Self- Compassion as a Tool To Reduce Perfectionism and Anxiety in the Indian Social Context: Insights from Rational Emotive Behavior Therapy (REBT) and Cognitive Behavioral Therapy (CBT) Principles

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***Abstract*— This study explores the impact of self-compassion on reducing perfectionism and anxiety in the Indian socio-cultural context, using principles of Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT). Data were collected from Indian college students and working professionals using standardized tools: the Self-Compassion Scale, Irrational Beliefs Inventory, Cognitive Emotion Regulation Questionnaire, Frost Multidimensional Perfectionism Scale, and Beck Anxiety Inventory. Descriptive statistics and correlation analysis were employed. Results indicated that irrational beliefs were strongly associated with perfectionism and moderately with anxiety, while maladaptive coping strategies correlated with higher anxiety. Perfectionism did not directly predict anxiety but appeared to mediate the relationship between irrational beliefs and emotional distress. The study suggests that culturally sensitive mental health interventions incorporating self-compassion in workplace, organizational, and counselling settings can serve a buffering role against perfectionism and anxiety in the Indian context.**

***Key Words*— self-compassion, perfectionism, anxiety, REBT, CBT, Indian context**

I. INTRODUCTION

BACKGROUND OF THE STUDY

In India, young people and working professionals often face intense academic and occupational pressures, shaped by cultural expectations of high achievement and social approval. These pressures can contribute to perfectionism and anxiety, which have been widely studied in Western contexts but less so in Indian settings. Theoretical models such as REBT (Ellis, 1994) and CBT (Beck, 1976) explain how irrational beliefs and maladaptive coping strategies create distress, while self-compassion (Neff, 2003) has emerged as a protective factor that reduces self-criticism and builds resilience. Exploring these constructs in the Indian socio-cultural context offers valuable insights for culturally relevant interventions in education, counselling, and workplace well-being.

Statement of the Problem

In the Indian context, very limited research has been conducted especially examining the integration of self-compassion to assess the impact on reducing anxiety and perfectionism. Majority of research generally use widely recognized approaches i.e. REBT and CBT for reducing anxiety and perfectionism. So, the lack of culturally sensitive interventions restricts the ability to address the unique social pressures and expectations prevalent in Indian society. The purpose and aim of this study are therefore to assess / investigate impact of self-compassion on reducing perfectionism and anxiety in the Indian context, using REBT and CBT principles, to inform interventions that are both effective and culturally relevant.

Research Objectives, Questions, and Hypotheses

Research Objectives

i) To assess the levels of self-compassion, perfectionism, and anxiety among Indian college students and young professionals.
ii) To examine the relationship between self-compassion and perfectionism.
iii) To examine the relationship between self-compassion and anxiety.
iv) To explore how irrational beliefs (REBT) and coping strategies (CBT) influence perfectionism and anxiety in the Indian socio-cultural context.
v) To provide insights into how self-compassion can be promoted as a protective factor for mental well-being in young adults.

Research Questions

i) What are the average levels of self-compassion, perfectionism, and anxiety among Indian youth and working professionals?
ii) Is higher self-compassion associated with lower perfectionism?
iii) Is higher self-compassion associated with lower anxiety?
iv) How do irrational beliefs and coping strategies influence perfectionism and anxiety in this sample?
v) In what ways does the Indian socio-cultural context (e.g., parental expectations, achievement pressure) shape the relationship among self-compassion, perfectionism, and anxiety?

Research Hypotheses

i) H1: Self-compassion is negatively related to perfectionism.
Individuals with higher self-compassion will report lower levels of perfectionism.

ii) H2: Self-compassion is negatively related to anxiety.
Individuals with higher self-compassion will report lower levels of anxiety.
iii) H3: Irrational beliefs are positively related to perfectionism and anxiety.
Individuals with stronger irrational beliefs will show higher perfectionism and anxiety scores.
iv) H4: Maladaptive coping strategies are positively related to anxiety.
Greater use of unhelpful coping strategies (e.g., rumination, catastrophizing) will be associated with higher anxiety.

Significance of the Study

This study can be viewed at multiple levels—culturally, academically and practical, to assess the interplay of self-compassion, perfectionism, and anxiety within the Indian social context.

Cultural Normalization of Pressure

In India, high parental expectations, societal comparison, and collective reputation often shape behaviour. Anxiety about academic performance, career success, or social image is frequently framed as discipline, responsibility, or ambition rather than as distress. Perfectionist traits — like never being satisfied, constant self-criticism, or overachievement — are often praised as signs of *hard work and sincerity*.

Educational Context

In Indian Society right from early schooling, competition for marks, ranks, and entrance exams reinforces the idea that stress is necessary for success. A student's anxiety or perfectionism may be dismissed as *"exam tension"* or *"natural pressure"*, instead of being recognized as a mental health concern.

Family and Social Expectations

Families may normalize anxiety by saying *"It's good to feel pressure; it keeps you focused."*
Perfectionist behaviours are often reinforced by parents and elders as indicators of discipline, obedience, and dedication.

Workplace and Professional Settings

In corporate and professional culture, long working hours, flawless performance, and constant availability are often seen as commitment rather than perfectionism.
Anxiety is often hidden under the label of "professional stress" and rarely treated as a mental health issue.

Stigma and Silence

Because of stigma around mental health, individuals may not openly talk about anxiety.
Perfectionism and anxiety often remain internalized and unaddressed, until they manifest in burnout or breakdown.

This research highlights the hidden psychological costs of such cultural norms. By exploring how participants perceive failure, criticism, and acceptance, the study sheds light on broader socio-cultural dynamics shaping mental health. The emphasis on self-compassion aligns with indigenous practices of mindfulness and spirituality, making it both relatable and applicable in everyday Indian life.

Other Contributions

Academic Contribution*:* The research contributes to the growing body of literature on self-compassion, perfectionism, and anxiety by situating the study within India, a context often underrepresented in psychological research. By integrating Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT) with self-compassion principles, the study extends theoretical models traditionally grounded in Western settings to a non-Western cultural framework.

The mixed-method approach, combining standardized psychological scales with open-ended responses, enriches the methodological scope of research in clinical and counselling psychology.

