

The Development and Use of Self-Compassion to Cope with Adversity in Sport in Female
Varsity Athletes

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Arts

Faculty of Physical Education and Recreation
University of Alberta

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Abstract

Self-compassion is an emotion regulation strategy that encourages the practice of mindfulness, common humanity, and self-kindness. It involves understanding adverse experiences using a broader perspective, seeking connections with others, and directing kindness towards the self (Neff, 2003a) and may be an important attribute for sport performance and coping (Mosewich, Crocker, Kowalski, & DeLongis, 2013). In order to understand more about self-compassion in sport, this study addressed two research questions: (1) How did female varsity athletes with high self-compassion perceive they became self-compassionate? (2) How did these athletes approach adversity in a self-compassionate manner? One hundred and fourteen female varsity athletes completed the Self-Compassion Scale (Neff, 2003b). Ten participants with high self-compassion participated in individual semi-structured interviews. Data were analysed using Interpretive Phenomenological Analysis (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009). Analysis was verified through a member-checking interview. Results indicated that parents and personal experiences influenced the development of self-compassion. Specifically, parents provided emotional support, allowing participants to seek and receive help. Parents also taught their children to react to adversity with self-kindness, and to put their experiences into perspective. Participants also learned to be self-compassionate from their own experiences and through the observation of others' experiences in sport. Participants used self-compassion to cope with adversity in sport by applying aspects of mindfulness, common humanity, and self-kindness. These findings provide insights into the development and use of self-compassion in sport, and may help inform the development of educational initiatives to promote self-compassion in young athletes.

Preface

This thesis is an original work by Meghan Ingstrup. The research project that was completed for this thesis received research ethics approval from the University of Alberta Research Ethics Board, An Investigation into Mechanisms That Help Athletes Cope with Adversity in Sport, No. Pro00058778, August 14, 2015.

Acknowledgements

I would like to thank Amber Mosewich and Nick Holt for their support and guidance throughout my thesis program. I would also like to thank Nick for being an exceptional mentor and giving me the opportunity to grow into academia. Thank you to my lab mates Kacey, Hayley, Shannon, and Kassi, for adding laughter and adventure to my time in Edmonton. Finally, thank you to my family and partner Oliver for providing unconditional love and support, and shaping me into the individual that I am today. I would not have been able to achieve what I have without the support of all the individuals listed above.

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Chapter 1

Introduction

Researcher Statement

Before going on to provide the rationale for this study, I first want to explain why I became interested in self-compassion. As an avid athlete, I grew up participating in dance, cross-country skiing, and soccer. Dance and skiing were recreational, and were eventually phased out due to the increasing demands of my soccer schedule. I developed a great passion for soccer, and enjoyed everything involved, including fitness training, tournaments, practices, and games. Predictably, my identity formed largely around soccer in my adolescent years. I was not interested in academics at that time, but I was able to rationalize that with the fact that I was an athlete and I was good at what I did.

I was thrilled when I received an e-mail from the Mount Royal University soccer coach inviting me to try out for the team. I ended up attending Mount Royal for my first year of university and made the varsity soccer team as a left midfielder. Unfortunately my varsity career ended before it even began, as I suffered a severe ankle injury the practice before our first regular season game. Psychologically, I was devastated. I did not know how to make sense of, or understand, what had happened, and I did not want to be myself anymore because I did not know who that was. It was a long journey of recovery physically and psychologically, and in some ways I believe I am still trying to figure out aspects of my identity.

I came across the construct of self-compassion as I was trying to decide upon my thesis topic in graduate school. I immediately took an interest in the concept, seeing potential in it as a mental tool for athletes struggling with adversity in sport. I wish that there had been more psychological resources and information available during my transition out of collegiate sport, as

I had a particularly difficult time. I hope that my research will provide some psychological resources for athletes so they do not have to experience the psychological hardship I went through when my varsity career came to an unexpected end.

Self-compassion

Self-compassion is a relatively new construct to the discipline of psychology that may be a promising tool to help athletes overcome adverse experiences (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Originating from Buddhism, self-compassion takes the external practice of compassion directed at others and turns it inwards toward the self. The external practice of compassion (i.e., compassion toward others) involves “being touched by the suffering of others, opening one’s awareness to others’ pain and not avoiding or disconnecting from it, so that feelings of kindness towards others and the desire to alleviate their suffering emerge” (Wispe, 1991, p. 68). Compassion toward others also involves “offering nonjudgmental understanding to those who fail or do wrong, so their actions and behaviours are seen in the context of shared human fallibility” (Neff, 2003a, p. 86-87).

In contrast, self-compassion is a form of compassion directed inwards towards the self. Self-compassion is a construct comprised of three main components, namely self-kindness, common humanity, and mindfulness (Neff, 2003a). Practicing *self-kindness* requires individuals to be kind to themselves, particularly in times of struggle or failure, instead of being harsh and self-critical. *Common humanity* encourages individuals to understand that they are not alone in their experience, and to embrace the innate imperfection of humanity. *Mindfulness* is the ability to be aware of one’s thoughts and feelings, keeping them in balanced awareness, and maintaining the understanding that the current painful state will pass. As Neff, Kirkpatrick, and Rude (2007)

argued, “self-compassion is most useful when viewed as a skill that people can develop to facilitate mental health” (p. 146).

Consistent with the practice of self-compassion, individuals are encouraged to keep instances of failure or suffering within perspective and to avoid negative self-thoughts or evaluations. However, the practice of self-compassion does not condone laziness, self-pity, or act as an excuse for failure (Neff, 2003a). Rather, if practiced properly, self-compassion encourages individuals to strive for their goals while working towards optimal psychological functioning. Leary, Tate, Adams, Allen, and Hancock (2007) suggested that individuals with high self-compassion are able to assume some level of responsibility when a negative life event occurs, without ruminating over the event, where as those low in self-compassion are not capable of the same processes. Additionally, Ferguson, Mack, Kowalski, and Sabiston (2014) found that self-compassion and eudaimonic well-being were highly correlated and both constructs were related to responsibility, initiative, and self-determination, furthering the idea that self-compassion does not foster complacent behaviours. Individuals can work towards optimal psychological functioning through the acceptance and understanding of themselves and their failures, as well as through the ability to evaluate themselves in a constructive manner.

Rationale for Study

Self-compassion has the potential to be a useful coping mechanism for athletes struggling with failure or adversity (Mosewich, Crocker, Kowalski, & DeLongis, 2013). Competitive athletes may experience different types of adversity during their pursuit towards success. Adversity can be defined as a phenomenon surrounding negative life experiences that is accompanied with adjustment issues (Luthar & Cicchetti, 2000). Experiences such as injury, setbacks, performance issues, and deselection may cause a negative range of physical, and

psychological, social, and emotional consequences (Brown & Potrac, 2009; Mosewich, Crocker, & Kowalski, 2014; Udry, Gould, Bridges, & Beck, 1997). There are a variety of reactions to adversity in sport, such as negative affective experiences including anger, frustration, and disappointment, as well as instances of depression, identity loss, self-criticism, self-blame, and rumination (Brewer, Van Raalte, & Linder, 1993; Mosewich et al., 2014; Udry et al., 1997). The practice of self-compassion may be a useful tool that can help athletes cope with a variety of adverse experiences, including those listed above (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Mosewich et al., 2013, 2014). By helping athletes learn be kind to themselves, encouraging a mindful awareness, and reminding athletes that they are not alone in their negative experience, athletes may be equipped with the tools to overcome their adversity more effectively.

