



BORDERLINE PERSONALITY TRAITS AND SELF HANDICAPPING

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ABSTRACT

Background: Self-handicapping is a self-destructive behaviour which people use as an excuse for a potential failure or an anticipated low performance when they are doing or they will be doing a task. Borderline personality is a personality organization which people have a ego weakness includes limitation of frustration, inability to control impulse, and the use of primitive ego defences
Objective: It has proposed that selfhandicapping is a “function” of personality. In this respect, self-handicapping behaviors can also be considered as “softer” forms of deliberate self-injurious behavior that less threaten the self-integrity. In our study, it was aimed to determine the relationship between the level of borderline personality traits and self-handicapping in healthy individuals. **Methods:** Our participants was 400 females between the ages of 18-36 residing in Istanbul as a result of their voluntary participation. The Sociodemographic Data Form developed by the researcher, the Borderline Personality Questionary (BPQ) and Self handicapping Scale (SHS) used for collecting data. **Results:** It was hypothesized that participants who have louder borderline personali features would be more likely to self handicapping. The findings supported the hypotheses. **Conclusions:** Our findings show that a specific psychological phenomenon such as self-handicapping is actually shaped by early relationships with parents and environmental conditions, especially family, and is only a small part of a functioning that has a rather pervasive effect, such as personality traits.

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INTRODUCTION

Self-handicapping is a self-destructive behaviour which people use as an excuse for a potential failure or an anticipated low performance when they are doing or they will be doing a task. (Zuckerman & Tsai, 2005). Bobo *et al.* (2013) have proposed that selfhandicapping is a “function” of personality. If a self-handicapper will be unsuccessful in any topic, individual starts saying things like “*I didn’t do well because of my flu or my headache etc., not because of my lack of ability*” to himself/herself. he/she do this to accounting the handicap for the failure and the internal attributions to self are discounted. On the other hand, when or where a self-handicapper is successful, he/she starts to think like “*I did well in spite of my headache, I must be very capable*”. Although his/hers ability attributions will increased. So self-handicapping protects individual’s self-worth by camouflaging the relationship between internal reasons and performance.

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But on the other hand self handicapping gives to rise lack of self-awareness, responsibility and effort. Not just supporting self-worth, it also supports self-esteem. However, this effect is only valid for a short time. When self-handicapping turns to be chronic, it starts being fundamentally a maladaptive strategy characterised by task-avoidance, failure expectations, excuses, and external attributions that over time has significant negative effects on self-concept (Stewart & De George-Walker, 2014). Also it has an circular effect, people self-handicap more often when they are lower in self-esteem (Pullmann & Allik, 2008), or more extrinsically motivated (Urđan & Midgley, 2001). Because of the lack of insight about internal reasons which creates low success self-handicappers have a history of non-contingent success; they are uncertain about being able to repeat their past successes, have self-doubts and display low self-esteem (Oleson *et al.*, 2000). Self-handicapping includes a broad range of behaviours, such as procrastination, considering tasks as unimportant and leaving them for the last moment, over-responsibilisation, over-motivation, lack of effort, overcommitting, over-involvement, and not taking the opportunity to practice and even illness, lack of sleep, drinking alcohol, substance use (Urđan & Midgley, 2001).

Self-handicapping has been linked to a wide range of negative outcomes such as higher levels of anxiety and depression, and poor academic achievement which generally increases distress. It has also with low conscientiousness and high neuroticism (Zuckerman & Tsai, 2005; Bobo *et al.*, 2013) People with borderline personality organization have an ego weakness includes limitation of frustration, inability to control impulse, and the use of primitive ego defences and personality disorganization. The reflection defense mechanism, which functions as the perception of certain impulses, emotions, needs or life events as if they are directed from outside to the individual, is frequently used by individuals with borderline personality organization (Faraji, 2020). Therefore, the borderline person makes hostile references to the outside world and ascribes external reasons to his negativities and failures, as in the self-sabotage mechanism. It is known that borderline patients exhibit self-injurious behavior very commonly (seen in 84.6% of men and 58.3% of women) and have a high risk of suicide attempt (75%) (Tyrer, 2005). Although borderline personality traits are found in varying proportions in all humans as qualities that describe the personality, the higher levels of these traits and the dominance of the person's life without flexibility indicates personality disorder. In this respect, self-handicapping behaviors can also be considered as "softer" forms of deliberate self-injurious behavior that less threaten the self-integrity. In our study, it was aimed to determine the relationship between the level of borderline personality traits and self-handicapping in healthy individuals.

