides to make an effort and this appears in his decision that nothing will change even if he does make an effort.

Synchrony:

Perfectionism



Procrastination:



Developmental Data:

The father's personality: neurotic personality, easily angered, verbally and physically abusive.

The mother's personality: kind, compassionate, but slightly apathetic when it comes to his father.

Historical factors contributing to the maintenance of the disorder: does not like getting tired, grew up in an environment filled with procrastinators.

Primary causing factors: wanting to escape being average and proving his father wrong and not wanting to end up like him.

Acceleration factors: he noticed an improvement in his grades after studying a bit harder during middle school.

Other disorders:

Previous treatments: N/A.

Medication: N/A.

The Third Case: Midas.

The first evaluation:

Self-Compassion scores:

Self-kindness score: 3.6

Self-Judgment score: 2

Common Humanity: 4

Isolation: 2

Mindfulness: 3.75

Over-Identification: 2

The total score: 3.73

The total score is in the range between 3.51-5.00 on the Likert scale, which, according to the interpretation of the scale, indicates a high degree of Self-Compassion.

Academic Procrastination:

The total score: 3.36

The total score is in the range of 3.41-4.20 on the Likert scale, which, according to the interpretation of the scale, indicates an above average degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

	Raw	Percentile
Total Perfectionism	72	50.1
Concern Over Mistakes & Doubts About Actions	26	31.1
Parental Expectations and Criticism	19	44.4
Personal Standards	27	86.3
Organization	25	80

Table 11 : displaying the 2nd case Midas's before FMPS results.

From the above results we can conclude that the participant has 50% in the total score for perfectionism, indicating the existence of an average amount of

perfectionism. the source of this perfectionism comes from “Personal Standards” at a score of 86.3% followed closely by “Organization” at 80%.

Therapeutic Sessions:

Session 02:

Duration: 54 minutes.

The session began by explaining the course of the treatment protocol, emphasizing the importance of confidentiality, building a good clinical relationship, and emphasizing the confidentiality of the classes. This was followed by the definition of perfectionism and procrastination, whether academic or otherwise, and how each of them affects him in his daily life, whether as a student or as an ordinary person. He also answered the three pre-scales.

Midas was anticipating the beginning of treatment, especially to get rid of procrastination, in order to start realizing his ambitions and return to practicing his hobbies that help him achieve self-realization such as judo, reading, and meditation.

Session 03:

We started the session by using the metaphor of the mother cat “le maman chat”, then moved on to the definition of self-compassion and how it interacts with the self and the components on which it is based (self-kindness, common humanity, and mindfulness), and then I explained to him how to use the daily self-compassion assessment record.

He was cooperative in the class and did not hesitate to answer the majority of questions in the metaphor of the mother cat, and the only questions that he hesitated to answer revolved around how the mother cat treats the fifth kitten and disciplines it and how to treat himself like the kitten, as he tended to ignore at first and then moved to verbal discipline.

Session 04:

The session included an explanation of what the matrix is and how it can as an intellectual exercise help him to provide contextual and functional perspectives and to sort out experiences and behaviors in his constituent quarters. I gave him an example of how perception and perspectives work and how we can approximate or move away depending on what our five senses focus on, as well as draw and fill in the matrix diagram.

At first, he did not understand the meaning of the matrix until I explained it for him again and gave him more than one example of how the perceptions of the five senses work on what we focus on. When filling out the chart, he took a long time thinking about what to write in each of the five dimensions, especially the distancing dimension.

Session 05:

The session began with the use of the metaphor of the hook, followed by an explanation of the verbal technique of aikido based on the art of self-defense of the same name, which requires the reception and conversion of the attacker's energy into peace and harmony, and an explanation of the basics of the technique (yessing, sorting in the moment, and verification). We then applied the technique through the use of the seven movements or questions.

He reacted in a positive way throughout the session to the metaphor of the hook where he responded to the questions well, especially with the verbal technique of aikido due to his background as a former judoka, but in applying the movements he did not want to answer verbally to the questions instead he chose to be silent and nod his head, and out of his admiration for the exercise he asked me to give him a copy to apply with himself.

Session 06:

The session required learning about mindfulness and how to apply it and some situations in which mindfulness is useful, in addition to identifying the difference between mindfulness and insight, and applying the stages of "recognizing the unstable mind" and "calming the mind".

The class went smoothly by virtue of his meditation practice before, although it was a long time since he practiced it, as it did not take long to relax and focus with the steps, but I had to finish it quickly due to him suffocating because he was not used to deep breathing, especially after he smoked "hookah" before coming to the session.

Session 07:

In this session, we talked about emotions by defining them and reaching an agreement about what they are and how they appear, in addition to the main types that are divided into them, how to organize them and the benefits of doing so, and we also discussed what are the most emotions that he feels in his daily life in addition to what he feels when he feels himself procrastinating. We implemented steps to enhance emotional regulation.

At the beginning of the session, he responded well about the definition and types, and also interacted in the ways of organizing emotions and the usefulness of this because of his passion for the philosophy of Stoicism that emphasizes the importance of controlling emotions. But there was a kind of resistance when I asked him about his feelings and what he was feeling, as he took time to think and did not elaborate on his answers.

Session 08:

The class began by defining both cognitive fusion and cognitive defusion and the difference between them, in addition to the benefits of cognitive defusion and the types of ideas with which integration occurs and how they affect the individual in his daily life. Then apply the cognitive defusion exercise.

He interacted well at the beginning of the session, and when applying the exercise, he was well responsive, thinking about a set of ideas that he had and modifying them according to the exercise data.

Session 09:

The session began by addressing the concept of values, their characteristics and fundamentals, in addition to examples of them in daily life, and then we moved on to answering the questions of values to reveal them in the case of Midas.

Midas' answers in principles focused on "family and friends" in most of the questions, while the other questions were characterized by him answering with a little reservation, he also gave answers that seemed normal and usual, in addition to repeating what he said in previous sessions in the remaining questions.

Session 10:

We started the session by defining the taken actions and their great importance in reducing procrastination and how they help in moving from setting goals and dividing them to the point of action.

Midas did not take long to answer the questions as his answers were short and interspersed with a kind of resistance and hesitance.

General analysis of therapeutic sessions: Midas:

From the therapeutic sessions, we can conclude that Midas suffers from an issue with procrastination, whether academic or otherwise, which led him to despise himself and his abilities until he reached the baccalaureate stage, where he knew that he did not give himself what it deserves despite his great ambition, so he used to say " ... لاحظت بلي فيا هكذا التفنيين، سيرتو سيرتو بعد ما ديت مليح في الباك، شغل كنت ندري بلي ... " معالبايش هذاك هو المعدل نتاعي، بصح كي زيرت روجي عرفت بلي منيش ماد حق لروحي بلاك هذاك

،هو المعدل نتاعي،"One of the boosters to his procrastination is his desire not to make any effort, especially if he gets the same result as those who make an effort.