Self-compassion has been found to be positively associated with variables that predict action oriented coping such as optimism, curiosity, exploration, and taking personal initiative (Neff et al., 2007). It has shown to be negatively associated with avoidance coping (Neff, Hsieh, & Dejitterat, 2005). That is, the mindfulness component of self-compassion requires a balanced perspective to gain understanding of one's emotions instead of avoiding, ignoring, or becoming too consumed with the emotional state caused by a negative event. Additionally, it has been found that self-compassion involves a certain amount of cognitive restructuring (Neff et al., 2005). Individuals who are higher in self-compassion are capable of interpreting adverse events less negatively as they can change their view of the situation to see it in a more positive manner (Allen & Leary, 2010; Leary et al., 2007). Inductions designed to increase self-compassion in participants through cognitive restructuring have demonstrated positive results, indicating that self-compassion is not only a useful aspect of coping, but that it can be a learned skill (Adams &

Leary, 2007; Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016b; Gilbert & Procter, 2006; Leary et al., 2007; Neff et al., 2007).

Research thus far has shown that actively practicing self-compassion can increase athletes' ability to cope during times of hardship, but we currently know little about how self-compassion is developed among individuals who are high in self-compassion (Marshall, Parker, Ciarrochi, Sahdra, Jackson, & Heaven, 2015; Mosewich et al., 2014; Neff, 2011; Reis, Kowalski, Ferguson, Sabiston, Sedgewick, & Crocker, 2015). This is an important aspect of self-compassion that needs to be explored, particularly if it has potential to be taught and learned as a mental skill for individuals facing adversity. This is supported by Reis et al. (2015) who stated that "understanding how self-compassion develops, and how it could best be developed among women athletes remains as an important focus for future research" (p. 24). If self-compassion is going to be developed and taught as a mental skill, it is essential that researchers have more insight into how the practice is learned.

Purpose and Research Questions

This study aims to gain an understanding of how female athletes have learned to be self-compassionate while experiencing adversity. *The overall purpose of this study was to investigate how female varsity athletes have developed self-compassion.* More specifically, the following research questions were addressed: (1) How did female varsity athletes with high self-compassion perceive they became self-compassionate? (2) How did these athletes approach adversity in a self-compassionate manner?

Chapter 2

Literature Review

Self-Compassion in Psychology Literature

Self-compassion is an effective tool that helps combat negative affect by encouraging personal growth and awareness during time of hardship instead of focusing on external evaluation from others, excessive self-criticism, and the overall negative experience (Neff, 2003a). It has been shown to help aid those suffering from depression and eating disorders, and can combat issues associated with low self-esteem (Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014; Leary et al., 2007; Marshall et al., 2015). The ability to be self-compassionate yields positive outcomes such as greater life satisfaction, personal initiative, happiness, optimism, and positive affect (Neff, 2009). In the following chapter, a variety of topics relating to self-compassion will be explored in detail. Specifically, the connection between self-compassion, body image, eating behaviours, every day experiences, mental health, youth populations, self-esteem, and sport psychology will be overviewed.

Self-Compassion, Body Image, and Eating Behaviours

Ferreira et al. (2014) examined the association between shame memories, self-compassion, self-judgement, and eating psychopathy using a mixed methods approach. Thirty-four participants who had been diagnosed with an eating disorder completed the Impact of Event Scale (Matos, Pinto-Gouveia, & Martins, 2011; Weiss & Marmar, 1997), the Centrality of Event Scale (Berntsen & Rubin, 2006; Matos, Pinto-Gouveia, & Gomes, 2010), and the Self-Compassion Scale (Neff, 2003b), in addition to participating in an Eating Disorder Examination Interview (Fairburn, Cooper, & O'Connor, 2008). Findings indicated that self-compassion had

an inverse relationship with overall levels of eating psychopathy, as well as both traumatic and centrality features of shame memory. Additionally, self-compassion worked as a moderator between the traumatic features of shame memory and the prediction of an eating psychopathy. Individuals who had low to moderate levels of traumatic/centrality of shame memory, and who scored high on the self-compassion scale, reported lower levels of eating psychopathy in comparison to those with medium to low scores on the self-compassion scale. Finally, when individuals reported high eating psychopathy, self-compassion was not an effective method to relieve some of the shame memory variables associated with eating psychopathy.

Self-compassion may also be an effective tool for reducing the dissatisfaction women feel about their bodies by teaching them how to be mindful of their suffering, be kind to themselves, and to reduce external comparisons. Breines, Toole, Tu, and Chen (2013) examined body dissatisfaction and eating behaviours in relation to self-compassion among college-aged females. Two studies were conducted that looked at the impact of body shame on eating habits, and if those negative effects could be moderated by self-compassion. In the first study, 95 female undergraduates aged 18-28 years completed a four-day online survey that was a mix of questionnaires designed to assess self-esteem and eating habits. This included an adapted version of the Self-Compassion Scale (Neff, 2003b; Raes, Pommier, Neff, & Van Gucht, 2011), a disordered eating behaviours scale that was modified from the original scale by Eisenberg and Neumark-Sztainer (2010), and two items measuring self-esteem that are similar to items on the Rosenberg Self-Esteem scale (Rosenberg, 1965). Results showed that when participants had days with higher levels of self-compassion they reported lower levels of disordered eating.

These results were further supported by the second study in this series, which looked at appearance related self-compassion and perceived body flaws (Breines et al., 2010). One

hundred and fifty-eight female undergraduates aged 18 to 42 years participated in this study. Participants sat alone in cubicles and answered questions to identify aspects of their body that they were unhappy with, and what experiences may have caused them to feel that way. Following their written responses, participants filled out a variety of questionnaires including a modified version of the 12-item Self-Compassion Scale (Neff, 2003b; Raes et al., 2011), a state version of the Body Shame subscale from the Objectified Body Consciousness scale (McKinley & Hyde, 1996) and disordered eating behaviours assessment adapted from Eisenberg and Neumark-Sztainer (2010). State self-esteem was assessed with a single item (Robins, Hendin, & Trziesmiewski, 2001). Finally, participants were given an opportunity to privately consume chocolate candies as a thank you for their participation while completing a neutral word search. Participants who consumed chocolate were then directed to a final questionnaire that investigated possible reasons for restrained eating.