Limitations

Indeed, women generally put forth more effort and value more than men about any type of performance and it has received support from numerous studies. Female students have more effortful study strategies, report studying harder, and are more likely to adopt effortful learning goals than male students (McCrea *et al.*, 2008). When borderline personality disorder and gender relationship were examined, it was found in previous studies that borderline personality disorder was more common in women (up to 76%). However, it is thought that these results may have arisen due to sampling bias. In addition, it was stated that men with borderline personality disorder may show intense antisocial personality or substance addiction symptoms, which may be overlooked in the clinical sample (Shenoy & Praharaj, 2019). In this direction, we preferred to work only with female borderline patients in our study in order to access the literature at a higher level and to provide ease of comparison. Thus we decide to limit our study group with females. Another limitation of our study is that our study group consist of university students so we can' see the differantation of borderline personality traits and self handicapping between age groups.

METHODS

Procedure: Following the application permission obtained by the Ethics Committee of Istanbul Aydın University. Our participants was 400 females between the ages of 18-36 residing in Istanbul as a result of their voluntary participation. The scales were distributed online to our sample with personal information form and information about their identity was not obtained from our sample in order to protect their privacy.

Scales Used: The Sociodemographic Data Form developed by the researcher, the Borderline Personality Questionary (BPQ) and Self Handicapping Scale (SHS) used for collecting data.

Sociodemographic Data Form: The sociodemographic data form includes gender, age, education level, economic level, marital status etc. Borderline Personality Questionary (BPQ). While the Borderline personality questionnaire was created, it was aimed to develop a self-assessment scale with separate subscales for the Borderline personality disorder criteria defined by DSM-IV. Psychometric properties of the scale were determined by sample groups from Australia, America and England (Poreh *et al.*, 2006). The Turkish translation of the scale was made by Samet Köse and Hakan Türkçapar. Validity and reliability studies were conducted with 763 university students and the internal consistency coefficient was 0.65 to 0.84 and the Cronbach value was 0.94. The scale consists of 80 questions (Ceylan, 2017). It consists of 9 sub-dimensions: impulsivity, ambivalence in emotion, abandonment, relationships, self-image, suicide/ self-mutilation behavior, sense of emptiness, intense anger and psychosis-like situations.

Self Handicapping Scale (SHS): To measure self-handicapping tendency, "Self-Handicapping Scale" developed by Jones and Rhodewalt (1982) and adapted to our language by Akın (2012) was used. The scale prepared in the five-point Likert type is one-dimensional and consists of 25 items. As a result, the Cronbach's alpha value obtained from this research for the whole scale is .66. Confirmatory factor analysis was conducted to verify the single factor structure of the scale.

Data Analysis and Interpretation: The data obtained in the study were analyzed using the Statistical Program for Social Sciences (SPSS 25.0). In order to control the normal distribution, skewness and kurtosis values were examined and it was decided that the scales and their sub-dimensions were between -2 +2 values (George & Mallery, 2010). The table on skewness and kurtosis values is given below.

RESULTS

When we provide the normal distribution, we prefer parametric analysis. In this study, the Independent Samples T-test was used to compare two independent groups and test the significance of the difference.

Table 1. The Skewness and Kurtosis Values of the Borderline personality questionnaire and the Self-Handicapping Scale

	Skewness	Kurtosis
Self Handicapping Scale	-0.336	-0.344
Borderline Personality Questionary	0.315	-0.769
Impulsivity	0.860	0.027
Unstable affect	-0.083	-0.806
Abandonment	0.683	0.124
Relationships	0.276	-0.664
Self Image	1.158	0.960
Suicide / Self Injury Behavior	1.657	1.599
The Sense of Emptiness	0.707	-0.298
Intense Anger	0.589	-0.892
Psychosis-Like Conditions	0.934	0.006

The relationship between the scales was examined with Pearson Correlation analysis. Finally, Multiple Linear Regression analysis was preferred to analyze the independent variables to predict the dependent variable.

Table 2. Findings About Examining the Relationship Between Self-Handicapping Scale and Borderline personality questionnaire

	1	2	3	4	5	6	7	8	9	10	11
1- Self Handicapping Scale	1										
2- Borderline Personality Questionary	.599**	1									
3- Impulsivity	.379**	.664**	1								
4- Unstable affect	.445**	.752**	.453**	1							
5- Abandonment	.325**	.707**	.323**	.472**	1						
6- Relationships	.503**	.706**	.389**	.399**	.500**	1					
7- Self Image	.418**	.496**	.156**	.239**	.399**	.332**	1				
8- Suicide / Self Injury Behavior	.269**	.554**	.500**	.331**	.302**	.344**	.270**	1			
9- The Sense of Emptiness	.547**	.732**	.366**	.416**	.580**	.550**	.553**	.303**	1		
10- Intense Anger	.295**	.669**	.481**	.572**	.291**	.305**	0.057	.308**	.248**	1	
11- Psychosis-Like Conditions	.367**	.608**	.398**	.438**	.349**	.351**	.134**	.177**	.321**	.385**	1