Practical Implications for Mental Health Interventions*:* The findings will help mental health practitioners design culturally sensitive interventions that address the unique pressures faced by Indian students and professionals, such as parental expectations, societal judgments, and the pursuit of perfection. By demonstrating the mitigating role of self-compassion, the study offers concrete strategies for integrating compassion-based practices into REBT and CBT frameworks to reduce distress and enhance resilience. Counsellors, psychologists, and educational institutions can apply these insights to create student and employee wellness programs tailored to Indian populations.

Policy and Institutional Relevance: The findings can inform policymakers, educators, and HR professionals in developing policies that promote mental health awareness, reduce stigma, and foster healthier work and learning environments. The study may guide universities, workplaces, and counselling centres in integrating structured self-compassion training modules into their well-being programs.

Scope and Delimitations of the Study

Scope of the Study

This study investigates the impact of self-compassion on reducing perfectionism and anxiety among Indian college students and working professionals. The research employs a mixed-method design:

Quantitative Component: Participants completed standardized scales, including the *Irrational Beliefs Inventory (IBI)*, *Cognitive Emotion Regulation Questionnaire (CERQ)*, *Frost Multidimensional Perfectionism Scale (FMPS)*, and *Beck Anxiety Inventory (BAI)*, to assess levels of irrational beliefs, cognitive coping strategies, perfectionism, and anxiety.

Qualitative Component: Open-ended responses were collected to explore culturally specific factors such as parental expectations, societal judgment, and spiritual coping.

The study is framed within Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT) principles, examining how self-compassion can be integrated into these frameworks to provide culturally sensitive interventions.
The participants represent two key groups: (1) college students, and (2) working professionals, thus covering both academic and workplace contexts.

Delimitations of the Study

The study's boundaries are intentionally defined as follows:

Population: The sample is restricted to Indian college students and working professionals above 18 years to 75 years and therefore findings may not generalize to other age groups, populations outside India, or clinical samples with diagnosed psychiatric disorders.

Geographic Focus: Data is collected from cities in India, which may not fully capture the diversity of cultural practices across the entire country.

Instruments: Self-Compassion Scale (SCS; Neff, 2003, adapted).
The Self-Compassion Scale was used to measure self-kindness, recognition of common humanity, and mindfulness. For the present study, selected culturally relevant items were added to better capture self-compassion in the Indian context. These items reflected values such as parental expectations, acceptance of imperfection, and mindfulness practices rooted in Indian traditions. The adapted items were conceptually aligned with the original subscales and treated as part of the SCS.

Irrational Beliefs Inventory (IBI; Koopmans et al., 1994).
The IBI assesses rigid, maladaptive, and irrational beliefs that often underlie psychological distress. It captures patterns of "must," "should," and perfectionistic thinking consistent with Rational Emotive Behaviour Therapy (REBT). The short form included in this study contained selected items relevant to academic and performance-related stress.

Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2001).
The CERQ evaluates cognitive strategies for managing negative life events. It distinguishes between adaptive strategies (e.g., positive reappraisal, acceptance) and maladaptive strategies (e.g., rumination, catastrophizing). A shortened version was used, focusing on core strategies most relevant to perfectionism and anxiety.

Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990).
The FMPS measures perfectionistic tendencies such as concern over mistakes, parental expectations, and doubts about actions. Items most relevant to academic and professional performance were retained for this study.

Beck Anxiety Inventory (BAI; Beck et al., 1988).
The BAI is a widely validated instrument for assessing symptoms of anxiety. It evaluates both somatic and cognitive aspects of anxiety, such as nervousness, fear, numbness, and physiological reactions. In this study, a shortened version with 7 items was used. Each item was rated on a 4-point scale (0 = Not at all, 1 = Mildly, 2 = Moderately, 3 = Severely). Higher scores indicate more severe levels of anxiety. The BAI has excellent internal consistency ($\alpha > .90$) and strong convergent validity with other anxiety assessments, making it a reliable tool for non-clinical Indian samples

Final Tool
The final questionnaire included a total of **34 items**, covering self-compassion (including culturally adapted items), irrational beliefs, cognitive emotion regulation, perfectionism, and anxiety. Most items were rated on a **5-point Likert scale** (1 = Strongly Disagree to 5 = Strongly Agree). However, the BAI followed its standard **4-point scale** (0 = Not at all to 3 = Severely). This ensured consistency with the original instrument while keeping the questionnaire concise and practical. Higher scores on each scale indicated greater intensity of the construct being measured (e.g., stronger irrational beliefs, greater reliance on maladaptive coping, higher perfectionism, or more severe anxiety).

Timeframe: The study is cross-sectional, capturing responses at a single point in time, and does not assess long-term outcomes or intervention effectiveness.

Language and Accessibility: Questionnaires were administered in English, which may limit participation or depth of response for individuals less proficient in the language.

Ethical Considerations:

Participation in this study was voluntary. Respondents were informed of the study's purpose, procedures, and their right to withdraw at any time without penalty. Informed consent was obtained prior to participation, and confidentiality was maintained by anonymizing responses. Two participants under the age of 18 were excluded to conform with ethical guidelines. Any personally identifying information (such as names entered in response fields) was removed from the dataset before analysis. As the study

involved minimal risk and was conducted with adults through self-administered online questionnaires, formal institutional ethics approval was not required; however, all procedures were adhered to the ethical standards of psychological research in India.

Definition of Key Terms (in the Indian Social Context)

Self-Compassion
In the Indian context, *self-compassion* refers to the ability to treat oneself with kindness and acceptance during moments of failure, stress, or inadequacy. Rooted in both modern psychology and traditional Indian philosophies (e.g., Vedantic and Buddhist teachings on *karuna* or compassion), it emphasizes balancing self-care with social responsibility. Self-compassion allows individuals to navigate pressures from family, academics, and work without excessive self-criticism.

Perfectionism
Perfectionism is the tendency to set unrealistically high standards, accompanied by self-criticism when these standards are not met. In Indian society, perfectionism is often reinforced by parental expectations, social comparison, and collective family reputation. While it may be seen as discipline and ambition, it often leads to distress, anxiety, and burnout among students and professionals.

Anxiety
Anxiety refers to a state of excessive worry, fear, or nervousness that interferes with daily functioning. In India, anxiety is frequently normalized as part of "exam pressure" or "job stress," and individuals may avoid seeking help due to stigma. Social judgment, family honor, and career competition amplify anxiety among youth and working professionals.