Findings indicated self-compassion predicted lower body shame, lower anticipated disordered eating, lower weight gain concern as a reason for restrained eating, and lower self-punishment as a motive for restricted eating. Body shame mediated the relationship between self-compassion and anticipated disordered eating, also mediating the relationship between self-compassion and weight-gain concern motives for restrained eating. Together, these studies indicate the positive effect the practice of self-compassion can have on body image issues as well as eating disorders, both of which can be prevalent issues for athletes (Kong & Harris, 2014).

Albertson, Neff, and Dill-Shackleford (2014) conducted a three-week self-compassion meditation training program to determine the effectiveness of the practice in reducing body dissatisfaction. Female participants (aged 18-60 years) were divided into experimental ($n = 98$) and control groups ($n = 130$). Participants completed a variety of questionnaires including the

Body Shape Questionnaire (Cooper, Taylor, Cooper, & Fairbum, 1987), the body shame subscale from the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Body Appreciation Scale (Avalos, Tylka, & Wood-Barcalow, 2005), the Contingencies of Self-Worth Scale (Crocker, Luhtanen, Cooper, & Bouvrette, 2003) and the Self-Compassion Scale (Neff, 2003b). The experimental group received a three-week meditation course while the control group received no treatment. Findings indicated that the experimental group had higher self-compassion in comparison to the control. Specifically, the intervention group had a greater decrease in body dissatisfaction, body shame, and contingent self-worth, and an increase in body appreciation. Furthermore, a three month follow up with participants demonstrated that their results on the questionnaires were very similar to their initial post-test results, indicating that gains in self-compassion were relatively stable.

Self-Compassion and Life Experiences

Leary et al. (2007) conducted several studies examining how self-compassionate individuals deal with adverse events. The researchers sought to examine the processes that self-compassionate individuals use to deal with unpleasant life events. The first study examined participants' reactions to daily annoyances, and how self-compassion influenced these individual reactions. A total of 59 male and 58 female undergraduates aged 17-21 years completed the Self-Compassion Scale (Neff, 2003b) and a web-based questionnaire that instructed participants to recall the worst thing that had happened to them in the past four days. Participants completed this questionnaire four times, two of which were on events perceived as their fault, and the other two events that were perceived as not their fault. Findings indicated that self-compassionate individuals tried to be kinder toward themselves and were less hard on themselves than those

with low self-compassion. Self-compassion was also found to help keep the situation in perspective, with lower instances of negative emotions and a better ability to cope.

The second study had participants respond to hypothetical scenarios such as a poor mark on an exam, being responsible for a loss on an athletic team, or forgetting their part on stage causing the performance to stop. In this study 70 men and 53 women aged 18-22 years completed the Self-Compassion Scale (Neff, 2003b), Rosenberg's (1965) Self-Esteem Inventory, and the Narcissistic Personality Inventory (Raskin & Hall, 1979) before responding to scenarios. Findings indicated that self-compassion predicted reactions to all three scenarios. Specifically, self-compassion reflected thoughts that were less personalizing, catastrophizing, and had greater equanimity (i.e., composure and emotional stability). Self-compassion was also associated with less extreme emotional inclinations to hypothetical events.

In the third study Leary et al. (2007) examined how individuals with low and high self-compassion reacted to an unpleasant interpersonal event where they received positive or neutral feedback. For this study, 36 men and 30 women aged 18-22 years completed the Self-Compassion Scale (Neff, 2003b) and the Self-Esteem Inventory (Rosenberg, 1965) before participating in a mock video recording where they were instructed to talk about themselves. Participants received either positive or neutral feedback on their social skills and personal qualities, and then filled out a final questionnaire where they were assessed on their reaction to the feedback. Results determined that participants low in self-compassion and self-esteem accepted neutral feedback, but participants who were low in self-esteem but high in self-compassion questioned neutral feedback. Additionally, participants with low self-compassion and self-esteem reported the greatest negative affect in the neutral feedback condition. Negative affect decreased in severity as self-compassion increased, and individuals with the highest self-

compassion had the least negative affect. These results indicate that self-compassion seemed to moderate reactions to neutral feedback, and provides a buffer against the psychological impact of negative events.

Study four looked to determine if self-compassionate individuals are globally positive or if it is simply a reflection of them being self-compassionate towards themselves (Leary et al., 2007). A total of forty-eight males and fifty-four female participants aged 18-21 years completed the Self-Compassion Scale (Neff, 2003b) and were then videotaped making up a children's story. The stories were rated three times by the storytellers, as well as an individual high in self-compassion and an individual low in self-compassion. The videos were rated on the subject's appearance, how the individual rating the video felt watching the tape, and an overall evaluation of the children's story. Participants' reactions to their own performance differed based on self-compassion levels. Specifically, participants who were low in self-compassion evaluated answers and personal characteristics less favourably and felt worse watching the tape compared to participants high in self-compassion. Additionally, participants who were low in self-compassion did not rate themselves as highly relative to observers who also rated their performance. Interestingly, participants who were higher in self-compassion seemed to view themselves as others did. There was no evidence to suggest that participants who were higher in self-compassion rated other performances more positively, and self-compassion predicted positive affect only when participants watched their own tape. Therefore evidence suggests that self-compassion is distinct from general compassionate feelings towards others.

Finally, the purpose of study five was to examine how self-compassion moderated individual reactions to remembered life events, to determine if a self-compassionate perspective could be experimentally induced, and compared the effects of a self-compassion induction to the

effects of a self-esteem induction. Fifty-four male and sixty-one female participants aged 17-22 years participated in this study. Participants completed the Self-Compassion Scale (Neff, 2003b) and the Self-Esteem Inventory (Rosenberg, 1965), and then they were prompted to think, and write about, a negative event that they had experienced. They were then assigned into one of four conditions; self-compassion induction, self-esteem induction, writing control, and true control. For the self-compassion and self-esteem inductions, participants responded to three prompts designed to lead them to think about the event in either a self-compassionate manner or to engage their self-esteem to help evaluate the event.

Analysis revealed that the self-compassion induction was successful, with participants in that condition reporting the least amount of negative affect in comparison to the other three conditions. Participants in the self-compassion induction condition also reported that the event was more likely to be caused by the kind of individual that they were, allowing the participants to acknowledge and recognize that they make mistakes, but that this is a part of being human. Additionally, when compared to the self-esteem induction, those in the self-compassion condition believed they had more in common with other individuals, and believed their personality influenced the negative event (i.e., they could take responsibility for their involvement while recognizing that making mistakes is a shared human experience).

Self-Compassion and Mental Health

Diedrich et al. (2014) looked at the effectiveness of self-compassion in patients with major depressive disorder (MDD). Forty-eight participants aged 18 years and older who had a clinical diagnosis of MDD at the time of the study completed a computer program that assessed their initial mood, and then read a series of statements designed to induce an increased depressive state. Participants were then instructed to engage in a cognitive reappraisal exercise, a

current mood acceptance exercise, a self-compassion exercise, or a waiting condition. Findings demonstrated that self-compassion was just as effective as cognitive reappraisal and acceptance exercises in down-regulating depressed mood, with self-compassion being more effective than the waiting condition. This indicates that practicing self-compassion is associated with a decrease in negative affect, as well as a decrease in depression.