Perfectionism to him is an expression of being better than others, even if he does not make an effort, as he controls whether the work is good or not when he works in a group, or his desire to be a unique person and leave his mark on history.

The Second Evaluation:

Self-Compassion scores:

The total score: 3.80

The total score is in the range between 3.51-5.00 on the Likert scale, which, according to the interpretation of the scale, indicates a high degree of Self-Compassion.

Academic Procrastination:

The total score: 2.88

The total score is in the range of 2.61-3.40 on the Likert scale, which, according to the interpretation of the scale, indicates an average degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

	Raw	Percentile
Total Perfectionism	69	43.2
Concern Over Mistakes & Doubts About Actions	29	43.3
Parental Expectations and Criticism	14	22
Personal Standards	26	81.7
Organization	21	50.7

Table 12 : *displaying the 2nd case Midas's before FMPS results.*

From the above results we can conclude that the participant has 43.2% in the total score for perfectionism, indicating the existence of a slightly below average amount of perfectionism. the source of this perfectionism comes from "Personal Standards" at a score of 81.7% followed by "Organization" at 50.7%.

	Before	After
Self-Compassion	3.73	3.80
Academic Procrastination	3.36	2.88
Perfectionism	72	69

Table 13 : *displaying the before and after results of all the scales used (Midas).*

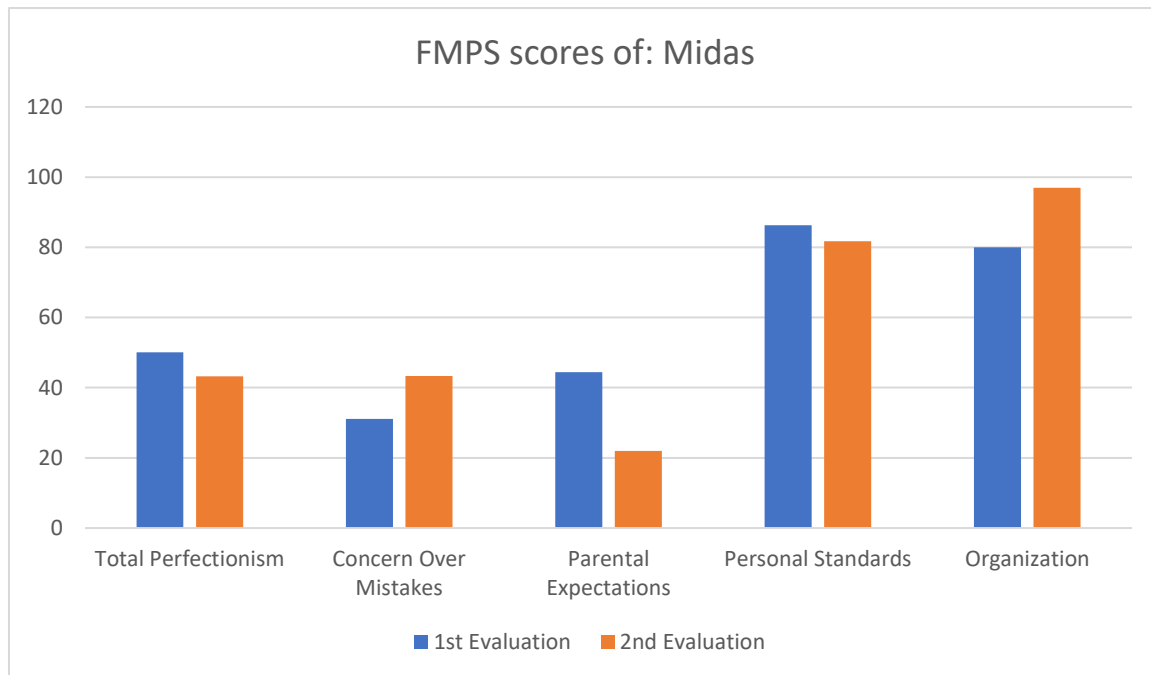


Figure 3 :displaying the results of the 1st and 2nd evaluation for the FMPS scales (Midas).

The results discussion of the research for the fourth case Mawja

The presentation of the clinical interview fourth case Mawja

Functional analysis of SECCA

Anamnesis:

Mawja is a 25-year-old young girl, Single, living in the wilaya of bordj-bou-arreridj, a second-year master's student of clinical psychology.

The participant is of tall stature, white skin, graceful body, her features are beautiful, with black eyes, she wears a hijab, and soft makeup, she is characterized by femininity in her dress and the way she sits and her speech. Mawja appears to be in a normal mood, she has a serious face most of the time, maintains her serious features except in the case of emotion, uses her hands while explaining, and anger appears most of the time on her face.

Communication with Mawja was very smooth, she was very responsive and cooperative, her explanation is detailed and accurate, her language is sound and understandable, her speech is clear, the participant does not face any problem with understanding or comprehension.

Diachrony:

Mawja lives in a family consisting of a mother, father and 5 children, she is the fourth daughter, living in simple family conditions, in a slightly electrified family atmosphere. Her relationship with her father is cold for saying, " لحد الآن مانيش " and justified his absence for periods of mostly 20 days to remain only two or three days due to the conditions of his work (truck driver). As for her relationship with her mother, she said that she is as normal as any mother and daughter, and stated, " إنتعشت مؤخرا " "برك".

Her relationship with her older brother is very good " علاقتي مع خويا هذا تهيل " As for her relationship with her older sister, she said that it's also good and respectful " " علاقتي معها مليحة وفيها الاحترام " As for her relationship with her other brother, who is older than her, it keeps fluctuating due to the brother's addiction and his love to control, monitor and scrutinize her personal life and all things related to her, in a barbaric way " خويا هذا حكاية " .

As for her relationship with her younger sister, it is often cold, but now she is trying to get closer to her, so that her condition does not deteriorate (she thinks she is depressed) Because of the atmosphere in the family and the absence of the father and the domination of the second brother.

As for her studies: Mawja is a 2nd year Master's student of Clinical Psychology at the University of Setif, she did not choose the specialization with full conviction " هذا التخصص هو اللي خيرني " She wanted to study forensic sciences at the University of Prince Abdelkader in Constantine, but her family did not allow her, especially her father, under the pretext that the mandate of specialization is far from the state in which she resides.