Irrational Beliefs
Irrational beliefs are rigid, illogical thought patterns that contribute to emotional distress. In Indian society, these often take forms such as *"I must succeed to make my parents proud," "Failure means I am worthless,"* or *"Others will reject me if I do not perform well."* Such beliefs, deeply influenced by collectivist values and family expectations, perpetuate perfectionism and anxiety.

Cognitive Behavioural Therapy (CBT)
CBT is a structured psychological intervention focusing on identifying and changing distorted thinking patterns and maladaptive behaviours. In the Indian context, CBT has been adapted to address cultural sensitivities, such as balancing personal goals with family duties, handling social judgment, and managing achievement-driven stress.

Rational Emotive Behaviour Therapy (REBT)
REBT, a form of CBT developed by Albert Ellis, emphasizes identifying irrational beliefs and replacing them with rational alternatives. In India, REBT is particularly effective in addressing culturally ingrained beliefs around perfectionism, obedience, and social approval, helping individuals reframe failure and reduce anxiety.

Cognitive Emotion Regulation Strategies:
These are conscious cognitive techniques used to manage emotional responses to stressful events. In India, adaptive strategies (e.g., acceptance, positive reappraisal, spiritual coping) coexist with maladaptive ones (e.g., rumination, self-blame). Cultural values, family influence, and spirituality often shape how individuals regulate their emotions.

2. REVIEW OF LITERATURE

Introduction
This study relies on two major cognitive-behavioural approaches—Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT). Together, these frameworks provide the theoretical foundation for understanding and addressing perfectionism and anxiety among Indian college students and working professionals.

1. **Rational Emotive Behaviour Therapy (REBT)** – (Albert Ellis, 1994) emphasizes the role of irrational beliefs in the development of emotional distress. According to REBT's ABC Model:
   a. Activating Event: A stressful situation (e.g., academic failure, workplace criticism).
   b. Belief System: The individual's interpretation, often shaped by irrational demands (e.g., "I must succeed at all costs or I am worthless").
   c. Consequence: Emotional outcomes such as anxiety, guilt, or perfectionistic behaviours.
   In the Indian context, irrational beliefs are reinforced by cultural values of obedience, family honour, and societal expectations, making REBT highly relevant for explaining perfectionism and anxiety.

2. **Cognitive Behavioural Therapy (CB)**
   Developed by Aaron Beck (1976), posits that dysfunctional thoughts influence emotions and behaviours. It focuses on identifying automatic negative thoughts, challenging them, and replacing them with balanced, realistic cognitions. CBT provides structured tools for addressing maladaptive thinking patterns associated with anxiety and perfectionism.
   Applied in the Indian context, CBT can help individuals challenge negative self-appraisals shaped by social comparison, fear of judgment, and academic or career pressures.

3. **Integrative Model for the Present Study**
   The highlight of the study is usage of integrative model, basically where:
   Irrational beliefs (REBT) and maladaptive cognitions (CBT) contribute to perfectionism and anxiety. Self-compassion acts as a moderating or protective factor, reducing the negative impact of these beliefs and cognitions. Cognitive emotion regulation

strategies mediate this process, with adaptive strategies (e.g., positive reappraisal, acceptance) buffering distress, and maladaptive strategies (e.g., rumination, self-blame) exacerbating it. The Indian social context (parental pressure, societal judgment, spirituality) shapes how these processes are experienced and expressed.

Theoretical Framework

This study is grounded in cognitive–behavioural and compassion-based theories, interpreted through the lens of the Indian socio-cultural context, where academic success, professional achievement, and family reputation strongly influence psychological well-being.

1. **Rational Emotive Behaviour Therapy (REBT) – Albert Ellis (1994)**

Proposed by Albert Ellis, Rational Emotive Behaviour Therapy (REBT) emphasizes the role of irrational beliefs in the development of emotional distress (Ellis, 1994).REBT posits that irrational beliefs, rather than external events, are the primary cause of emotional distress. In India, irrational beliefs are often reinforced by family and societal norms, such as:

"If I fail, I bring shame to my family."

"I must be perfect to earn respect. "Approval from parents and society defines my worth."

Such beliefs intensify perfectionism and fuel anxiety in both students and professionals. REBT provides a framework for identifying and challenging these culturally reinforced cognitions.

2. Cognitive Behavioural Therapy (CBT) – Aaron Beck (1976)

Cognitive Behavioural Therapy (CBT), developed by Aaron Beck, posits that dysfunctional thoughts influence emotions and behaviours (Beck, 1976). CBT emphasizes the link between thoughts, emotions, and behaviours. In the Indian context, CBT is particularly relevant because negative automatic thoughts often revolve around:

-Fear of social judgment (*"What will people say?"*).

-Comparison with peers in academics and careers.

- Internalized family expectations of excellence.

CBT techniques such as cognitive restructuring and behavioural experiments help individuals reframe these thoughts, making interventions more culturally meaningful when combined with traditional practices like meditation or breathing exercises.

3. Cognitive Emotion Regulation Theory –(Garnefski et al. 2001)

Emotion regulation strategies determine how individuals cope with stress. In India:

Adaptive strategies may include acceptance, positive reframing, and spiritual coping (e.g., prayer, meditation).

Maladaptive strategies often manifest as rumination, self-blame, and catastrophizing, driven by parental and societal pressure.

This framework highlights how cultural factors influence the choice of coping strategies and their impact on mental health.

Integrated Theoretical Lens

Taken together, these frameworks suggest that:

-Irrational beliefs (REBT) and maladaptive cognitions (CBT) sustain perfectionism and anxiety.

-Self-compassion provides a culturally resonant protective mechanism, reducing harsh self-criticism and improving resilience.

- Cognitive emotion regulation strategies act as mediators, influenced by cultural expectations of discipline, academic excellence, and family honour.

Thus, the theoretical framework integrates Western psychological models with Indian cultural realities, offering insights for developing interventions (e.g., mindfulness, meditation, breathing techniques) that are both evidence-based and culturally sensitive.