Lineker, Schröder, McLay, and McLellan (2016) conducted a qualitative research study using interpretive phenomenological analysis examining the effectiveness of compassionate mind training (CMT) on self-compassion development in service users. Six participants aged 21-50 with a clinical diagnosis of OCD, depression, anxiety, and bipolar affective disorder attended two, ten session, CMT programs. Participants then took part in a semi-structured interview that investigated their experiences with CMT. Four super-ordinate themes were generated from the results, including: Essential components of self-compassion, process of self-compassion development over time, group experiences, and negotiating change. Sub-ordinate themes further indicated that participants seemed to have developed self-compassionate practices through their CMT training. Specifically, self-compassion helped participants learn to be less self-critical, become more self-aware, be kinder to themselves, and to accept past experiences. This research provides further evidence that self-compassion can be learned, and may be a useful coping mechanism to have when suffering from a mental illness.

Self-Compassion and Youth Populations

Bluth et al. (2016a) conducted a study investigating if adolescents who were high in self-compassion coped better with an induced stressor than adolescents low in self-compassion. Seven males and twenty-two females aged 13-18 completed a variety of questionnaires including the Self-Compassion Scale (Neff, 2003b), Students Life Satisfaction Scale (SLSS; Huebner,

1991), Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), and the Spielberger State Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) before participants were brought in to a laboratory setting where researchers took baseline measures of blood pressure (BP) and heart rate (HR), cortisol levels, and heart rate variability (HRV). Participants then completed the Trier Social Stress Test (Kirschbaum, Pirke, & Hellhammer, 1993), which consisted of a ten-minute anticipation period and a test period in which participants had to deliver a speech and perform mental arithmetic calculations in front of an audience. BP, HR, and HRV was monitored during and after the stress test, and cortisol was measured again after the stress test. Findings indicated that individuals with high self-compassion self-reported less anxiety, stress, and negative affect, greater life satisfaction, and positive affect. Physiologically, participants with high self-compassion had lower systolic blood pressure reactivity in comparison to those with low self-compassion. These results are significant because they provide insight into the effectiveness of self-compassion as a tool to combat stress and adversity in an adolescent population.

Similarly, Bluth, Gaylord, Campo, Mullarkey, and Hobbs (2016b) conducted a pilot study to determine the effectiveness of a mindful self-compassion program designed for an adolescent population. Thirty-four participants aged 14-17, (26 female and 8 male), were divided into two cohorts (a treatment group and a waitlist control), and participated in a six week mindfulness intervention course: “Making friends with yourself: A Mindful Self-Compassion Program for Teens” (MFY). All participants completed a baseline survey before and after participating in the intervention. The survey measured mindfulness (Child and Adolescent Mindfulness Measure, Greco, Baer, & Smith, 2011), positive and negative affect (PANAS;

Watson et al. 1988), self-compassion (Self-Compassion Scale, short form, Raes et al. 2011), life satisfaction (Student's Life Satisfaction Scale, Huebner, 1991), perceived stress (Perceived Stress Scale, Cohen et al., 1983), anxiety (STAI; Spielberger et al., 1983), depression (Short Mood and Feelings Questionnaire, Angold, Costello, & Messer, 1995), and social connectedness (Social Connectedness Scale, Lee & Robbins, 1995).

Qualitative data was obtained through homework assignments and in class discussions, and provided insight into how participants received the intervention. Participant feedback indicated that the program was generally well received and participants found the concepts of self-compassion to be useful and applicable in their lives, particularly in moments of stress. Additionally, quantitative data indicated that participants in the treatment group had significantly higher scores in self-compassion and life satisfaction after completing the intervention in comparison to participants in the waitlist control group before they had received the intervention. Analysis also revealed that for both the treatment and control group an increase in self-compassion predicted an increase in life satisfaction, a decrease in anxiety and perceived stress, and mindfulness predicted a decrease in depression and anxiety. These findings are significant because they indicate the potential for a self-compassion intervention that is effective with an adolescent population.

Bayir (2016) also used a qualitative approach to examine barriers individuals may face in their attempts to practice self-compassion. Four participants (two males aged 25-35, and two females aged 25-35) were recruited using snowball sampling. They self-reported to be high in self-criticism and low in self-compassion. Semi-structured interviews were conducted and analyzed using interpretive phenomenological analysis. Findings revealed four themes: (1) a double-edged sword: Perfectionism, (2) the flaws of self-compassion, (3) the effects of a third

person, and (4) the advantages of self-criticism. A sub-theme in the effects of a third person included: Parental effect: “I am a failure for my father.” This sub-theme discussed how participant’s parents were influential in the adoption of their self-critical and perfectionist tendencies. Participants who had parents that were critical, verbally abusive, or had exceptionally high expectations impacted how they learned to treat themselves. This finding is indicative of the influence parents can have on how their children learn to treat themselves.

Research by Pepping, Davis, O’Donovan, and Pal (2015) indicated that self-compassion is a construct that may be related to an individual’s early childhood experiences and attachment style. Briefly, attachment defines the bond formed by an infant and their caregiver in the first few years of life (Pepping et al., 2015). Different attachment types are formed based on the care and attention the infant receives from their caregiver (Mikulincer & Shaver, 2007).

To investigate the connection between attachment styles and individual differences in the practice of self-compassion, Pepping et al. (2015) conducted two studies examining retrospective reports of parenting and experimental enhancement of attachment security. Study one sought to determine if retrospective reports of parenting would predict individual differences in self-compassion, and if these associations were mediated by attachment. Two hundred and forty-one females and eighty-eight males with an age range of 16-55 completed the Self-Compassion Scale (Neff, 2003b), a recollections of parenting measure (23-item short-Egna Minnen Beträffande Uppfostran (s-EMBU) by Arrindell et al., 1999), and the Experiences in Close Relationships Scale-Revised (Fraley, Waller, & Brennan, 2000). Findings indicated that parenting behaviours such as low warmth, high overprotection, and high rejection was associated with lower levels of self-compassion. Attachment anxiety was found to mediate the association between parental warmth, rejection, and overprotection on self-compassion.

The second study looked to examine if attempts to experimentally enhance attachment security through established attachment security priming methods would increase state self-compassion. Attachment security priming is a process where participants' mental representations of secure attachment figures are temporarily activated to increase feelings of security. Twenty-four females and eight males aged 17-56 years were assigned to an experimental or a control group. All participants completed the Self-Compassion Scale (Neff, 2003b) and the State Adult Attachment Measure (SAAM), (Gillath, Hart, Nofle, & Stockdale, 2009). Participants in the experimental group were asked to visualize a particular person and answered questions focused on feelings of security and compassion. Participants in the control condition completed one of four randomized interpersonal skills modules (with no specific focus). Findings indicated that the attachment security priming was effective, as both state attachment security and self-compassion increased in the experimental condition.