She talked about all the academic stages, and the most important stations that she went through in her academic career, she stated that she excelled in the primary stage and when she moved out of her old house and middle school, the stage of academic decline began at Mawja " كنت المهم مستهترة كي نقرا كي مانقراش المهم نطلع " .

She repeated two years in middle school, the second and the third years " عاودت بسبة أستاذة العربية كانت خاصتي الفاصلة بصح ماحبتش تزيدلي مالمقري حقي " .

Even in high school she maintained the same level of recklessness

" القراية بقيت نقرا حتى الدقيقة اللخرة, المهم نطلع, بصح حسيت روجي رزنت شوية " she got a baccalaureate, literature and philosophy, with a grade of 10.06

Her university career began in a normal way, she tried to work hard, but the spread of the Corona epidemic and her stay at home due to quarantine greatly reduced

her morale, in addition to her engagement and preparations for the wedding " كنت حابة وماشي حابة في نفس الوقت , كانوا ماما وأختي هوما اللي يوجدو كلش حتى الجهاز أنا نقيس برك " The engagement was broken off 15 days before the wedding, which lasted 9 months " ماما و أختي لي بطلو , ماتفاهموش على لادات تاع الحنة " ... " جاتني على قلبي , الخطبة Mawja has stated that her ex-fiancé is weak in character and that he is his mother's son.

The participant began to suffer from Perfectionism in the third year of her bachelor's degree, and it was a radical shift for her after her early university years were moving to the next year with remedial exams " كان تحول جذري في حياتي من الراطر اباچ للأوائل في الدفعة "

Mawja toiled and strived to be one of the first, and to maintain that position as for procrastination, its beginnings showed in the first year of the master, she tried to maintain the same academic performance but could not prevent procrastination, thinking that even if she was late in preparing essays it will not affect her. But she noticed that procrastination increased in the second year of the master's due to the pressure of the thesis.

Diagnosis:

The participant has been diagnosed that she has perfectionism and procrastination despite the fact they are not found in the diagnostic statistical guide DSM-5-TR, but they prove by the following scales:

- Frost's Multidimensional Perfectionism Scale (FMPS)
- The Academic Procrastination Scale

Other diagnosis:

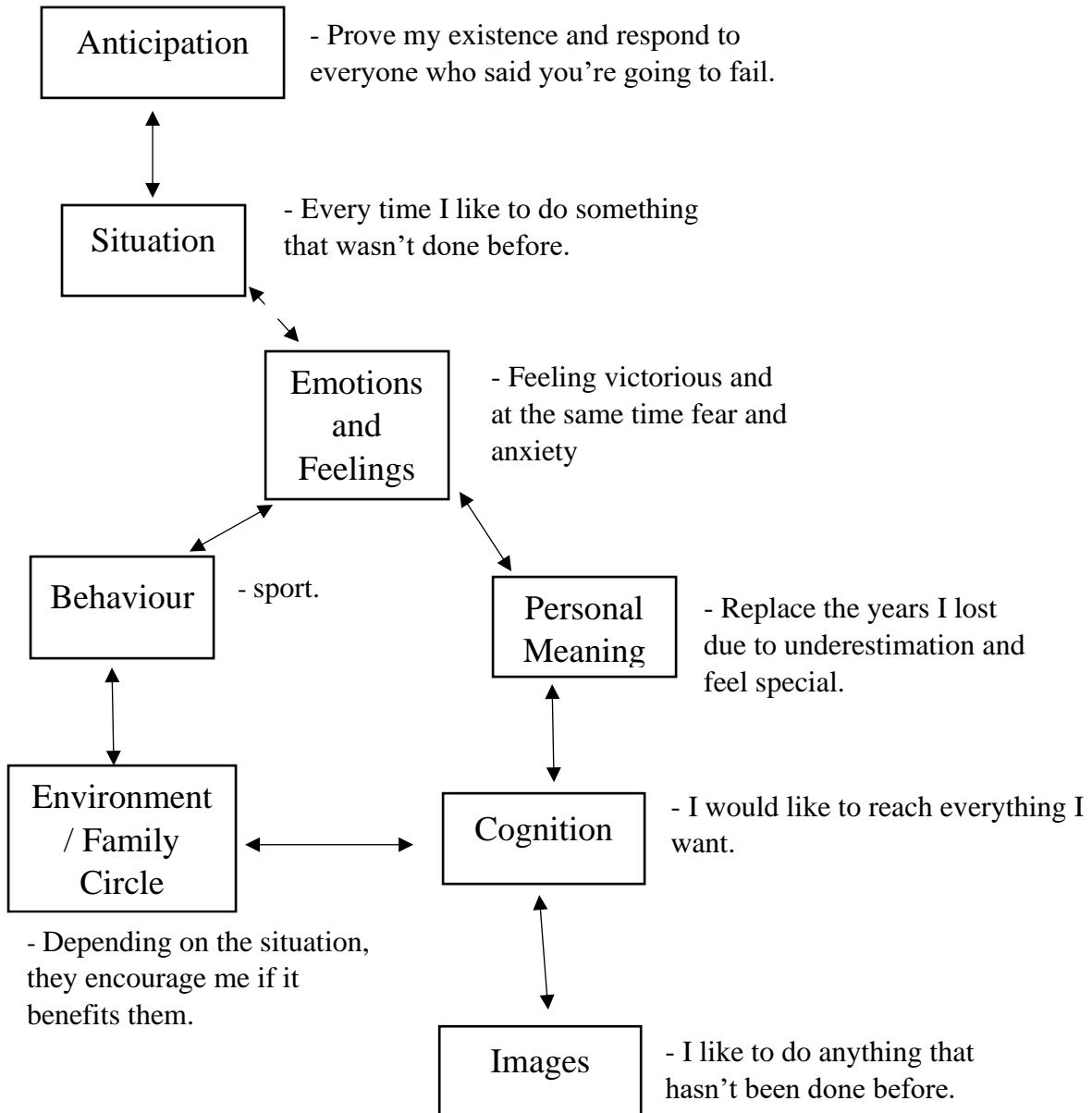
according to the DSM classification 5. The following diagnosis can be suggested:

- Borderline Personality Disorder (F60.3)