** $p < 0.01$, * $p < 0.05$ Test used: Pearson Correlation Test

Table 3. Findings of the Relationship between Borderline personality questionnaire Scores and Self-Handicapping Scale Scores by Regression Analysis

	B	SH	t	p	
(Constant)	62.30	1.25	49.65	0.000*	
The Sense of Emptiness	1.33	0.31	0.23	4.28	0.000*
Relationships	1.34	0.30	0.21	4.44	0.000*
Unstable affect	1.07	0.28	0.17	3.78	0.000*
Self Image	1.41	0.40	0.16	3.54	0.000*
Psychosis-Like Conditions	0.85	0.31	0.12	2.76	0.006*
$R=.64$ $R^2=.41$					
$F=57.42$ $p=0.000$					

100% of the participants were women (400), 45.8% (n=183) of them only used alcohol, 6% (n=24) used alcohol and substances, 1% (n=4) only used substances, 47.3% (n=189) did not use any of them, 14.8% (n=59) had tattoos on their body, 85.3% (n=341) has no tattoos, 15.8% (n=63) have body piercings, 84.3% (n=337) do not have, 92.3% (n=369) parents are married, 7.8% (n=31) divorced, 11% (n=44) cheated in romantic relationships, 89% (n=356) did not cheat, 17% (n=68) previously had a self-harming behavior, 83% (n=332) did not self harmed before. Participants' Self-Handicapping Scale average ($X = 78.95$, $SS = 13.15$), Borderline personality questionnaire average ($X = 22.10$, $SS = 11.53$), Impulsivity mean ($X = 1.41$, $SS = 1.42$), Indecision mean ($X = 4.57$, $SS = 2.12$), Abandonment mean ($X = 2.45$, $SS = 1.82$), Relationship mean ($X = 3.14$, $SS = 2.08$), Self-Image mean ($X = 1.30$, $SS = 1.53$), Suicide / Self-Injury Behavior mean ($X = 0.85$, $SS = 1.40$), the mean of Sense of Space ($X = 3.12$, $SS = 2.26$), the mean of Intense Anger ($X = 3.42$, $SS = 2.86$).

Self-Handicapping Scale with Age ($r = -.131$, $p < 0.01$), Borderline personality questionnaire ($r = -.207$, $p < 0.01$), Impulsivity ($r = -.147$, $p < 0.01$), Indecision in affect ($r = -.186$, $p < 0.01$), Relationships ($r = -.185$, $p < 0.01$), Emptiness ($r = -.242$, $p < 0.01$), Psychosis-like Situations ($r = -0.096$, $p < 0.01$) It was found that there was a weak and negative relationship between the scores. The scores they got from the self-handicapping scale, the borderline personality questionnaire and the sub-dimensions of impulsivity, instability in affect, abandonment, relationships, self-image, suicide / self-mutilating behavior, feeling of emptiness, intense anger, psychosis-like situations were found to be significant according to the variable of cheating their partner in romantic relationships. It has been determined that it differs in level. When we look at the averages, it is seen that those who cheat their partners get more points than those who do not cheat ($p < 0.05$). It was found that the scores they got from the self-handicapping scale, the borderline personality questionnaire and the sub-dimensions of impulsivity, emotional instability, abandonment, feeling of emptiness, and psychosis-like

situations differed significantly according to the marital status of the parents. When we look at the averages, it is seen that those whose parents are divorced get more points than those who are married ($p < 0.05$). Relationships, self-image, suicidal / self-mutilating behavior, intense anger sub-dimension did not differ significantly according to the marital status variable of parents ($p > 0.05$). When we examined the findings, it was found that the scores they got from the borderline personality questionnaire and sub-dimensions of impulsivity, suicidal / self-mutilating behavior, intense anger, instability in affect, self-image, psychosis, differ significantly according to the alcohol and substance use variable. When we look at the averages according to the Tamhane test, it is seen that only alcohol users get more points than those who do not use any of them ($p < 0.05$). When we look at the averages, it is seen that alcohol and substance users get more points than those who do not use any of them ($p < 0.05$).

When we examined the findings, it was found that the scores they got from the abandonment sub-dimensions differed significantly according to the alcohol and substance use variable. When we look at the averages according to the Scheffe test, it is seen that alcohol and substance users get more points than those who do not use any of them ($p < 0.05$). When we look at the averages, it is seen that alcohol and substance users get more points than those who only use alcohol ($p < 0.05$). The self-handicapping scale and the sense of emptiness sub-dimension did not differ significantly according to the variable of alcohol and substance use ($p > 0.05$). It was determined that the scores they got from the self-handicapping scale, the borderline personality questionnaire and the sub-dimensions of impulsivity, emotional instability, abandonment, relationships, feeling of emptiness, psychosis-like conditions differ significantly according to the variable of having tattoos on the body. When we look at the averages, it is seen that those who have tattoos get more points than those without tattoos ($p < 0.05$). Self-image, suicidal/self-mutilating behavior and intense anger sub-dimension did not differ significantly according to the variable of having tattoos on the body ($p >$