The work by Pepping et al. (2015) provides insight into how self-compassion development may be influenced in early childhood, and how the outcome may be (temporarily) influenced to increase self-compassion in individuals who have an avoidant or anxious attachment style. This research provides further evidence to the malleability of self-compassion development, as well as the potential importance of parental roles in fostering a self-compassionate practice. Pepping et al. (2015) stated that "...the overall quality of parenting received in childhood may be involved in the development of self-compassion" (p.114), which may have significant meaning for the current study.

Self-Compassion and Self-Esteem

It is important to distinguish self-compassion from self-esteem. Self-esteem is "an evaluation of our worthiness as individuals" and can be heavily impacted by the opinions of

others, whereas self-compassion encourages insight into the self to gain understanding and perspective on the shortcomings experienced (Neff, 2011, p.1). In lay terms, self-esteem is fuelled by the evaluations of others, whereas self-compassion encourages the individual to take an honest look at themselves, to better understand their thoughts, emotions, and behaviours.

Despite the self-esteem movements that have been popular in schools, research suggests that self-esteem levels are not very receptive to change (Mecca, Smelser, & Vasconcellos, 1989; Swann, 1997). Research by Alicke and Govorun (2005) on self-esteem indicates that many individuals consider themselves to be funnier, more logical, more popular, more attractive, kinder, more trustworthy, wiser, and smarter than others. There seems to be a need to feel superior in comparison to others to feel good about oneself, which may involve attempting to rise the self up while putting others down (Neff, 2011). Having high self-esteem is not necessarily negative, as those who possess high self-esteem experience more happiness, are more optimistic, and are more motivated, with less depression, anxiety, and negative mood in comparison to individuals with low self-esteem (Pyszczynski, Greenburg, Solomon, Arndt, & Schimel, 2004). However, those who possess a more egotistic type of self-esteem (in comparison to healthy self-esteem) may benefit from taking a more self-compassionate approach to failure (Neff, 2011).

Briefly, an egotistic type of self-esteem is an unstable type of self-esteem. Those who possess this type of self-esteem have a need to be viewed as better in different domains in comparison to others to fuel their self-worth. Due to the instable nature of this type of self-esteem, individuals are motivated to behave defensively in situations perceived as threatening (i.e., failure) to protect their self-worth (Kernis, 2005; Neff, 2011). Alternatively, individuals that possess a more stable form of self-esteem do not perceive experiences or performances as

threatening to their self-worth, and do not react defensively to failure (Neff, 2011; Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003).

Marshall et al. (2015) conducted a longitudinal investigation that examined self-compassion and self-esteem levels in 2,448 male and female adolescents (49.6% female and 50.40% male) in grades nine and ten (M age = 14.65 years, SD = 0.45 years). Participants completed the Rosenberg 10-Item Scale (Rosenberg, 1979) and the short-form Self-Compassion Scale (Raes et al., 2011) in grade nine, and completed the 12-item General Health Questionnaire (Goldberg et al., 1997) in both grades nine and ten. Participants who were low in self-compassion showed a stronger relation between self-esteem and mental health than those who had high self-compassion. Self-esteem had little influence on future mental health when participants had high self-compassion, but a combination of low self-compassion and low self-esteem predicted significant decreases in mental health. This research is indicative of the role self-compassion can have in assisting individuals with low self-esteem as a potential preventative direction to mitigate mental health issues. In learning more about how self-compassion is developed, this knowledge may provide valuable information that can help inform how self-compassion could be taught to help combat issues related to mental health.

Self-compassion research has found to have similar benefits to self-esteem without needing the external validation that fuels self-esteem (Neff, 2009). Though both constructs are sources of positive self-regard, self-compassion does not require the same self-inflation to feel good about oneself. Additionally, unlike self-esteem, self-compassion is useful in situations of adversity or failure by helping to “soften rather than reinforce ego-protective boundaries between self and others, bring the same sense of kind, caring concern towards ourselves that we more habitually apply to those closest to us” (Neff, 2011, p. 6). Therefore, self-compassion

would be useful for athletes as it offers a tool to help psychologically process and recover from an experience of failure or adversity.

Summary of Self-Compassion Research in Psychology

The research reviewed above demonstrates self-compassion has been associated with positive psychological functioning and reduced negative functioning, can help ameliorate the effects of a range of challenges, and that self-compassion interventions generally produce positive results. Hence, the balance of existing evidence suggests that self-compassion is an important psychological construct and there is a great deal of potential value in equipping individuals with the skills to become self-compassionate. However, there is a gap in the literature when it comes to understand *how individuals become self-compassionate*. Indeed, as Neff (2011) suggested, “an exciting new direction for research concerns how self-compassion might be developed and taught” (p. 9). The proposed research will address this suggestion by seeking to understand how self-compassion develops among female athletes.

Self-Compassion in Sport Psychology Literature

As athletics and identity often combine into one ‘athletic identity’, a sudden or unexpected disruption in participation could have negative consequences for the athlete, as prolonged participation in sport often defines a large aspect of who they are as an individual (Brewer et al., 1993). As such, many athletes can suffer a variety of negative affects following a sudden disruption or end to their athletic career including depression, anger, rumination, self-criticism, and self-blame (Brewer et al., 1993; Diedrich et al., 2014; Mosewich et al, 2014; Udry, et al., 1997). Recent research has begun to demonstrate that self-compassion may be a useful mechanism to help athletes cope with adverse experiences throughout their athletic careers.

Berry, Kowalski, Ferguson, and McHugh (2010) investigated how young, active women applied self-compassion toward their body image. Though participants in this study were not necessarily elite athletes, they discussed aspects of injury, social comparison, and negative body image as factors they learned to overcome to develop their body self-compassion. These adverse experiences are also very prevalent in elite sport, and gaining a broader understanding into what coping mechanisms are effective during these events will ultimately be beneficial for casual exercisers and elite athletes alike (Mosewich et al., 2014; Sherman & Thompson, 2001). Five female participants were purposefully selected based on their age (between 23-29 years), involvement in physical activity levels, and self-identification as having moved from being evaluative of their bodies to being more understanding and less judgemental of their bodies (which was used as a 'proxy' measure for high body self-compassion). Participants were interviewed individually and in a group setting, and findings indicated that they had been able to change their negative views of themselves by gaining a better appreciation of their body, learning how to take ownership of their body, and by disengaging in social comparison, instead seeking social support.

Although understanding the ways in which these participants became self-compassionate was not the focus of this study, Berry et al. (2010) noted that self-compassion was often developed within a supportive social network and through positive experiences with role models. Thus, they suggested that developing self-compassion is an individual process facilitated by interactions with others. This conclusion is supported by other research from general psychology literature, which has shown higher levels of self-compassion are associated with maternal support and positive family functioning (Neff & McGehee, 2010). Nonetheless, Berry et al. (2010) identified the need for additional research to examine how self-compassion may develop

across the lifespan, especially during adolescence. This proposed study builds on this work and is designed to add to the literature by identifying how female athletes (who score high levels of self-compassion) perceive they became self-compassionate.