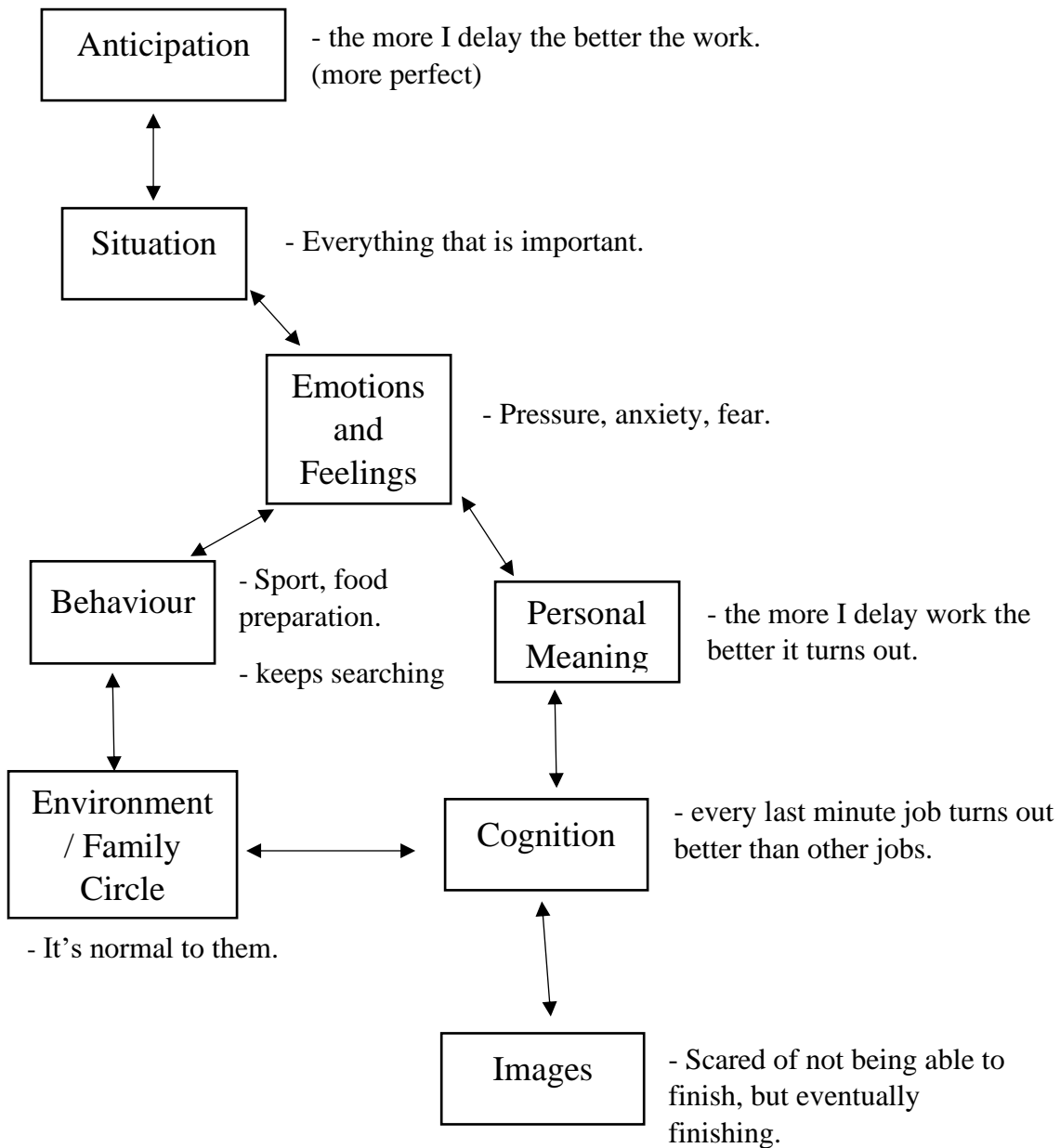
This disorder has greatly affected Mawja in both her love life and private life to her work life, and her instability in her life and in her relationships. It also had a very clear impact on her school life and how she moves from perfectionism to procrastination.

Synchrony:

Perfectionism:



Procrastination:



Developmental Data:

The father's personality: Rigid personality, almost unknown, complete disappearance from her life.

The mother's personality: authoritative personality, un-encouraging, but likes to see results.

Historical factors contributing to the maintenance of the disorder: not being able to study in a major of her choice due to the objection of her family.

Primary causing factors: a failed engagement a couple of days prior to the wedding.

Acceleration factors: increased stifling by the family.

Other disorders:

Previous treatments: a couple of sessions at a therapist during primary school.

Medication: N/A.

The Fourth Case: Mawja.

The first evaluation:

Self-Compassion scores:

Self-kindness score: 3.2 Self-Judgment score: 3

Common Humanity: 3 Isolation: 3.25

Mindfulness: 3.25 Over-Identification: 3

The total score: 3.03

The total score is in the range between 2.5-3.5 on the Likert scale, which, according to the interpretation of the scale, indicates a low to moderate degree of Self-Compassion.

Academic Procrastination:

The total score: 4.12

The total score is in the range of 3.41-4.20 on the Likert scale, which, according to the interpretation of the scale, indicates a an above average degree of Academic-Procrastination.

Frost's Multidimensional Perfectionism Scale:

Table 14 : displaying the 4th case Mawja's before FMPS results.

	Raw	Percentile
Total Perfectionism	96	91.9
Concern Over Mistakes & Doubts About Actions	43	90.9
Parental Expectations and Criticism	23	64.2
Personal Standards	30	95.2
Organization	24	73.7

From the above results we can conclude that the participant has 73.7% in the total score for perfectionism, indicating the existence of a high amount of perfectionism. the source of this perfectionism comes from "Personal Standards" at a 95.2% followed closely by "Concerns and Doubts" at a score of 90.9% followed by "Organization" at 73.7%.

Functional analysis of SECCA:

Through SECCA's real-time analysis, we notice that the emergence of academic perfectionism in the participant was a form of searching for status in the family, which contributed to her relationship with her mother and partially repaired it and was a negative reinforcement of perfectionism.

One of the reinforcers of perfectionism as well in the participant after her relationship with her mother got better, her sister has established the indirect idea that the better she studied the greater her position in the family and she wants to confirm this in her younger sister.

As for the emergence of procrastination in the participant, it coincided with the preparation of the graduation thesis and its psychological burden reactivated her many experiences and psychological complexes that she has.

Therapeutic sessions:

Session 03: 45 min

In this session, we discussed the subject of research, built a therapeutic agreement and emphasized the need to adhere to therapeutic sessions and doing homework. We also discussed the concept of perfectionism and procrastination and the results of each and how they affect the individual's personal life (family and emotions), and the life as a university student. And how she sees herself suffering from excessive perfectionism and procrastination, and we discussed how they affected her on both personal and practical levels.