0.05). It was found that the scores they got from the self-handicapping scale, the borderline personality questionnaire and the sub-dimensions of impulsivity, emotional instability, relationships, intense anger, and psychosis-like conditions significantly differed according to the variable of having piercing in the body. When we look at the averages, it is seen that those with piercings get more points than those without piercings ($p < 0.05$). Abandonment, self-image, suicide / self-mutilating behavior, and sense of emptiness sub-dimension did not differ significantly according to the variable of being pierced in the body ($p > 0.05$). It was found that the scores they got from the borderline personality questionnaire and sub-dimensions of impulsivity, abandonment, relationships, suicide / self-mutilation, and sense of emptiness differ significantly according to the income variable of the family. When we look at the averages, it is seen that those with a high level of family income get more points than those with a middle level ($p < 0.05$). Self-handicapping scale, emotional instability, self-image, intense anger, and psychosis-like conditions sub-dimension did not differ significantly according to the family income variable ($p > 0.05$).

DISCUSSION

This study investigated whether there is a relationship between borderline personality features and self-handicapping, based on the idea that borderline personality features could provide a way to self-handicap. It was hypothesized that participants who have louder borderline personality features would be more likely to self-handicapping. The findings supported the hypotheses. It was determined that borderline personality traits has impact on self-handicapping. Although there are a limited number of studies addressing the relationship between personality and self-handicapping, the main axis that these studies collaborate is the connection between self-handicapping and low consciousness and high neuroticism (Bobo *et al.*, 2013). The tendency to engage not only one time but more frequently or more indiscriminately in the self-handicapping process in any individual has led to the characterisation of self-handicapping as a trait in individual differences research, and possibly as an element of personality (Rhodewalt, 1990). One key aspect of identity with great relevance to BPD is self-esteem (SE), which refers to an individual's overall positive evaluation of the self. People with BPD demonstrate lower SE, greater negative self-evaluations of their social skills, performance, appearance, and physical abilities compared to healthy controls (Richmond, 2021). Therewithal most cited determinant of self-handicapping, refer to a person's level of self-esteem. In line with these assumption, another study revealed significantly negative correlations between self-esteem and self-handicapping (Schwinger & Stiensmeier-Pelster, 2011). Regarding this factor, it seems reasonable to assume that a person who has higher borderline personality features disposing of low self-esteem may experience self-esteem threats more often compared to a person who has lower borderline personality features and so possessing high self-esteem (Schwinger, 2008). It is pointed out that persons inclined to general low self-esteem may be prone to experience a vicious cycle. They start with reacting to self-esteem threats by self-handicapping and self-handicapping leads to lower performance, which subsequently decreases one's self-esteem and therefore increases the probability to self-handicap again (vanDellen *et al.*, 2011).

Self-handicapping includes a performance-avoidance goal orientation. By definition, mastery goals orient students toward learning and the development of one's competencies, while performance goals orient them toward considering their ability and performance relative to others (Hulleman *et al.*, 2010). Because of the fact that individuals with borderline personality traits find it difficult to integrate the past, present and future, they usually have immediate motivation and goals and have difficulty setting long-term goals and moving towards those goals. People who have higher borderline personality features have lower self-compassion. High self-compassionate people attempt to change circumstances that they can but accept those they cannot change. They aim to have a clearer view on their strength and weaknesses. When facing negative results, they are better able to assume personal responsibility even in the presence of others while simultaneously being kind to themselves (Neff and Vonk, 2009). In contrast, people with high borderline personality traits who have low self-compassion tend to use self-handicapping to acquire self-protection in exchange for lower performance and a non-realistic self-view. Such a self-view can be assumed to make adaptive and successful behavior less likely in the future. Further, this maladaptive behavior could result in a loss in competence satisfaction and intrinsic motivation (Zuckerman & Tsai, 2005). Hence a circular model of more self-handicapping and becoming less self-compassionate happens.