Mosewich et al. (2011) investigated the impact self-compassion may have on self-conscious emotions such as shame and guilt, as well as evaluative thoughts and behaviours including body consciousness and fear of negative evaluation. Participants were 151 female athletes (M age = 15.1 years, SD = 1.2 years). Participants completed a questionnaire comprised of multiple measurements including self-compassion (Neff, 2003b), self-esteem (Rosenberg, 1965), self-conscious emotions (Tangney, Wagner, Gavlas, & Gramzow, 1991), social physique anxiety (Hart, Leary, & Rejeski, 1989), obligatory exercise (Pasman & Thompson, 1988), objectified body consciousness (McKinley & Hyde, 1996), fear of failure (Conroy, Willow, & Metzler, 2002), and fear of negative evaluation (Leary, 1983). Findings indicated that self-compassion was negatively related to shame proneness, guilt free shame proneness, social physique anxiety, objectified body consciousness, fear of failure, and fear of negative evaluation. Self-compassion was positively related to shame-free guilt proneness and authentic pride, both of which can be considered adaptive.

These findings (i.e., Mosewich et al., 2011) complement Berry and colleagues' (2010) work on self-compassion and body image evaluation by quantitatively demonstrating the positive association self-compassion has with adaptive emotional mechanisms related to personal body image. Furthermore, Mosewich and colleagues highlighted the need for future research to examine the role of self-compassion in sport specific situations and to examine "how best to foster a sense of self-compassion in young women athletes" (p. 120). The current study was

designed to help address these issues by seeking to understand how female athletes with high self-compassion became self-compassionate.

Moving beyond the self-compassion and body image literature, Mosewich et al. (2014) examined the experiences of injury and setback for five female high performance athletes in their early to mid-twenties to determine adaptive resources for coping with negative experiences in sport (i.e., injury, poor performance, and performance plateau). Athletes demonstrated effective coping mechanisms such as constructive thoughts and behaviours, were critical of themselves in pursuit of high achievement, attested to the importance of social support, and were continually striving for balance in thoughts, feelings, and behaviours. Though some of these strategies were adaptive, athletes reported elements of self-criticism and rumination that they felt limited the effectiveness of coping techniques. Self-compassion has potential to attenuate these concerns. For example, self-kindness may provide a buffer against the rumination and self-criticism, which would allow a more accurate evaluation of the self, providing the opportunity to restructure maladaptive thoughts, emotions, or behaviours (Mosewich et al., 2014). Common humanity would help athletes identify with others who have had a similar experience and to accept support, which was a concept identified by the athletes in the study as a key component of coping with setbacks. Finally, mindfulness may help athletes obtain the balance they discussed and desired. Athletes felt that balance would help them cope with issues such as injury and performance setbacks and the associated psychological hardships that accompany those issues. The research by Mosewich et al. (2014) therefore suggested that mindfulness may help individuals balance expectations and to set more appropriate standards, as well as facilitating better decision-making to promote a balance in health and performance.

Sutherland, Kowalski, Ferguson, Sabiston, Sedgewick, and Crocker (2014) also investigated adverse situations experienced by female athletes during their careers. Six female athletes aged 15-24 years participated in two semi-structured interviews and a reflexive photography assignment. Analysis revealed four main themes: (1) Broken bodies, wilted spirits. (2) Why couldn't it have been someone else? (3) I should have, I could have, I would have, and (4) Fall down seven, stand up eight. 'Broken bodies, wilted spirits' reflected the difficulties athletes expressed with the experience of injury and the challenges associated with recovery. The second theme ('why couldn't it have been someone else?') represented the athlete's thoughts of *why me?* Athletes reported feelings of isolation, as well as an emotional struggle that was difficult to overcome. The third theme ('I should have, I could have, I would have') demonstrated athletes' feelings of personal failure, shame, and personal blame. Participants discussed the idea that they should, or could have done something different to avoid the negative outcome. Finally, 'fall down seven, stand up eight' represented instances of perseverance despite the difficult experience. Participants were able to recognize and use their adverse experiences as an opportunity to learn and grow as athletes. Yet, while this study provided important insights into instances where the use of self-compassion would be beneficial, it did not reveal how athletes learned to be self-compassionate.

Other aspects of self-compassion were also noted within the results of the Sutherland et al. (2014) study. When participants recognized their injuries were out of their control, they were able to overcome some of the negative thought patterns they were experiencing. Additionally, when participants shared their experience with others they were embracing the common humanity aspect of self-compassion in recognizing that they were not alone in their struggles.

Some participants also had the ability to recognize when they were being too hard on themselves, leading them to become more mindful of the experience and adjusting their attitude.

Though every participant recognized that they had become aware of, and gained a better understanding toward, the challenges they had faced in sport, none considered themselves to be self-compassionate (Sutherland et al., 2014). This may have been due to an unwillingness to be associated with the language of self-compassion as athletes are traditionally thought of as ‘tough.’ It may also reflect an assumption that self-compassion leads to passivity. Whereas all participants agreed that self-compassion might be a beneficial tool for athletes to cope, some expressed reservations about becoming too complacent and settling for mediocrity. They were concerned that self-compassion may be a barrier to performance success, and that some level of self-criticism may be required to achieve optimal performance. These findings raise some questions as to the relevance of self-compassion in sport – or at least the terminology associated with self-compassion – and highlights the need for continued research on this issue with female athletes. It is crucial that researchers provide an in-depth explanation of self-compassion to avoid the assumption that it could encourage passivity or mediocrity.

To further the idea that self-compassion may be useful to athletes facing adversity, Reis et al. (2015) sought to determine if female athletes’ reactions to negative events in sport corresponded with self-compassion, and if the practice of self-compassion could be increased following a brief induction. For the first part of the study, researchers had 103 female participants aged 14-25 years complete multiple questionnaires that investigated individual levels of self-compassion (Neff, 2003b), self-esteem (Rosenberg, 1965), narcissism (Raskin & Hall, 1979), as well as recording responses to hypothetical scenarios, and participant responses after recalling a scenario of the worst thing that had happened to them in their sport during the past

year. Analysis revealed a significant relationship between self-compassion and self-esteem, self-esteem and narcissism, but a non-significant relationship between self-compassion and narcissism. Additionally, in both the hypothetical and recalled scenarios, self-compassion was positively correlated with thoughts and emotions related to practicing self-compassion, and negatively correlated with harmful, pessimistic thought patterns.

For the second part of this study, Reis et al. (2015) attempted to induce self-compassion in participants during a brief prompt response exercise. Fifty-nine participants from the first study were either assigned to a self-compassion, self-esteem, or a control group. Findings showed that initial self-compassion levels emerged as the only significant predictor of behavioural equanimity, personalizing thoughts, and negative affect. This study demonstrated further potential for the use of self-compassion as a tool that supports behavioural equanimity and personalizing thoughts, while trying to minimize negative affect. However, it appears that learning how to practice self-compassion may require more than a brief induction exercise.