Mawja was interested and enthusiastic about the therapeutic protocol because she suffers from perfectionism so much that it influenced so much in every aspect of her life. She had the intention to change herself and get rid of her problems, of course, taking into account that she is a colleague in the specialty, I gave her more in-depth details about the treatment program and therapeutic techniques.

Lesson 04: Recognizing Self-Compassion: 50 minutes

We started the class by using the mother cat metaphor, then self-compassion was introduced: its concept, the pillars on which self-compassion is based (self-kindness, mindfulness, common humanity). Then we moved on to how to use the daily self-compassion assessment record and using it for homework.

She did not hesitate to answer the questions and interact, but on the contrary she was entertained and this was highlighted in the mother cat metaphor, where the rhythm of her interaction was very fast in answering the questions of the metaphor. And she was very harmonious and expressed her admiration for the beginning of the treatment protocol and the metaphor.

Lesson 05: Matrix: 45 minutes

The session began with a gentle welcome, then we discussed homework and how it felt to be tender every day I applied the daily self-compassion assessment record.

Then we moved to the core of the session, which is the matrix, I put forward the idea of the matrix and what it represents. Then we moved on to apply it together. It was difficult for Mawja to answer the questions about the matrix, but she quickly adapted and began to answer and had profound answers except for a part of the matrix that she was unable to complete. Then explained the homework, which is to observe the matrix and look at the things or actions that bring her closer or keep her away from the important things or people in her life.

session 06: Verbal Aikido:

We started the session by discussing the homework of Mawja and then moved on to the hook metaphor and projected it on the reality of the case (recognizing her own hooks). Then we went to explain the concept of verbal aikido and then its basics, and then we began to apply the verbal aikido exercise to facilitate homework, which was the use of verbal aikido exercise with choices in multiple situations.

Mawja merged with the verbal aikido exercise, where she explained her situation, she chose to apply the exercise to herself and interacted with the questions.

Lesson 07: Mindfulness:

The session began with a discussion of homework, then we moved to mindfulness and learned about its concept, importance, objectives and uses, then we moved to the application after a brief explanation of how to apply.

She felt a little unstressed and calm before applying the mindfulness exercise because she usually does relaxation exercises. She quickly merged and looked amused, and this was evident on her facial features.

session 08: Emotions:

We started the session by discussing homework, talking about emotions and explaining their concept and the way negative emotions and feelings work. Then explained the homework (table of emotions).

She was gentle and in harmony with the session and seemed to be interested though listening and asking questions.

session 09: Cognitive Defusion

The class started with a discussion of the homework. Then explaining the concept of cognitive defusion and then moved to the concept of cognitive defusion and its importance in the life of each individual and its impact on our thoughts and way of thinking. Then applying the cognitive defusion exercise. With the use of the bus metaphor + Homework (evoking a situation that occupies your mind with the use of the bus metaphor).

Mawja was very responsive and in tune with the metaphor in this session because it helped her a little to focus on her diary.

We did not complete the rest of the sessions due to an unjustified interruption from the participant.

General analysis of the participant:

In general, what we can conclude from the therapeutic classes with Mawja is that she suffers from some distorted ideas that are related to her academic achievement, which led her to perfectionism. It has resulted in some wrong behaviors, including procrastination, and cruelty to oneself.

For Mawja, the emergence of perfectionism was a form of search for a place in the family, her high academic achievement and excellence, and her obtaining the third place in her year in the bachelor's degree contributed to her closeness with her mother and repaired their relationship a little, and this was a negative reinforcement of Mawja's perfectionism.

As for procrastination, it was simultaneous with the preparation of the graduation thesis, as it has affected her psyche so much that she was not able to bear all that pressure, and that the psychological burden of the thesis reactivated the experiences and psychological complexes that caused many issues, which makes her avoid them through procrastination.

Among the distorted ideas that helped to keep Mawja procrastinating is the anxiety about the future, and that she will lose a lot once she leaves the walls of the university, and locks her inside the thorny walls of the house that she cannot tolerate.

General hypothesis:

- Self-Compassion therapy has a protective role against negative self-talk and harm, and tends to reduce the levels of perfectionism and procrastination among high achieving college students.

Specific Hypotheses:

- Self-Compassion therapy is highly effective in disrupting the Perfectionism-Procrastination cycle among high achieving college students.
- Self-Compassion has a positive impact in reducing perfectionistic tendencies among high achieving college students.
- Self-Compassion has a positive impact in reducing procrastinatory tendencies among high achieving college students.

Discussion of the Results According to The Hypotheses:

Discussion of the General hypothesis:

The 1st hypotheses states that: “Self-Compassion therapy has a protective role against negative self-talk and harm, and tends to reduce the levels of perfectionism and procrastination among high achieving college students”, in order to verify the protective role against negative self-talk and harm, we tracked the increase of Self-Compassion values before and after finishing the treatment protocol, and found the following results:

	Before	After
Nessma	2.96	3.38
Qamar	3.8	4.07
Midas	3.73	3.80

Table 15 : displaying the total score of self-compassion before and after.

	Before	After
Nessma	56.1	43.3
Qamar	75.5	43.3
Midas	31.1	43.3

Table 16 : displaying the results of the Concern over mistakes and doubts about actions subscale in the FMPS before and after.

We notice from the tables above that there was an increase in self-compassion accompanied by a decrease in the concern and doubt subscale in the FMPS, which is connected to negative self talk, in two of the three cases presented, which agrees with a previous study done by (Grzybowski & Brinthaup, 2022) that their present findings suggest that a relationship does exist between trait mindfulness and internal variables (e.g., intrapersonal communication and a self-compassionate attitude) which affect emotional and cognitive regulation. Furthering our knowledge of the range of ways in which these metacognitive factors can interact with and affect psychological outcomes is worth prioritizing in the field to assist with the development of personalized intervention methods designed to combat psychopathology. mindfulness practice alone engages several cognitive mechanisms which result in the reduction in negative symptomology associated with psychopathology. (Grzybowski & Brinthaup, 2022)

the increase of concern and doubts despite the increase of self-compassion in the case of Midas can be attributed to him realizing that he was wasting time with his procrastination.

and in order to verify whether it reduces the levels of perfectionism and procrastination we measured the total scores of Self-Compassion, Academic

Procrastination, and Perfectionism before and after the treatment protocol, and found the following results:

		Self-Compassion	Academic Procrastination	Perfectionism
Nessma	Before	2.96	1.8	79.3
	After	3.38	1.64	75.8
Qamar	Before	3.8	3.84	72
	After	4.07	2.96	43.3
Midas	Before	3.73	3.36	72
	After	3.80	2.88	69

Table 17 : showcasing the total score of the scales used before and after for all participants.