There is a relationship between impulsivity, which is the sub-dimension of borderline personality traits, and self-handicapping. When examining the thinking, behavior and motor activities of borderline patients, the role of impulsivity was found to have an important place (Faraji, 2020). When impulsivity level increases the person becomes out of control from their lives. Therefore it can cause self-handicapping when they become face to face with any trouble. In our study, a relationship was found between indecision in affect, which is one of the borderline personality traits, and self-handicapping. Terzi *et al.* (2017) stated that negative emotional reactivity, which is highly likely to pave the way for failure in any field and thus creates a tendency to self-sabotage, brings along impulsive behaviors, decreased attention, focus problems, and destructive behaviors. And so indecision in affect can cause unexpected failure and self-handicapping. There is a relationship between feelings of emptiness, self-mutilation and suicide, psychosis-like experiences (which are the sub-dimensions of borderline personality traits) and self-handicapping. Approximately 70-75% of borderline personality disorder patients make a serious suicide attempt at least once in their lives and approximately 8-10% of these attempts are completed (Tyrer, 2005). Suicide is known to be a way of avoiding difficulties in self-awareness and accepting and affirming negative consequences. It is stated that when individuals experience intense negative affect and consider this experience to be intolerable, they resort to self-sacrificing behaviors and get rid of the anxiety-provoking situation (Selby *et al.*, 2008). Individuals with borderline personality disorder generally show low tolerance for mental distress. Since individuals with borderline personality disorder have low tolerance to distress, they have a strong desire to eliminate unpleasant feelings as quickly as possible (Faraji, 2020). People with borderline personality disorder try to provide instant emotional relief by turning to dysfunctional behaviors such as self-mutilation. Therefore, self-destructive and self-destructive tendencies are frequently encountered in borderline patients (Maffei & Fusi, 2016).

This situation has a high similarity with self-handicapping, which is an indicator of failure to accept the negative feelings experienced in the face of failure, and explains the increase in borderline personality traits accompanied by an increase in self-handicapping. There is a relationship between abandonment, relationships, self-image, sense of emptiness and self-handicapping (which are the sub-dimensions of borderline personality traits). Individuals with borderline personality traits experience fear of abandonment, rejection and being alone. Since the self-perception depends on others and there is no object continuity, it can be difficult to tolerate loneliness and the person can adopt a "sticky" relationship style. Fear of rejection, one of the main characteristics of borderline personality disorder, is considered as a kind of abandonment experience. Rejection sensitivity; the anxious expectation of rejection (expectation anxiety) is defined as rapid perception and an increase in the level of reaction to rejection. The perception of rejection causes severe tension. It is known that who feel lonely and pessimistic about changing situations (especially among young people), use strategies such as failure expectation, avoidance, and self-handicapping, which reduce their distress tolerance (Nurmi and Salmela-Aro, 1997).

Also the feelings of loneliness and self-handicapping predicting young peoples distress tolerance which is commonly high in borderline patients. self-handicapping leads to some of the consequences which generally increases distress and which we usually see in borderline personality disorder; decreased psychological well-being, lower self-efficacy, lower subjective motivation, increased negative mood syndrome, and more drug use (Zuckerman & Tsai, 2005). So we can say that borderline personality features leads to self handicapping and self handicapping leads a lower psychological well-being in a similar way that borderline personality features do. Thus the borderline patient has a tendency to self-sabotage in order to protect the value of the other, which is vital for the survival of the self, and to prevent the experiences of rejection/abandonment. There is a relationship between relationships, self-image and self-sabotage (which are the sub-dimensions of borderline personality traits). These people, who tend to perceive themselves as "different" from others as a result of grandiosity, can be quite sensitive to disappointment and criticism. Another point that creates disruption in the interpersonal relationships of borderline patients is the tendency of these people to evaluate the individuals around them as hostile. Borderline patients suffer from an extremely high sensitivity to rejection, anxiously anticipate rejection, and tend to react violently to perceived rejection experiences). Rhodewalt et al. (2006) revealed narcissistic personality, to which the individual is highly sensitive to criticism and disappointment, just like the borderline personality has related to self-handicapping behaviors. It has posited that self-handicapping (and procrastination, for that matter) is a function of personality and 25% of the self handicapping variance can be explained by general personality (Bobo *et al.*, 2013) and 41% of it can be explained by borderline personality features. As the borderline personality traits increase, the tendency of the individuals to use the division, denial and reflection defense mechanisms and manipulation increases; rejection and emptiness anxiety, diffuse dysphoria, and an increase in anger correspond to neuroticism. Especially neuroticism and conscientiousness have been consistently linked with generalized academic procrastination, with lower conscientiousness and higher neuroticism predicting higher

procrastination (Diaz-Morales, Cohen, & Ferrari, 2008). In our study, it is seen that borderline personality traits and self-handicapping levels decrease with increasing age. In particular, it is seen that the sub-dimensions of borderline personality, impulsivity, indecision in affect, abandonment, relationships, feeling of emptiness, and intense anger decrease with age. Particularly, research on this issue has usually found that impulsiveness, self-harm, and anger criteria diminish over time, and most of the elderly BPD patients do not have these clinical characteristics. Conversely, interpersonal disturbances (e.g., demandingness, entitlement), emotional dysregulation, and affective symptoms (depression, anxiety, somatization) tend not to decline in late life among BPD patients (Faraji, 2020). This differentiation with the current literature is thought to be due to our lack of information about the appearance of borderline personality traits at later ages, as our sample group consists of university students. In our study it is seen that participant who has infidelity has higher levels of borderline personality and self handicapping. As far as is known, there is no study on the relationship between self-handicapping and partner deception. But external cause attribution over-responsibilisation, over-motivation, lack of effort, over committing, and procrastination tendencies, which are components of self-sabotage, may lead to a decrease in the satisfaction obtained from the current romantic relationship and the person to seek this satisfaction in the third instead of correcting the conditions of the relationship. however, infidelity is common among those with borderline personality traits.