Mosewich et al. (2013) were successful in increasing self-compassion levels in participants after the completion of a seven-day writing exercise and educational component. Female varsity athletes (M age = 20.28 years, SD = 2.25 years) who were identified as being self-critical were randomly assigned to a control (n = 22) or a self-compassion intervention group (n = 29). Participants completed a variety of questionnaires, including State Rumination (questions adapted from Puterman, DeLongis, & Pomaki, 2010), State Self-Criticism (based on a monitoring diary by Gilbert & Proctor, 2006), and Concern Over Mistakes subscale, which was taken from the Sport Multidimensional Perfectionism Scale-2 (Sport-MPS-2; Gotwals & Dunn, 2009). Findings demonstrated that those in the self-compassion experimental group had higher levels of self-compassion overall, with lower levels of state rumination, state self-criticism, and

concern over mistakes. Additionally, a one-month follow up showed stability in the acquired levels of self-compassion. These studies (i.e., Mosewich et al., 2013; Reis et al., 2015) show that self-compassion can be learned, yet little is known about how female athletes learn to be self-compassionate outside of the confines of experimental studies.

While the role of self-compassion in managing negative events and challenges has been a focus in the sport domain, so too has the contribution of self-compassion to well-being, human potential, and flourishing. Self-compassion has been investigated in relation to eudaimonic well-being (i.e., optimal development and psychological growth). Ferguson et al. (2014) conducted a mixed methods study comparing self-compassion with eudaimonic well-being with 83 female athletes between the ages of 16-25 years old. In the first part of the study, participants completed a variety of measures including the Self-Compassion Scale (Neff, 2003b), the Scales of Psychological Well-Being (SPWB; Ryff & Keyes, 1995), the Cognitive-Behavioural Avoidance Scale (CBAS; Ottenbreit & Dobson, 2004), the Personal Responsibility Questionnaire (PRQ; Mergler, Spencer, & Patton, 2007), the Personal Growth Initiative Scale (PGIS; Robitschek, 1998), and the Self-Determination Scale (SDS; Sheldon & Deci, 1996). Findings from the first part of the study showed that self-compassion and eudemonic well-being were highly correlated, with both constructs positively related to responsibility, initiative, and self-determination. Qualitative interviews were then conducted with eleven female athletes in individual semi-structured interviews and small focus group discussions. Participants demonstrated that they believed aspects of positivity, perseverance, and responsibility could be positively influenced by the practice of self-compassion, encouraging eudaimonic well-being by enabling the pursuit of their best self.

Similarly, Ferguson et al. (2015) conducted a study that examined the relationship between self-compassion and emotionally difficult sporting experiences and their relation to eudemonic well-being. One hundred and thirty seven female participants (aged 16-25) who had participated in sport in the past year completed a variety of questionnaires examining constructs including self-compassion, eudemonic well-being, autonomy, environmental mastery, personal growth, positive relatedness, purpose in life, and self-acceptance (Avalos et al., 2005; Bostic, McGartland, & Hood, 2000; Gilbert, McEwan, Matos, & Riveris, 2011; Huta & Ryan, 2010; Lindwall, Asci, & Hagger, 2011; Neff, 2003b; Ng, Lonsdale, & Hodge, 2011; Ryff & Keys, 1995) before responding to hypothetical scenarios that were designed to be emotionally difficult and sport specific. Participants rated their responses to the hypothetical scenarios by choosing answers that were designed using specific constructs (i.e., positivity, perseverance, responsibility, rumination, passivity, and self-criticism). Findings indicated that, in young women athletes, increased self-compassion was associated with increased autonomy, greater meaning and enjoyment in sport, and increased body appreciation. Additionally, self-compassionate athletes have more positive reactions to adverse situations in sport (are more positive, perseverant, and responsible). Finally, self-compassionate athletes do not have as many negative reactions to adversity (ruminative, passive, and self-critical).

Summary of Research in Sport Psychology

In summary, previous research in the sporting domain suggests that self-compassion is an important resource for dealing with emotionally difficult setbacks in sport such as poor performance, injury, and performance plateau (Mosewich et al., 2014). Findings suggest that it has a negative association with maladaptive emotions (Mosewich et al., 2011), and that it can be increased through the participation in education and writing exercises, self-compassion

inductions (as long as they are not too brief), or through positive interaction with others (Berry et al., 2010; Mosewich et al., 2013; Reis et al., 2015). However, researchers have also highlighted that further study of sport specific examples of self-compassion are required (e.g., Mosewich et al., 2011) and the need to study how athletes learn to become self-compassionate is recommended to further understand the potential of this construct (Mosewich et al., 2011; Reis et al., 2015). More specifically, there remains a need to understand more about how self-compassion develops among female athletes (Reis et al., 2015). To reiterate, ***the overall purpose of this study was to investigate how female varsity athletes have developed self-compassion.*** More specifically, the following research questions were addressed: (1) How did female varsity athletes with high self-compassion perceive they became self-compassionate? (2) How did these athletes approach adversity in a self-compassionate manner?

Chapter 3

Method

Methodology

Interpretive phenomenological analysis (IPA) was used in this study. It is an appropriate methodological selection when the purpose of a study involves gaining insights into participants' subjective experiences and understanding how they processed and understood events (Smith & Osborn, 2003; Smith et al., 2009). IPA includes aspects of hermeneutics and ideography within its philosophical approach. At the most basic level, hermeneutics is a theory of interpretation. As Smith and Osborn (2003) discussed, IPA often involves 'double hermeneutics', where participants are attempting to make sense of their experience, and the researcher is attempting to make sense of the participants making sense of their experience. Additionally, IPA engages the concept of ideography. Ideography is a method that focuses on particular details within a case or event, as opposed to looking at an event or group as a whole (Smith et al., 2009). Thus, when using IPA methodology, the researcher begins with the individual before looking for similarities across individuals.

The interpretive paradigm was the philosophical perspective used in the current research (Mayan, 2009). Epistemologically, this research was concerned with the subjective experience in which each participant developed a practice of self-compassion, with the research interest focusing on understanding and interpretation. Although it is a subjective experience for each athlete, it is likely that there are shared commonalities within the experience. Ontologically, it was based on the assumption that individuals hold unique perceptions of their social reality, but there are some shared perceptions that can be identified via analysis. The analytic strategies used in this study involved the identification of these shared perceptions.

Participation Recruitment

Female athletes were recruited from the University of Alberta female varsity sport teams. Upon approval from the athletic director, coaches of the female soccer, volleyball, ice hockey, rugby, tennis, wrestling, basketball, and swimming teams were e-mailed and asked for their permission to contact athletes on their teams (see recruitment e-mail to coaches, Appendix A). With the coaches' permission, I arranged a time to meet with the teams. I provided an information letter (Appendix B) overview of the study and invited those athletes who wished to participate to complete the consent form (Appendix C) and the Self-Compassion Scale (Appendix D). After calculating self-compassion scores, 10 athletes who reported high self-compassion scores were e-mailed and invited to participate in the interviews. Three athletes did not respond, so a further three athletes were e-mailed and invited to participate. Participants who were not invited to participate in the interviews received a brief e-mail summary of their results. The summary of results included a breakdown of their scores on the Self-Compassion Scale, as well as a brief explanation of self-compassion and the constructs measured by the questionnaire, and reassurance that their lower scores were not a cause for concern.