From the table above we notice that an increase in total Self-Compassion score is accompanied by a decrease in the total scores of both Perfectionism and Academic Procrastination, which would confirm the hypothesis, and with the studies proposing that perfectionism and procrastination are a failure of self-regulation, and that self-compassion would be considered a self-regulation tool, and according to a study done by (Sirois et al., 2017) that proposes that self-regulation theory provides a useful framework for understanding the common underlying mechanisms that explain the procrastination–perfectionism relationship. (Sirois et al., 2017. P.141)

And current evidence generally supports this proposition, as both trait procrastination and perfectionistic concerns are associated with fewer perceived resources for self-regulation and negative self-evaluations, whereas perfectionistic strivings are associated with greater perceived resources and high self-efficacy. (Sirois et al., 2017. P.142)

And a meta-analysis done by (Biber & Ellis, 2017) examined the effect of self-compassion interventions on health behaviors. The findings from the seven studies indicated a positive impact of self-compassion on self-regulation of health behaviors All seven of the self-compassion interventions were effective at improving self-regulation of health behavior regardless of study design. Four of the seven interventions were RCTs, the preferred method of assessing effectiveness of a health behavior intervention. (Biber & Ellis, 2017. P.8)

Self-compassion is at least as effective as other behavioral techniques at improving self-regulation of various health behaviors. However, there is limited research that uses a self-compassion intervention to improve health behavior regulation. Self-compassion training impacts psychological, emotional, and physical well-being. (Biber & Ellis, 2017. P.10)

Discussion of the 1st specific hypothesis:

The 1st hypothesis states that: “Self-Compassion therapy is highly effective in disrupting the Perfectionism-Procrastination cycle among high achieving college students”, and in order to verify this hypothesis we compared the results of The FMPS subscales and total scores before and after the treatment protocol, and found the following results:

		Total Perfectionism	Concern and Doubt	Parental Expectations	Personal Standards	Organization
Nessma	Before	79.3	56.1	80.7	86.3	97
	After	75.8	43.3	77.1	93	97
Qamar	Before	72	75.5	30.2	93	80
	After	43.3	43.3	30.2	70	73.7
Midas	Before	50.1	31.1	44.4	86.3	80
	After	43.2	43.3	22	81.7	50.7

Table 18 : *summarizing the results of the FMPS scale and subscales for all participants.*

From this table we notice a decrease in most of the subscales and the total score, indicating that self-compassion had a positive impact on reducing perfectionistic tendencies in the participants, and that is supported by a study done by (Mehr & Adams, 2016) that was the first to examine the relationships among maladaptive perfectionism, self-compassion, and depressive symptoms in the college student population. The results are consistent with previous research demonstrating that higher levels of maladaptive perfectionism are related to higher levels of depression. (Mehr & Adams, 2016. P. 139)

Their hypothesis that self-compassion would mediate the relationship between maladaptive perfectionism and depressive symptoms was supported by the results, which indicated partial mediation. These results provide evidence that self-compassion may be one mechanism through which maladaptive perfectionism affects depressive symptoms. Thus, individuals with high levels of maladaptive perfectionism have high personal standards, are excessively self-critical, worry about perceived mistakes and failures, are dissatisfied with their performance, and have a general sense of inadequacy. Their feelings of inadequacy relate to poor psychological outcomes, including depressive symptoms. Our findings suggest that self-compassion may buffer the influence of such maladaptive perfectionism on depressive symptoms in the college student population. (Mehr & Adams, 2016. P. 140)

Discussion of the 2nd specific hypothesis:

The 2nd hypothesis states that: “Self-Compassion has a positive impact in reducing perfectionistic tendencies among high achieving college students”, and in order to verify this hypothesis we only need to look at the increased results of self-compassion for all participants before and after in *table .14* and comparing it to the results found in *Fig .1*, *Fig .2*, and *Fig .3* in the following Table:

		Self-Compassion	Perfectionism
Nessma	Before	2.96	79.3
	After	3.38	75.8
Qamar	Before	3.8	72
	After	4.07	43.3
Midas	Before	3.73	72
	After	3.80	69

Table 19 : comparing the results of the FMPS scale and the Self-Compassion Scale for all participants.

From this table we notice that every increase in self-compassion is accompanied by a decrease in Perfectionism, indicating that Self-Compassion does have a positive impact on reducing perfectionistic tendencies among high achieving college students, which agrees with a study by (Daniilidou, 2023) that stated that maladaptive perfectionism is negatively associated to self-compassion. Findings reporting low levels of positive self-compassion components and high levels of negative self-compassion components in maladaptive perfectionists may be related to and explained by the irrational cognitions associated with the constant desire of being perfect and the intolerance towards flaws and imperfections. individuals dealing with maladaptive perfectionism hold unattainable desires for flawlessness and exceptionally lofty standards that make them hypercritical about themselves. This conduct could be due to their inclination towards self-validation instead of internalizing self-compassion. (Daniilidou, 2023)

The study also suggests that adaptive perfectionists tend to be more self-compassionate and have better mental health outcomes compared to maladaptive perfectionists. adaptive perfectionists tend to report higher levels on positive self-compassion components than maladaptive perfectionists, because they are able to acknowledge their imperfections without harsh self-criticism and are more likely to practice self-care. by cultivating a sense of self-compassion and accepting one's own imperfections alongside striving for excellence, individuals can achieve

higher levels of well-being while avoiding the negative effects often seen in non-adaptive forms of perfectionism. (Daniilidou, 2023)

Discussion of the 3rd specific hypothesis:

The 3rd hypothesis states that: “Self-Compassion has a positive impact in reducing procrastinatory tendencies among high achieving college students”, and in order to verify this hypothesis we only need to look at the increased results of self-compassion and procrastination found in *table .7*, *table .10*, and *table .13* and compile them in the following Figure:

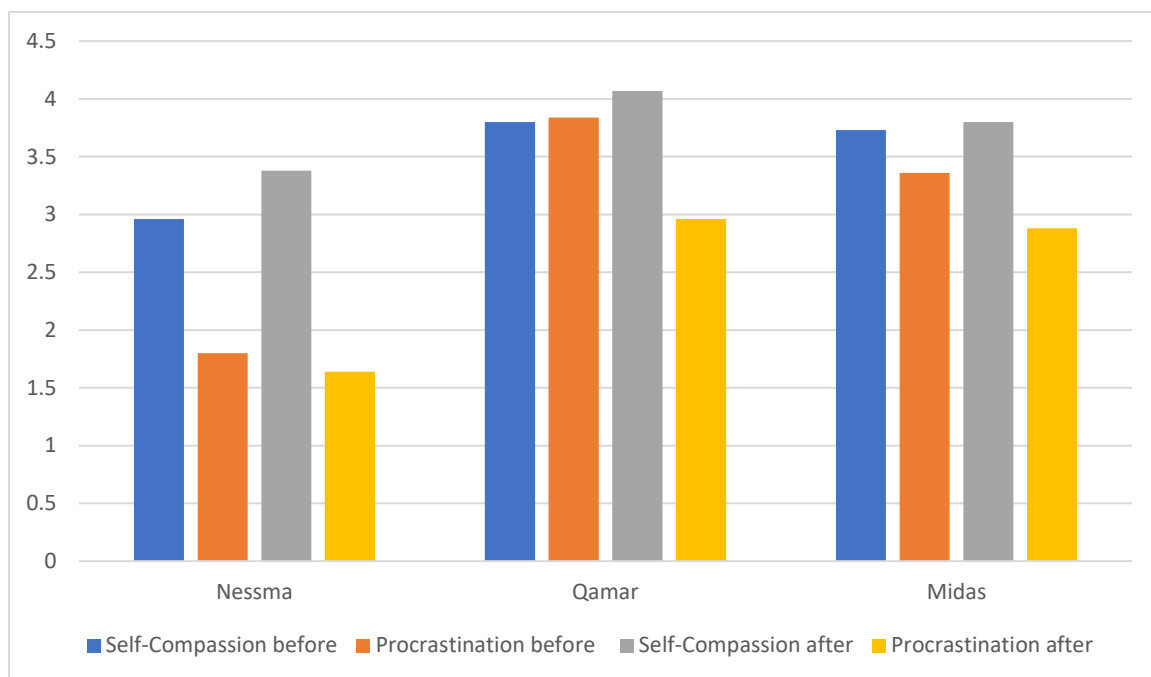


Figure 4 :showcasing the total score of the Self-Compassion Scale and the Academic Procrastination scale before and after for all participants.

From this Figure we see that every increase in self-Compassion is followed by a decrease in Academic Procrastination, which showcases that self-compassion does have a positive impact on reducing procrastination, and that agrees with a study done by (Williams et al., 2008) that indicated that higher levels of self-compassion, which includes self-kindness, common humanity, and mindfulness, were related to lower levels of academic worry and emotionality. We also expected that individuals with greater self-compassion would report less procrastination tendency, which was supported by the data. Individuals with greater self-kindness and mindfulness may be better able to manage academic worries, such as doubts about competence, and by doing so, are less apt to procrastinate. Further, because their sense of identity and worth are not contingent upon performance, these individuals may be more focused on learning from challenging course assignments. As such, we predicted that those with greater

self-compassion would report more mastery-oriented, rather than performance-oriented academic goals. (Williams et al., 2008)

Conclusion

In this thesis, we sought to find out if Self-Compassion played a protective role when it comes to both Perfectionism and Procrastination, by analyzing and testing the three out of four participants that finished the treatment protocol, we found that Self-Compassion does indeed play a protective role which appeared as a decrease in the levels of both Perfectionism and Procrastination.

Throughout our thesis we found that the cycle of Perfectionism-Procrastination is prevalent amongst high achieving students, and the consequences that this cycle causes to both their education and personal life are vast and widespread.

The tools that we used in this thesis served to measure the three variables of Self-Compassion, Perfectionism, and Academic Procrastination (e.g., FMPS, Self-Compassion Scale, Academic Procrastination Scale) before and after finishing the Treatment Protocol that was specifically made to reduce the levels of perfectionism and procrastination while increasing the level of self-compassion using a variety of Metaphors (e.g., the mother cat metaphor) and homework (e.g., the matrix, table of emotions, verbal aikido, ...).

In the end; we hope that both this thesis and the provided treatment protocol, would be helpful to both high achieving students who suffer from procrastination-perfectionism, and to clinical psychologists who would wish to help them.

Appendix

The Academic Procrastination Scale (APS).

The following questions assess your habits and routines as a student. Please answer the following as they apply to yourself.

How much do you, yourself agree to the following statements? (*Scored on a 1 to 5 Likert-type scale, with 1= Disagree and 5= Agree*)

1. I usually allocate time to review and proofread my work. *
2. I put off projects until the last minute.
3. I have found myself waiting until the day before to start a big project.
4. I know I should work on school work, but I just don't do it.
5. When working on schoolwork, I usually get distracted by other things.
6. I waste a lot of time on unimportant things.
7. I get distracted by other, more fun, things when I am supposed to work on schoolwork.
8. I concentrate on school work instead of other distractions. *
9. I can't focus on school work or projects for more than an hour until I get distracted.
10. My attention span for schoolwork is very short.
11. Tests are meant to be studied for just the night before.
12. I feel prepared well in advance for most tests. *
13. "Cramming" and last-minute studying is the best way that I study for a big test.
14. I allocate time so I don't have to "cram" at the end of the semester. *
15. I only study the night before exams.
16. If an assignment is due at midnight, I will work on it until 11:59.
17. When given an assignment, I usually put it away and forget about it until it is almost due.
18. Friends usually distract me from schoolwork.
19. I find myself talking to friends or family instead of working on school work.

20. On the weekends, I make plans to do homework and projects, but I get distracted and hang out with friends.

21. I tend to put off things for the next day.

22. I don't spend much time studying school material until the end of the semester.

23. I frequently find myself putting important deadlines off.

24. If I don't understand something, I'll usually wait until the night before a test to figure it out.

25. I read the textbook and look over notes before coming to class and listening to a lecture or teacher. *

** Indicates reverse-scored items*

Self-Compassion Scale (SCS)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experience should be.

Almost never

Almost always

1

2

3

4

5

1. I'm disapproving and judgmental about my own flaws and inadequacies.
2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I'm feeling emotional pain.
6. When I fail at something important to me, I become consumed by feelings of inadequacy.
7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me, I try to keep my emotions in balance.
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 intolerant and impatient towards those aspects of my personality I don't like.
12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition
16. When I see aspects of myself that I don't like, I get down on myself.
17. When I fail at something important to me, I try to keep things in perspective.
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
19. I'm kind to myself when I'm experiencing suffering.
20. When something upsets me, I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
22. When I'm feeling down, I try to approach my feelings with curiosity and openness.
23. I'm tolerant of my own flaws and inadequacies.
24. When something painful happens I tend to blow the incident out of proportion.
25. When I fail at something that's important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don't like.