It was determined that those whose parents divorced had higher borderline personality traits and self-handicapping. As far as is known, there is no study on the relationship between self-handicapping and parental marriage situation. However, the tension between the parents due to the processes that lead to divorce may cause children to become anxious and depressed by being neglected or to want to cover up the lack of parents with early maturation and perfectionism. Self-handicapping has been linked to a wide range of negative outcomes such as higher levels of anxiety and depression, and generally increases distress (Zuckerman & Tsai, 2005) According to Favazza (1996) piercing and tattooing are socially accepted forms of self-harming behaviour. And we determined that those with tattoos and piercings had higher borderline personality traits and self-sabotage. As far as is known, there is no study on the relationship between self-handicapping and having tattoos and piercings. Aydurmu *et al.* (2017) state in their case report that the borderline patients have tattoos on their body in order to embody the pain caused by the loss. On the other hand Ögel and Aksoy (2003), state that abused people put some words on their bodies to symbolize things they do not want to forget, by drawing or burning the first letter of the name of the person they love, or by having them tattoo the message they want to give to people. Tattooing and piercing in college students are associated with significantly more risk taking behaviour, greater use of alcohol and marijuana, and less social conformity (Brooks, *et al.*, 2003). With respect to personality traits, Drews *et al.* (2000) reported that tattooed students rated them-selves as more adventurous and risk-taking than those without tattoos. A relationship between tattooing and emotional malfunction has been suggested (Kim, 1991): scores on the psychopathic deviate and schizophrenic scales of the Minnesota Multiphasic Personality Inventory (MMPI) were significantly higher in a tattooed group of 'normal' young men, and the use of multiple

tattoos was found to be indicative of abnormal personality. It was observed that the levels of borderline personality trait and self-handicapping levels of individuals whose parents were divorced were higher than those whose parents were not divorced. It is thought that this differentiation occurred because of the negative environment at home before and after the divorce, parents could lead to the child being deprived of the interest, love and support of the parents and to be neglected. For this reason, children of divorced parents may experience self-esteem problems and thus tend to externalize negative situations and self-sabotage. It is stated that the patient's early traumatic experiences have an effect on the development of borderline personality disorder and it is known that patients with borderline personality disorder are neglected by both their parents (Faraji, 2020). It was determined that as the alcohol and substance use increased, borderline personality traits increased too. The relationship of borderline personality disorder with alcohol and substance use has also been demonstrated in other studies (Carpenter *et al.*, 2017; Trull *et al.*, 2018). But no significant relationship was found with self-handicapping tendencies. This situation is explained by the fact that the tendency towards alcohol substance use is used as a maneuver to remove the problem from the consciousness and to avoid it. In this direction, although individuals sabotage themselves, they do not have a conscious awareness of this sabotage. We determined that those with tattoos and piercings had higher borderline personality traits and self-sabotage. It was observed that the levels of borderline personality trait and self-handicapping levels of individuals whose parents were divorced were higher than those whose parents were not divorced.

CONCLUSION

It has been seen that participants who have higher borderline personality features are more likely to self-handicap. It was determined that borderline personality traits are effective on self-handicapping. It is seen that borderline personality traits and self-handicapping levels decrease with increasing age. It was determined that those whose parents divorced had higher borderline personality traits and self-handicapping. It is seen that participant who has infidelity has higher levels of borderline personality and self-handicapping. It is determined that individuals with tattoos and piercings had higher borderline personality traits and self-sabotage levels. Our findings show that a specific psychological phenomenon such as self-handicapping is actually shaped by early relationships with parents and environmental conditions, especially family, and is only a small part of a functioning that has a rather pervasive effect, such as personality traits. It is thought that our findings will contribute to the literature and especially to clinical practice.