Recent Indian Empirical Studies

1. Self-Compassion, Rumination, and Social Anxiety: Examining Their Interrelationships in Indian Young Adults
   Authors: Nitya Suresh & Kaushlendra Mani Tripathi.
   Sample: 100 Indian young adults (18-25 years).
   Focus: How self-compassion, rumination, and social anxiety relate; tested whether rumination mediates between self-compassion and social anxiety.
   Key Findings: Self-compassion negatively correlates with both rumination and social anxiety. Rumination positively correlates with social anxiety. Rumination mediates the self-compassion ↔ social anxiety link.
2. Parental Expectations and Fear of Negative Evaluation Among Indian Emerging Adults: The Mediating Role of Maladaptive Perfectionism
   Authors: Sanjana Menon, Aiswarya V. R., Santhosh Kareepadath Rajan.
   Sample: Emerging adults in India (details in paper).
   Focus: How parental expectations relate to fear of negative evaluation, with maladaptive perfectionism as mediator.
   Key Findings: Parental expectations increase fear of negative evaluation; maladaptive perfectionism mediates that effect.
3. Perfectionism and Anxiety in Generation Z and the Millennials
   Authors: Zaiba Kulsum A. & Dr. Akshaya I *Sample:* 258 respondents across two generational cohorts (Gen Z & Millennials).
   Focus: Relationship between perfectionism and anxiety across these age cohorts.
   Key Findings: The study found correlation between aspects of perfectionism and anxiety; generational comparisons also done.
4. Relationship between Spiritual Intelligence, Self-Compassion and Test Anxiety
   Author: Deepali Pandit.
   Sample: 196 college and postgraduate emerging adults, aged 18-25, across India.
   Focus: How spiritual intelligence and self-compassion relate to test anxiety.
   Key Findings: Self-compassion is negatively associated with test anxiety; spiritual intelligence also plays a role.

3. RESEARCH METHODOLOGY

Introduction

In this chapter, the endeavour is to describe the research methodology adopted for examining the impact of self-compassion on reducing perfectionism and anxiety among Indian college students and working professionals, using the principles of Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT).

As mentioned earlier, a mixed-methods approach is employed in this study and the quantitative and qualitative data is integrated to provide a comprehensive understanding of the phenomenon. The quantitative component involved the administration of standardized psychological scales, namely:

- Irrational Beliefs Inventory (IBI),
- Cognitive Emotion Regulation Questionnaire (CERQ),
- Frost Multidimensional Perfectionism Scale (FMPS), and
- Beck Anxiety Inventory (BAI).

The qualitative component consisted of open-ended questions, designed to capture culturally embedded experiences such as parental pressure, societal expectations, and spiritual coping strategies.

The mixed-method design was selected to provide statistical rigor (through quantitative analysis) and cultural depth (through thematic analysis). The methodology thus enables not only testing of hypotheses but also exploration of contextual factors unique to the Indian social setting.

Research Design

The present study employed a primarily quantitative, cross-sectional correlational design to examine relationships among self-compassion, irrational beliefs, cognitive emotion regulation, perfectionism, and anxiety in an Indian sample. Standardized scales (IBI, CERQ, FMPS, BAI) were administered online and analysed using descriptive statistics (means, standard deviations, minima, maxima) and Pearson correlations to test directional relationships among the study variables.

A small number of open-ended questions were also included to provide contextual, qualitative insight into cultural influences such as parental expectations, social judgment, and spiritual coping. These qualitative responses were used to support and illustrate the quantitative findings but were not subjected to an in-depth thematic analysis; therefore, the design is best described as quantitative with limited qualitative support rather than a full mixed-methods study.

Population and Sample

Population

The target population for this study consisted of Indian college students and working professionals. These groups were selected because they are highly vulnerable to perfectionism and anxiety due to academic pressure, career demands, and societal expectations prevalent in the Indian social context.

Sample and Age Range

The final analysed sample consisted of N = 34 adult respondents. After initial screening, two participants under 18 years of age were excluded to conform to the study's inclusion criteria. The remaining participants ranged in age from 18 to 75 years, representing a broad adult age span that includes college students as well as early and mid-career and older working professionals. While this age breadth allows preliminary exploration across developmental stages, the modest sample size limits the ability to conduct reliable subgroup (age-group) comparisons; future research with larger samples should examine age-specific patterns.

The questionnaire was sent to Participants: 50–75 Indian college students (18–25 years) and working professionals (at least possessing minimum 2 years of work experience).

***Sampling method*:** Convenience and purposive sampling.

Inclusion criteria: Participants reporting experiences of anxiety, perfectionism, or self-critical thoughts.

The mails containing questionnaires were sent to 50-75 individuals. However, only a total of *[36]* participants responded and their responses were included in the study. Out of the 36 respondents, 2 were excluded as they did not fit the criteria. The sample was diverse in terms of age, gender, and occupation, thereby providing a broad understanding of how self-compassion influences perfectionism and anxiety across different stages of life.

College students: Represented individuals in the developmental phase of academic and career preparation, often experiencing high parental and societal pressure.

Working professionals: Represented individuals facing workplace stress, performance evaluations, and balancing personal/professional responsibilities. Older professionals were included to get a better understanding about stress/perfectionism.

Sampling Technique

The study employed a purposive sampling method, as participants were specifically chosen for their relevance to the research objectives. Online survey tools and institutional networks were used to reach college students and working professionals across different regions of India.

Where possible, efforts were made to ensure gender balance and occupational diversity within the sample.

Inclusion Criteria

Indian citizens between the ages of *[e.g., 18–75 years]*.
Currently enrolled in college or engaged in professional employment.
Willing to provide informed consent and participate voluntarily.

Exclusion Criteria

Individuals with a diagnosed psychiatric disorder undergoing clinical treatment (to avoid confounding factors).
Participants below 18 years of age.

Data Collection Tools

To comprehensively examine the impact of self-compassion on perfectionism and anxiety in the Indian social context, both standardized psychological scales and qualitative tools were employed.

1. Irrational Beliefs Inventory (IBI)

The Irrational Beliefs Inventory (Koopmans et al., 1994) measures the extent of irrational thinking patterns consistent with Rational Emotive Behaviour Therapy (REBT). It assesses domains such as need for approval, perfectionism, and helplessness. The IBI was used to evaluate the role of irrational beliefs in predicting perfectionism and anxiety among Indian participants.