Frost Multidimensional Perfectionism Scale (FMPS)

Instructions:

Please answer the following questions in relation to how much they apply to you. Do not spend too much time on any one question.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	My parents set very high standards for me.	1	2	3	4	5
2	Organization is very important to me.	1	2	3	4	5
3	As a child, I was punished for doing things less than perfectly.	1	2	3	4	5
4	If I do not set the highest standards for myself, I am likely to end up a second-rate person.	1	2	3	4	5
5	My parents never tried to understand my mistakes.	1	2	3	4	5
6	It is important to me that I be thoroughly competent in what I do.	1	2	3	4	5
7	I am a neat person.	1	2	3	4	5
8	I try to be an organized person.	1	2	3	4	5
9	If I fail at work/school, I am a failure as a person.	1	2	3	4	5
10	I should be upset if I make a mistake.	1	2	3	4	5
11	My parents wanted me to be the best at everything.	1	2	3	4	5
12	I set higher goals than most people.	1	2	3	4	5
13	If someone does a task at work/school better than I do, then I feel as if I failed the whole task.	1	2	3	4	5
14	If I fail partly, it is as bad as being a complete failure.	1	2	3	4	5
15	Only outstanding performance is good enough in my family.	1	2	3	4	5
16	I am very good at focusing my efforts on attaining a goal.	1	2	3	4	5

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
17	Even when I do something very carefully, I often feel that it is not quite right.	1	2	3	4	5
18	I hate being less than the best at things.	1	2	3	4	5
19	I have extremely high goals.	1	2	3	4	5
20	My parents expect excellence from me.	1	2	3	4	5
21	People will probably think less of me if I make a mistake.	1	2	3	4	5
22	I never feel that I can meet my parents' expectations.	1	2	3	4	5
23	If I do not do as well as other people, it means I am an inferior being.	1	2	3	4	5
24	Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5
25	If I do not do well all the time, people will not respect me.	1	2	3	4	5
26	My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27	I try to be a neat person.	1	2	3	4	5
28	I usually have doubts about the simple everyday things that I do.	1	2	3	4	5
29	Neatness is very important to me.	1	2	3	4	5
30	I expect higher performance in my daily tasks than most people.	1	2	3	4	5
31	I am an organized person.	1	2	3	4	5
32	I tend to get behind in my work because I repeat things over and over.	1	2	3	4	5
33	It takes me a long time to do something "right".	1	2	3	4	5
34	The fewer mistakes I make, the more people will like me.	1	2	3	4	5
35	I never feel that I can meet my parents' standards.	1	2	3	4	5

وثيقة ايداع مذكرة ماستر

الموضوع:

THE PROTECTIVE ROLE OF SELF-COMPASSION
AND ITS EFFECT ON PERFECTIONISM
AND PROCRASTINATION

إعداد الطلبة:

- 1- عقيدة نجوى رقم التسجيل: 191933046918
2- صحراوي أنس رقم التسجيل: 171735084114
القسم: علم النفس الشعبة: التخصص علم النفس العملي
إشراف: سفاري لبنى الرتبة: محاضر

أقر بأنني تابعت العمل المذكور أعلاه في جلسات إشرافية طيلة الموسم الجامعي: 2023-2024 وأسمح بإيداعه على مستوى إدارة القسم للمناقشة والتقييم.

رئيس فريق الاختصاص

موافقة وإمضاء الاستاذ(ة) المشرف(ة):

Sefjan

رئيس القسم

لتحميل الوثيقة يرجى نسخ الرمز





كلية العلوم
الإنسانية والاجتماعية
FACULTY OF HUMANITIES
AND SOCIAL SCIENCES

Faculty of Humanities and Social Sciences
Vice-Deanship of the College for Studies and
Student Issues

الجمهورية الجزائرية الديمقراطية الشعبية
People's Democratic Republic of Algeria
وزارة التعليم العالي والبحث العلمي
Ministry of Higher Education and Scientific Research
جامعة محمد بوضياف بالمسيلة
University Mohamed Boudiaf of M'sila



كلية العلوم الإنسانية والاجتماعية
نيابة العمادة للدراسات والمسائل المرتبطة بالطلبة
الرقم: 2024/

تصريح شرفي خاص بالالتزام بقواعد النزاهة العلمية لإنجاز بحث

انا الممضى ادناه :

السيد(ة): عقيمة ندى

الصفة(طالب، استاذ باحث، باحث دأثر): طالبة

الحامل لبطاقة التعريف الوطنية رقم: 24 114428367

الصادرة بتاريخ: 2019 / 4 / 24 عن دائرة: لوج بوعوريج

المسجل بكلية: العلوم الإنسانية والاجتماعية قسم: علم النفس

تخصص: علم النفس ابي هادي تحت رقم التسجيل: 191933046918

والمكلف بإنجاز اعمال بحث(مذكرة التخرج، مذكرة ماستر، مذكرة ماجستير، اطروحة دكتوراه).

عنوانها: THE PROTECTIVE ROLE OF SELF-COMPASSION

AND ITS EFFECT ON PERFECTIONISM AND PROcrastINATION

اصرح بشرفي بانني التزم بالمعايير العلمية والمنهجية ومعايير الاخلاقيات المهنية والنزاهة

الاكاديمية المطلوبة في انجاز البحث المذكور اعلاه

المسيلة في: 22/09/2024

امضاء المعني(ة):

ANADAS

المرجع، القرار الوزاري رقم: 933 المؤرخ في: 28-07-2016 المحدد للقواعد المتعلقة بالوقاية من السرقات العلمية ومكافحتها.



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الإنسانية والعلوم
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وزارة التعليم العالي والبحث العلمي
Ministry of Higher Education and Scientific Research
جامعة محمد بوضياف بالمسيلة
University Mohamed Boudiaf of M'sila



كلية العلوم الإنسانية والاجتماعية
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انا الممضى ادناه :

السيد (ق): صالح بن ابي

الصفة (طالب، استاذ باحث، باحث دائم): طالب

الحامل لبطاقة التعريف الوطنية رقم: 210032664

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تخصص: علم النفس البشري تحت رقم التسجيل: 171735084114

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عنوانها: THE PROTECTIVE ROLE OF SELF-COMPASSION

AND ITS EFFECT ON PERFECTIONISM AND PROCRASTINATION

اصرح بشرفي بانني التزم بالمعايير العلمية والمنهجية ومعايير الاخلاقيات المهنية والنزاهة

الاكاديمية المطلوبة في انجاز البحث المذكور اعلاه

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