REFERENCES

- Akın, A. (2012). Kendini sabotaj ölçe i: Geçerlik ve güvenilirlik çalışması. *E İtim ve Bilim*, 37(164), 176-187.
- Aksoy, A., & Ögel, K. 2003. Kendine zarar verme davranışı. *Anadolu Psikiyatri Dergisi*, 4(4), 226-236.
- Aydın, E. N., Feridun, K., & Geyik, G. 2017. Sınırların Ötesinde Sınırsız Bir Güven Arayışı: Olgu Sunumu/A Seeking For Unlimited Trust Beyond Borders: Case Report. *Atatürk Üniversitesi Edebiyat Fakültesi Dergisi*, (59), 109-122.
- Berglas, S., & Jones, E. E. 1978. Drug Choice as a Self-Handicapping Strategy in Response to Noncontingent Success. *Journal of Personality and Social Psychology*, 36(4), 405-417.
- Bobo, J. L., Whitaker, K. C., & Strunk, K. K. 2013. Personality and student self-handicapping: A cross-validated regression approach. *Personality and Individual Differences*, 55, 619-621. <http://dx.doi.org/10.1016/j.paid.2013.04.010>.
- Brooks, T. L., Woods, E. R., Knight, J. R., & Shrier, L. A. 2003. Body modification and substance use in adolescents: Is there a link? *Journal of Adolescent Health*, 32, 44-49.
- Carpenter, R.W., Trela, C.J., Lane, S.P., Wood, P.K., Piasecki, T.M., Trull, T.J., 2017. Elevated rate of alcohol consumption in borderline personality disorder patients in daily life. *Psychopharmacol. (Berl.)* 234 (22), 3395-3406.
- Covington, M. V. 2000. Goal theory, motivation, and school achievement: An integrative review. *Annual Review of Psychology*, 51, 171-200.
- Ceylan, V. (2017). *Borderline Ki ilik Ölçe i (Türkçe BPQ): Geçerlik, Güvenirli i, Faktör Yapısı*, Hasan Kalyoncu Üniversitesi, Sosyal Bilimler Enstitüsü (Yayımlanmamış Yüksek Lisans Tezi).
- Diaz-Morales, J. F., Cohen, J. R., & Ferrari, J. R. 2008. An integrated view of personality styles related to avoidant procrastination. *Personality and Individual Differences*, 45, 554-5.
- Faraji, H. 2020. *Borderline Ki ilik Bozukluğu ve Duygu Düzenleme Güçlüğü ile Ruhsal Sorunların Rorschach Testindeki Görünümü*, Lisansüstü Enstitüsü, Doğu Anadolu Üniversitesi (Yayımlanmamış Doktora Tezi).
- Favazza, A. R. 1996. Bodies under siege: Self-mutilation and body modification in culture and psychiatry (2nd ed.). Baltimore: John Hopkins University Press.
- Frank, H. ve Paris, J. 1991. Parents' emotional neglect and over protection according to the recollections of patients with Borderline Personality Disorder. *American Journal of Psychiatry*. 148, 648-651.
- Frías, Á., Palma, C., Solves, L., Martínez, B., & Salvador, A. 2017. Differential symptomatology and functioning in borderline personality disorder across age groups. *Psychiatry research*, 258, 44-50.
- Hirt, E. R., Deppe, R. K., & Gordon, L. J. 1991. Self-Reported Versus Behavioural Self-Handicapping: Empirical Evidence for a Theoretical Distinction. *Journal of Personality and Social Psychology*, 61(6), 981-991.
- Hulleman, C. S., Schrager, S. M., Bodmann, S. M., & Harackiewicz, J. M. 2010. A meta-analytic review of achievement goal measures: Different labels for the same constructs or different constructs with similar labels? *Psychological Bulletin*, 136, 422-449, doi:10.1037/a0018947.
- Jørgensen, C. R. 2010. Invited essay: Identity and borderline personality disorder. *Journal of Personality Disorders*, 24(3), 344-364.
- Kim, J. J. 1991. A cultural psychiatric study on tattoos of young Korean males. *Yonsei Medical Journal*, 32, 255-262.
- Maatta, S., Stattin, H., & Nurmi, J. E. 2002. Achievement strategies at school: Types and correlates. *Journal of Adolescence*, 25, 31-46.
- Maffei, C., & Fusi, V. 2016. Emotion dysregulation in borderline personality disorder: A literature review. *Phenomenology and Mind*, 11(1), 210-220.