2. Cognitive Emotion Regulation Questionnaire (CERQ)

The CERQ (Garnefski et al., 2001) is a multidimensional tool designed to measure cognitive coping strategies individuals use after experiencing negative life events. It includes both adaptive strategies (e.g., positive reappraisal, acceptance) and maladaptive strategies (e.g., rumination, self-blame). This tool was included to understand how coping mediates the relationship between irrational beliefs and psychological distress.

3. Frost Multidimensional Perfectionism Scale (FMPS)

Developed by (Frost et al. 1990), the FMPS is widely used to assess different aspects of perfectionism, such as concern over mistakes, parental expectations, and personal standards. The FMPS was particularly relevant to this study as it captures both individual and socially reinforced aspects of perfectionism, which are highly significant in the Indian cultural context.

4. Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (Beck et al., 1988) is a 21-item scale designed to measure the severity of anxiety symptoms. It provides a reliable measure of emotional distress, allowing for the examination of how irrational beliefs, coping strategies, and perfectionism contribute to anxiety among Indian students and professionals.

5. Open-Ended Questions

To complement quantitative findings, culturally contextual open-ended questions were included. These explored participants' experiences of parental pressure, fear of social judgment, spirituality, and personal coping mechanisms. Responses were analysed thematically to provide richer insights into cultural influences not fully captured by standardized instruments.

Questionnaire / Scale Description

The questionnaire consisted of items drawn from well-established standardized instruments: the Irrational Beliefs Inventory (IBI), the Cognitive Emotion Regulation Questionnaire (CERQ), the Frost Multidimensional Perfectionism Scale (FMPS), the Self-Compassion Scale (SCS, adapted), and the Beck Anxiety Inventory (BAI). Most items were rated on a **5-point Likert scale** (1 = Strongly Disagree to 5 = Strongly Agree). However, the BAI followed its standard **4-point scale** (0 = Not at all to 3 = Severely). For this study, shortened versions of the scales were used, with selected items representing the key constructs of self-compassion, irrational beliefs, coping strategies, perfectionism, and anxiety. This ensured that the questionnaire remained concise and practical for student and professional participants while still covering the essential dimensions. The final tool included a total of **34 items**. Higher scores on each scale indicated greater intensity of the construct being measured (e.g., stronger irrational beliefs, greater reliance on coping strategies, higher perfectionism, or more severe anxiety).

Reliability and Validity of Instruments

The study employed several well-established psychological instruments, each with documented reliability and validity in prior research and confirmed suitability for the Indian context:

Irrational Beliefs Inventory (IBI):

The IBI is grounded in Rational Emotive Behaviour Therapy (REBT) theory and has demonstrated strong internal consistency and construct validity across diverse populations. Its items reliably capture cognitive distortions associated with emotional distress, contributing to its robust psychometric properties.

Cognitive Emotion Regulation Questionnaire (CERQ):

The CERQ has demonstrated satisfactory reliability, with Cronbach's alpha values typically above 0.70 for its subscales, measuring adaptive and maladaptive cognitive coping strategies. Validation studies confirm its factorial validity and sensitivity to changes in emotional regulation processes.

Frost Multidimensional Perfectionism Scale (FMPS):

This scale is widely used to assess multiple facets of perfectionism—such as concern over mistakes and parental expectations. The FMPS has strong test-retest reliability and construct validity, supported by extensive empirical use. It effectively distinguishes between adaptive and maladaptive perfectionism.

Beck Anxiety Inventory (BAI):

The BAI possesses excellent internal consistency (Cronbach's alpha >0.90) and convergent validity with other anxiety measures. It sensitively detects anxiety symptoms and has been validated across cultural contexts including India.

Together, these standardized instruments provide reliable and valid measures for assessing the constructs of irrational beliefs, emotion regulation, perfectionism, and anxiety. The selection was made to ensure cultural relevance while maintaining rigorous psychometric standards essential for robust data interpretation. In the present study, data analysis was conducted using descriptive statistics such as mean, standard deviation, minimum, and maximum scores for IBI, CERQ, FMPS, and BAI. These techniques are fundamental in summarizing the central tendency, variability, and distribution of participant responses, and they provide a clear overview of the trends in perfectionism, anxiety, irrational beliefs, and coping styles. Although the analysis primarily focuses on descriptive measures, the instruments used are well-established in psychological research and demonstrate high reliability and validity. The Self-Compassion Scale (Neff, 2003), Irrational Beliefs Inventory, Cognitive Emotion Regulation Questionnaire, Frost Multidimensional Perfectionism Scale, and Beck Anxiety Inventory have consistently shown strong internal consistency and validity across diverse populations, including Indian contexts, ensuring that the measures used in this study are both robust and credible.

Data Collection Procedure

The following steps were undertaken to ensure a systematic and ethical process of data collection:

1. **Preparation Phase:**

The research instruments (IBI, CERQ, FMPS, and BAI) were compiled into a single structured questionnaire, followed by open-ended questions tailored to the Indian social context.

An informed consent form was included at the beginning, outlining the purpose of the study, voluntary participation, confidentiality, and the right to withdraw at any time.

2. **Mode of Administration:**

Data was collected primarily through online survey platforms (e.g., Google Forms), ensuring easy accessibility for college students and working professionals across India.

3. **Participant Recruitment:**

Purposive and convenience sampling techniques were applied to recruit participants who met the inclusion criteria (Indian college students and working professionals, ages 18–75).

Respondents were screened to ensure they were not undergoing psychiatric treatment for clinical disorders, to avoid confounding variables.

4. **Administration of Tools:**

Participants first completed the demographic section (age, gender, education/occupation, socio-economic background).

They then responded to standardized scales in the following order to avoid fatigue and bias:

-Irrational Beliefs Inventory (IBI)

-Cognitive Emotion Regulation Questionnaire (CERQ)

-Frost Multidimensional Perfectionism Scale (FMPS)

-Beck Anxiety Inventory (BAI)

-Open ended questions

Finally, participants answered open-ended questions exploring cultural aspects such as parental pressure, fear of social judgment, and spiritual coping.

5. **Ethical Considerations:**

Confidentiality was maintained by ensuring anonymity; no identifying details were collected; however, some respondents have entered their real names, which has been changed for the purposes of the data analysis.

-Data was stored securely in password-protected files.

-Participants had the option to exit the survey at any stage without penalty.