- Martin, K. A., & Brawley, L. R. 2002. Self-esteem, self-efficacy, and selfhandicapping: The relationship between stable and situational forms of selfdoubt and self-handicapping in physical achievement settings. *Self and Identity*, 1, 337–351.
- McCrea, S. M., Hirt, E. R., & Milner, B. J. (2008). She works hard for the money: Valuing effort underlies gender differences in behavioral self-handicapping. *Journal of Experimental Social Psychology*, 44(2), 292-311.
- Neff, K. D., & Vonk, R. 2009. Self compassion versus global self esteem: Two different ways of relating to oneself. *Journal of personality*, 77(1), 23-50.
- Nurmi, J. E., & Salmela-Aro, K. 1997. Social strategies and loneliness: A prospective study. *Personality and Individual Differences*, 23(2), 205–215. [https://doi.org/10.1016/S0191-8869\(97\)00039-1](https://doi.org/10.1016/S0191-8869(97)00039-1).
- Oleson, K. C., Poehlmann, K. M., Yost, J. H., Lynch, M. E., & Arkin, R. M. 2000. Subjective overachievement: Individual differences in self-doubt and concern with performance. *Journal of Personality*, 68, 491–524.
- Poreh, A. M., Rawlings, D., Claridge, G., Freeman, J. L., Faulkner, C., & Shelton, C. 2006. The BPQ: a scale for the assessment of borderline personality based on DSM-IV criteria. *Journal of personality disorders*, 20(3), 247-260.
- Pulford, B., Johnson, A., & Awaida, M. 2005. A cross-cultural study of predictors of self-handicapping in university students. *Personality and Individual Differences*, 39, 727–737.
- Pullmann, H., & Allik, J. 2008. Relations of academic and general self-esteem to school achievement. *Personality and Individual Differences*, 45, 559–564.
- Rhodewalt, F. 1990. Self-handicappers: Individual differences in the preference for anticipatory self-protective acts. In R. Higgins, C. R. Snyder, & S. Berglas (Eds.), *Self-handicapping: The paradox that isn't* (pp. 69–106). New York: Plenum Press.
- Rhodewalt, F., Tragakis, M. W., & Finnerty, J. 2006. Narcissism and self-handicapping: Linking self-aggrandizement to behavior. *Journal of Research in Personality*, 40(5), 573-597.
- Richmond, J. R., Edmonds, K. A., Rose, J. P., & Gratz, K. L. 2021. The interactive influence of borderline personality disorder symptoms and social comparison orientation on self-esteem. *Personality and Individual Differences*, 173, 110532.
- Ross, S. R., Canada, K. E., & Rausch, M. K. 2002. Self-handicapping and the five factor model of personality: Mediation between neuroticism and conscientiousness. *Personality and Individual Differences*, 32, 1173–1184.
- Ross, S. R., Canada, K. E., & Rausch, M. K. 2002. Self-handicapping and the Five Factor Model of personality: Mediation between neuroticism and conscientiousness. *Personality and Individual Differences*, 32, 1173–1184. [http://dx.doi.org/10.1016/S0191-8869\(01\)00079-4](http://dx.doi.org/10.1016/S0191-8869(01)00079-4).
- Schwinger, M., & Stiensmeier-Pelster, J. 2011. Prevention of self-handicapping—The protective function of mastery goals. *Learning and Individual Differences*, 21(6), 699-709.
- Selby, E. A., Anestis, M. D., & Joiner, T. E. 2008. Understanding the relationship between emotional and behavioral dysregulation: Emotional cascades. *Behaviour research and therapy*, 46(5), 593-611.
- Shenoy, S. K., & Praharaj, S. K. 2019. Borderline personality disorder and its association with bipolar spectrum and binge eating disorder in college students from South India. *Asian journal of psychiatry*, 44, 20-24.
- Stewart, M. A., & De George-Walker, L. 2014. Self-handicapping, perfectionism, locus of control and self-efficacy: A path model. *Personality and Individual Differences*, 66, 160-164.
- Strube, M. J. 1986. An analysis of the self-handicapping scale. *Basic and Applied Psychology*, 7, 211–224. http://dx.doi.org/10.1207/s15324834basp0703_4.
- Terzi, L., Martino, F., Berardi, D., Bortolotti, B., Sasdelli, A., & Menchetti, M. 2017. Aggressive behavior and self-harm in Borderline Personality Disorder: The role of impulsivity and emotion dysregulation in a sample of outpatients. *Psychiatry Research*, 249(3), 321-326.
- The Australian Educational Researcher*, 35(3), 21-36. Retrieved from <http://www.eric.ed.gov/PDFS/EJ837977.pdf>
- Tyrer, P., & Seivewright, H. 2005. The stability of personality disorders. *Psychiatry*, 4(3), 29-31.
- Urdu, T., & Midgley, C. (2001). Academic self-handicapping: What we know, what more there is to learn. *Educational Psychology Review*, 13(2), 115–138.
- vanDellen, M. R., Campbell, W. K., Hoyle, R. H., & Bradfield, E. K. 2011. Compensating, resisting, and breaking: A meta-analytic examination of reactions to self-esteem threat. *Personality and Social Psychology Review*, 15, 51–74, doi: 10.1177/1088868310372950.
- Zuckerman, M., & Tsai, F. F. 2005. Costs of self handicapping. *Journal of Personality*, 73(2), 411-442.
- Rhodewalt, F., Tragakis, M. W., & Finnerty, J. 2006. Narcissism and self-handicapping: Linking self-aggrandizement to behavior. *Journal of Research in Personality*, 40(5), 573-597.