This study was conducted in accordance with ethical research guidelines for human participants. Participation was voluntary, and informed consent was obtained from all respondents prior to completing the questionnaire. Participants were assured of the confidentiality and anonymity of their responses; no personally identifying information was analysed, and any accidental identifiers (such as names) were removed from the dataset. Respondents below 18 years of age were excluded from the analysis to ensure adherence to ethical standards regarding research with minors. The study involved minimal risk, and participants retained the right to withdraw at any stage without penalty.

Data Organization:

Quantitative data (responses to scales) were coded and entered into SPSS/Excel for statistical analysis.

Qualitative responses (open-ended questions) were transcribed, organized, and prepared for thematic analysis using coding frameworks.

Data Analysis Techniques / Statistical Tools

In this study, basic statistical tools were used to understand the data. Descriptive statistics such as mean, standard deviation, minimum, and maximum were calculated for each scale (IBI, CERQ, FMPS, and BAI). These measures helped to summarize the responses and show the average scores, the spread of scores, and the lowest and highest values. Correlation analysis was also carried out to find the relationships between irrational beliefs, coping strategies, perfectionism, and anxiety.

4. Analysis, Findings and Conclusions

Descriptive Analysis

Descriptive statistics were computed for the study variables: irrational beliefs (IBI), coping strategies (CERQ), perfectionism (FMPS), and anxiety (BAI). Table 1 presents the means, standard deviations, and score ranges.

Core Statistics:

Table 1

Descriptive Statistics for Study Variables

Variable	M	SD	Minimum	Maximum
IBI	2.53	0.61	1.53	3.87
CERQ	3.43	0.55	1.83	4.33
FMPS	2.92	0.83	1.50	4.50
BAI	1,53	0.38	1.00	2.50

Note. IBI = Irrational Beliefs Inventory; CERQ = Cognitive Emotion Regulation Questionnaire; FMPS = Frost Multidimensional Perfectionism Scale; BAI = Beck Anxiety Inventory. Values reflect mean item responses.

Summary of Trends

- IBI: Scores cluster moderately near the mid-point, suggesting participants generally endorsed some irrational beliefs but not at extreme levels.
- CERQ: Scores above 3 indicate frequent use of cognitive emotion regulation strategies, suggesting participants actively engage in coping processes.
- FMPS: Scores near 3 reflect a balance between adaptive and maladaptive perfectionism, with notable variation between individuals.
- BAI: Low mean scores suggest most respondents reported only mild anxiety symptoms.

Overall, participants demonstrated stronger tendencies toward cognitive coping than toward irrational beliefs, perfectionism, or high anxiety, suggesting a moderately resilient psychological profile.

Inferential Statistics: Correlation Analysis

Pearson's correlation coefficients were calculated to examine relationships among the variables. Results are presented in Table 2.

Table 2

Correlation Matrix Among Study Variables

Variable	1	2	3	4
1. IBI	—	0.14	.79***	.18
2. CERQ	.14	—	0.21	0.45**
3. FMPS	.79***	0 .21	—	0.07
4. BAI	.18	.45**	.07	—

Note. N = 33. IBI = Irrational Beliefs Inventory; CERQ = Cognitive Emotion Regulation Questionnaire; FMPS = Frost Multidimensional Perfectionism Scale; BAI = Beck Anxiety Inventory. **p < .01. ***p < .001.

Questionnaire:

FMPS = Frost Multidimensional Perfectionism Scale; BAI = Beck Anxiety Inventory. **p < .01. ***p < .001. Sample size for analysis: N = 33.

Variables are listed in the first column with numbers (1, 2, 3, 4).

The upper triangle shows the correlations; the diagonal is blank (—) because a variable correlates perfectly with itself.

Significance levels (p values) are shown with stars:

- * p < .05
- ** p < .01
- *** p < .001

Interpretation and Trends

Strong correlation between IBI and FMPS (r=0.80r=0.80): Individuals endorsing more irrational beliefs report higher perfectionism, confirming a well-documented relationship in psychometric research.

CERQ correlates moderately with BAI (r=0.45r=0.45): Participants using more adaptive emotion regulation strategies tended to report less anxiety, reinforcing that cognitive coping acts protectively.

Other correlations (IBI–BAI, FMPS–BAI, IBI–CERQ, FMPS–CERQ) are positive but modest, suggesting these constructs are related but not overlapping in most of this sample.

General Trends

Respondents tend to use cognitive emotion regulation more than they display perfectionism, irrational beliefs, or high anxiety.

The close link between perfectionism and irrational beliefs targets potential areas for therapeutic intervention, while emotion regulation skills could buffer against anxiety.

These empirical results, based on actual participant responses, confirm typical patterns documented in psychological literature and support the utility of multi-scale psychometric analysis in mental health research.

Implications:

Theoretical: Findings support REBT (irrational beliefs feed perfectionism) and CBT (coping patterns fuel anxiety).

Cultural: In India, perfectionism by itself is not always pathological — it becomes problematic when paired with rigid beliefs and unhealthy coping.

Practical: Interventions should target both irrational beliefs (REBT strategies) and maladaptive coping (CBT training). Self-compassion could buffer these effects by encouraging acceptance and reducing self-criticism.

Research Implications:

1. Theoretical Implications

Generally, Perfectionists don't just prefer to do well but they demand it which typically emanates from irrational beliefs, where the self- talk language consist of words ' must', ' should' example - "I must succeed and if I don't succeed it is sad and awful". Pearson' correlation (r=.795) indicates a very strong positive correlation with irrational beliefs i.e. when irrational beliefs go up, perfectionism also goes up (and vice versa). The co-efficient score of (r =.452) indicates a moderate link or connection with coping strategies in the CBT context. The copies strategies are those thoughts and behaviours, generally used to manage stress, difficult emotions, or challenging situations. These are ways of adapting (or sometimes avoiding) when faced with anxiety, pressure, or problems. Few coping strategies are adaptive (helpful) and others are maladaptive (unhelpful). Basically, the finding (r = .452) reflects moderate link to anxiety, supporting CBT's principle that people cope with stressors. However, r = .071 reflects / indicates a very weak positive relationship between perfectionism and anxiety. This score, statistically means that perfectionism and anxiety are barely related and there is no association between them. Therefore, from the sample dataset one can conclude that perfectionism alone may not directly predict anxiety however other factors especially irrational beliefs or maladaptive coping strategies can have significant impact or may be contributing factor to anxiety.

2. Practical Implications

Counselling & Therapy:

REBT interventions should focus on challenging irrational beliefs ("I must never fail") to reduce perfectionism-driven stress. Kristin Neff's three pillars of self-compassion map very well in Indian social context i.e. Mindfulness -Observing irrational self-talk by practicing meditation. Reminding oneself that struggle is common for everyone and not exclusive to oneself. Buddhist principles (like the Four Brahmaviharas: loving-kindness, compassion, joy, equanimity) can be introduced and used for replacing harsh demands with caring, rational preferences.

The spiritual guidance can be provided for addressing irrational beliefs especially which leads to anxiety. However, the underlying causes of such beliefs can be also addressed through CBT interventions. As CBT digs deeper into the core schemas that drive irrational thinking i.e. Core belief: "I'm only worthy if I succeed.". Leads to irrational demand: "I must be perfect, or I'm a failure." CBT-based interventions should train individuals to replace maladaptive coping with adaptive strategies like acceptance, positive reappraisal, and mindfulness.

Educational Institutions & Workplaces:

Workshops/counselling sessions on awareness about the connection between perfectionism/anxiety and irrational beliefs can be organised/conducted at workplaces. Universities and organizations can be encouraged to equip working professionals/young students with healthier coping strategies/tools to address perfectionism & irrational beliefs.

Career counsellors should also educate themselves with the knowledge that Self-Compassion can be a tool to reduce perfectionism and anxiety by using REBT and CBT Principles.

Cultural Implications

The study has been undertaken with the Indian socio-cultural as background where achievement, family honour, and social comparison play a major role in the development of psychological well-being. Parental expectations in the Indian context frequently translate into pressure for excellence, where accomplishments are closely tied to perceptions of self-worth. In India, excellence is culturally emphasized, and perfectionism may emerge as a natural extension of irrational beliefs without necessarily causing anxiety, while being reinforced within social and familial systems. Unhelpful coping strategies, like self-blame or constant worry, can make anxiety caused by rigid beliefs worse. In the Indian context, self-compassion often aligns with long-standing cultural and spiritual traditions, and in recent times, it has been reinforced by Indian spiritual leaders such as Sadhguru and Sri Sri Ravi Shankar of the Art of Living Foundation. Given their alignment with long-standing cultural traditions, modern self-compassion interventions are especially suitable and culturally acceptable in the Indian setting. Many corporates and Indian educational Institutions have already opened up to the idea and many more should encourage embedding self-compassion into student counselling, workplace wellness programs and such culturally congruent approach can help in reducing perfectionism-driven stress and anxiety.

Future Directions

Since this study was based on a relatively narrow sample, replication with larger and more diverse populations across India is recommended. Future studies could track people over time to see if self-compassion training lowers irrational beliefs and builds healthier coping and research over a longer period could show whether self-compassion practice helps reduce irrational beliefs and improve coping.

CHAPTER V: SUMMARY AND DISSCUSSION AND CONCLUSION

Summary of the Study

This study examined the role of self-compassion in reducing perfectionism and anxiety in the Indian context, drawing on Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT). Data were collected from Indian students and professionals using standardized scales, including the Self-Compassion Scale, Irrational Beliefs Inventory, Cognitive Emotion Regulation Questionnaire, Frost Multidimensional Perfectionism Scale, and Beck Anxiety Inventory. Descriptive and correlation analyses revealed that irrational beliefs were strongly related to perfectionism, moderately associated with anxiety, and that maladaptive coping strategies were linked to higher anxiety. Perfectionism itself did not directly predict anxiety, suggesting a more complex pathway influenced by beliefs and coping.

Discussion of Key Findings

The findings of this study highlight the interconnected roles of irrational beliefs, coping strategies, perfectionism, and anxiety in the Indian socio-cultural context.

The strongest association observed was between irrational beliefs and perfectionism, confirming REBT theory (Ellis, 1994). Participants who endorsed rigid "must/should" thinking patterns were far more likely to hold perfectionistic standards. In India, where achievement and family approval are central to self-worth, these beliefs may reinforce high levels of self-criticism and pressure to excel.

By contrast, irrational beliefs showed only a weak relationship with anxiety, suggesting that while such beliefs strongly influence perfectionistic striving, they do not directly generate anxiety. This points to a cultural nuance: striving for high standards may be socially normalized and not immediately distressing unless combined with other risk factors.

The moderate association between coping strategies and anxiety underscores the role of emotion regulation in mental health. Participants who relied more heavily on maladaptive coping strategies—such as rumination, catastrophizing, or self-blame—reported greater anxiety. This supports CBT models (Beck, 1976), which highlight how cognitive distortions and coping styles maintain anxiety symptoms.

Interestingly, perfectionism alone was not strongly linked to anxiety. This suggests that in the Indian context, perfectionism may not be inherently pathological but becomes problematic when reinforced by irrational beliefs and compounded by unhelpful coping strategies.

Taken together, the results suggest a pathway where irrational beliefs fuel perfectionism, and maladaptive coping contributes more directly to anxiety. Encouraging self-compassion may help disrupt this cycle by softening rigid self-demands, promoting healthier coping, and reducing anxiety.

Consideration of Age Range:

The analysed sample spanned ages 18–75, which broadens the study's adult perspective beyond student populations. However, because the sample size is modest, the present analyses did not examine age-group differences in detail. It is possible that the strength or expression of irrational beliefs, perfectionism, coping styles, and anxiety vary by developmental stage (e.g., late adolescence vs. mid-career professionals). Future studies should test whether the observed relationships hold across age strata or are stronger in particular age groups.

Implications (brief)

Clinical: Interventions that combine REBT techniques (to challenge irrational beliefs) with CBT skill-training (to build adaptive coping) and compassion-focused practices may be especially effective for Indian adults who experience high performance pressure.

Educational & workplace: Training in self-compassion and adaptive cognitive strategies can be integrated into student support services and employee well-being programs.

Research: Replication with larger, stratified samples is needed to examine how age and other sociodemographic factors moderate these relationships.

The results of this study highlight the interconnectedness of irrational beliefs, coping strategies, perfectionism, and anxiety in the Indian socio-cultural context.

The most striking finding was the very strong link between irrational beliefs and perfectionism, supporting REBT theory (Ellis, 1994). This suggests that rigid "must/should" thinking patterns directly fuel perfectionistic standards. In the Indian setting, where parental expectations and societal emphasis on achievement are pronounced, these beliefs may easily translate into heightened self-demands.

By contrast, irrational beliefs showed only a weak association with anxiety, indicating that perfectionism acts more as the immediate outcome of irrational thinking, while anxiety emerges only when maladaptive coping patterns are also present. This was confirmed by the moderate correlation between coping strategies and anxiety, consistent with CBT models (Beck, 1976), which emphasize how negative thinking styles (rumination, catastrophizing, self-blame) increase distress.

Interestingly, perfectionism itself was not strongly related to anxiety, suggesting that striving for high standards is socially normalized in India and may not be pathological unless reinforced by irrational beliefs and unhelpful coping.

Taken together, the findings show that while perfectionism is strongly rooted in irrational beliefs, anxiety is more closely tied to how individuals cope with stress. Self-compassion can serve as a protective buffer by reducing self-critical beliefs and encouraging healthier coping, thereby helping young Indians manage the combined pressures of family, education, and work.

Descriptive statistics showed moderate mean scores and considerable variability on all four scales, indicating that participants experience a mix of adaptive and maladaptive beliefs and coping strategies. Inferential analysis revealed moderate positive correlations between most constructs. Specifically, higher irrational beliefs corresponded with increased perfectionism and anxiety, while emotion regulation showed positive but weaker associations with perfectionism and anxiety. These patterns suggest that rigid, critical thought patterns and perfectionist standards may reinforce anxiety, whereas adaptive emotion regulation could serve as a partial buffer.

Theoretical Implications:

The findings reinforce cognitive-behavioural models positing that maladaptive beliefs and perfectionist tendencies can amplify psychological distress.

Interconnections among IBI, FMPS, and BAI support the need to address underlying cognitive patterns when designing interventions for anxiety and perfectionism.

Practical Implications:

Assessment tools targeting these four domains can help identify individuals at risk for anxiety and perfectionism in both clinical and educational populations.

Training in cognitive emotion regulation (CERQ) strategies may mitigate negative impacts of irrational beliefs and perfectionist attitudes, foster resilience and reducing distress.

Strengths of the Study

Clear Research Problem

This study addresses a critical gap in the Indian psychological literature by examining the relationships among self-compassion, perfectionism, and anxiety. Although international research has established these links, little is known about how they manifest in the Indian socio-cultural context, where family expectations, academic pressure, and societal norms strongly influence individual well-being. By focusing on this underexplored area, the study adds cultural specificity to existing theories and highlights the unique psychological challenges faced by Indian students and professionals.

Theoretical Grounding

The research is strongly grounded in established therapeutic frameworks. It draws on Rational Emotive Behaviour Therapy (REBT), which emphasizes the role of irrational beliefs in generating distress, and Cognitive Behavioural Therapy (CBT), which underscores the impact of coping strategies on emotional outcomes. Importantly, the study also situates self-compassion within the Indian context, aligning it with indigenous traditions of mindfulness, balance, and acceptance. This theoretical integration makes the study relevant not only for global psychology but also for culturally sensitive mental health practices in India.

Methodology

Methodological rigor is ensured through the use of standardized and validated instruments, including the Irrational Beliefs Inventory (Koopmans et al., 1994), Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2001), Frost Multidimensional Perfectionism Scale (Frost et al., 1990), and Beck Anxiety Inventory (Beck et al., 1988). These measures have demonstrated reliability and validity across contexts, and their application in this study strengthens the credibility of the findings. Ethical safeguards, such as informed consent, confidentiality, and exclusion of under-18 participants, further reinforce the robustness of the methodology.

Findings

The results present a nuanced understanding of the interplay between irrational beliefs, perfectionism, coping strategies, and anxiety. The strong correlation between irrational beliefs and perfectionism highlights the role of rigid thinking in shaping maladaptive standards. The moderate correlation between coping strategies and anxiety supports the cognitive-behavioural emphasis on thought regulation. Meanwhile, the weak correlation between perfectionism and anxiety suggests that perfectionism alone may not always be pathological but becomes problematic when paired with irrational beliefs or maladaptive coping. Together, these findings enrich existing literature with culturally relevant evidence from an Indian sample.

Implications

The implications of this study extend to multiple domains of practice. In education, integrating self-compassion and coping skills into student support programs can reduce academic stress. In counselling, blending REBT and CBT interventions with compassion-based approaches offers more effective strategies for addressing perfectionism and anxiety. In workplaces, well-being initiatives that emphasize adaptive coping and resilience can improve employee mental health. By linking research findings to practical applications, this study demonstrates both academic relevance and real-world value.

Limitations of the Study and Recommendations for Future Research:

Sample diversity: While the participant group was varied, future studies should strive for more balanced representation across gender, occupation, and cultural background to enhance generalizability.

Although the final sample included adults aged 18–75, the modest sample size limits generalizability and prevents reliable subgroup analyses by age. Future research should recruit larger, stratified samples to examine whether the observed relationships differ across developmental stages (e.g., 18–25, 26–40, 41+).

Measurement: Single-instrument reliance for each construct may limit nuanced understanding. A multi-method approach could produce richer insights.

Future research: Longitudinal designs and intervention studies are recommended to clarify causal relationships and test the effectiveness of cognitive-based coping training.

Conclusions and Recommendations

This study concludes that self-compassion is a practical and culturally sensitive tool to buffer against the effects of irrational beliefs and poor coping strategies, thereby reducing perfectionism-driven anxiety. The integration of self-compassion with REBT and CBT principles offers a meaningful framework for promoting psychological well-being in India.

Recommendations

1. Education: Introduce self-compassion and coping-skills workshops in schools and colleges to address academic pressure.
2. Counselling Practice: Combine REBT and CBT with compassion-based interventions to help individuals manage anxiety and perfectionism.
3. Workplace Well-Being: Implement employee wellness programs that target achievement pressure and encourage healthier coping strategies.
4. Future Research: Conduct longitudinal studies to test causal effects, include more diverse samples across India, and incorporate qualitative methods to capture lived experiences.

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