Purposeful Sampling

Participants were purposefully sampled. Purposeful sampling involves recruiting participants who can provide the 'best' and 'most' information to address the purpose of a study (Mayan, 2009). This study required a purposeful sample of athletes who were highly self-compassionate. To obtain this sample, 114 current female varsity athletes from the University of Alberta were surveyed using the Self-Compassion Scale (Neff, 2003b) and 10 participants who reported high self-compassion scores were purposefully sampled and invited in for an initial interview as well as a follow up interview. Sampling individuals based on their scores on the

Self-Compassion Scale helped ensure participants actually experience self-compassion, overcoming recruitment challenges associated with previous qualitative studies. That is, in several previous qualitative studies of self-compassion (e.g., Berry et al., 2010; Mosewich et al., 2011; Reis et al., 2015) the researchers did not directly identify individuals who were high in self-compassion.

The sample size for the interviews (i.e., 10 participants) is consistent with guidelines provided by Smith and colleagues (2009), who suggested that between four and ten participants is typically sufficient for IPA research. The sample is larger than previous self-compassion studies in sport, which have typically included five to six participants (Mosewich et al., 2014; Sutherland et al., 2014). Hence, the sample of 10 participants (interviewed on two occasions excluding one participant who was only available for the first interview) provided a large amount of information, which helped establish adequate data saturation.

Participant Demographics

A total of 114 athletes aged 18 or older completed the Self-Compassion Scale (Neff, 2003b). Participants were varsity athletes from tennis ($n = 8$), wrestling ($n = 8$), rugby ($n = 26$), basketball ($n = 14$), soccer ($n = 21$), hockey ($n = 17$), swimming ($n = 5$), and volleyball ($n = 15$). After calculating the results of the Self-Compassion Scale (see Table 1 for a score breakdown), 10 athletes with high self-compassion scores were interviewed. Interview participants aged 18-23 years and participated in the sports of tennis ($n = 1$), rugby ($n = 1$), basketball ($n = 1$), soccer ($n = 3$), hockey ($n = 1$), swimming ($n = 1$), and volleyball ($n = 2$). Two athletes were in their first year of eligibility, three athletes were in their second year of eligibility, two athletes were in their third year of eligibility, and three athletes were in their fourth year of eligibility.

Self-compassion Scale Results

The Self-Compassion Scale is a 26-item measure that has items scored on a Likert scale (ranging from 1-5). Items can be scored to yield a composite (overall mean) self-compassion score, which was used to identify potential participants for the interviews. The composite score is comprised of six subscales. There are five questions that measure self-kindness, five questions that measure self-judgement, and four questions each for common humanity, isolation, mindfulness, and over-identification. Self-judgement, isolation, and over-identification are reversed scored. To obtain a score for each subscale (i.e., self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification) the questions that apply to each construct are added and a score is obtained by calculating the mean. The composite self-compassion score is calculated by adding up the mean of each subscale (i.e., add the mean score of self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification) and dividing that total by six. Cronbach's Alpha revealed that the internal consistency of each of the six subscales of the Self-Compassion Scale ranged from 0.66 to 0.80 (see Table 1 for details). The composite SCS score, which was used to select the participants for the interviews, had an internal consistency of 0.89 (see Table 1), which is comparable to results with another sample of female athletes reported by Mosewich et al. (2011; $\alpha = .87$).

The composite self-compassion score for all 114 participants who completed the Self-Compassion Scale in the current study was 3.09 ($SD = 0.53$) out of a maximum score of five (see Table 1). The mean score for the current sample was similar to results of other studies that have used the Self-Compassion Scale with female athletes. For example, the mean self-compassion score reported by female athletes in Mosewich et al.'s (2013) study was 3.11 ($SD = 1.01$) and the mean self-compassion score reported by female athletes in Mosewich et al.'s (2011) study was

2.97 ($SD = 0.52$). Individuals with scores equal to or greater than 3.5 (with a maximum score of 5) are considered to be high in self-compassion (Neff, 2003b). Twenty-nine athletes had a score that was equal or greater than 3.5. Initially the 10 participants with the highest self-compassion scores were invited (via e-mail) to participate in the interviews. However, three participants did not respond to repeated e-mail invitations. As such, the next three highest scoring athletes were invited to participate in the qualitative part of this study. The overall mean self-compassion score for the 10 interviewed participants was 3.95 ($SD = 0.19$), with a range of 3.73 to 4.23.

Data Collection

Interviews were conducted in the Child and Adolescent Sport and Activity lab at the University of Alberta. The initial interviews lasted between 25 and 90 minutes (M length of interview = 45.39 minutes, $SD = 14.24$). Questions for the initial version of the interview guide were developed based on those used in previous studies and findings of previous research (e.g., Mosewich et al., 2014; Sutherland et al., 2014). One pilot interview was conducted with a female athlete in the Child and Adolescent Sport Activity Lab to ensure the interview guide was effective at investigating how self-compassion is developed. Small changes (e.g., question wording and clarity) and the final interview guide is presented in Appendix E.

The interview guide was based on the IPA literature (Smith & Osborn, 2003; Smith et al., 2009) that has been used in previous studies (e.g., deBeaudrap, 2015). The interview guide began with an introduction (i.e., information about the study and instructions for participants), demographic questions, and warm-up questions to help put participant at ease in the interview setting. Main questions then focused on adverse experiences in sport. During the latter part of the interview self-compassion was introduced as a construct (note that participants had not been

informed prior to this point that this was a study of self-compassion to avoid unduly leading their responses).

Participants were then informed that they had high self-compassion according to the Self-Compassion Scale (Neff, 2003b) and were given a breakdown of their scores. Questions then investigated self-compassion development from the participants' perspective, and how they use self-compassion as a coping mechanism when they experience adversity in sport. Finally, there were four closing questions that gave participants an opportunity to add any additional information they wanted to share or felt was relevant.

Member-checking Interview

Approximately three weeks after the initial interview, participants were contacted to arrange a 30-minute follow-up (member-checking) interview (M length of interview = 15.22, SD = 3.54). In this interview initial findings from the first set of interviews were discussed, and it provided an opportunity to ensure findings drawn from the initial interviews accurately represented the participants' experiences. Participants were given an opportunity to clarify their experience and add any additional information about their experiences with self-compassion. The member-checking interviews therefore helped confirm the accuracy of the analyses and provided an additional opportunity to gain further insight into the development of self-compassion in female varsity athletes. There was no formal interview guide for the member-checking interview because questions were based on the participants' responses during their first interview along with the results from the initial analysis. Additionally, questions designed to elucidate further information about any key issues or themes were posed in an attempt to draw as much information from the participants as possible to inform this study. The member-checking

interview also allowed the main investigator to clarify any questions about participant's experiences that were discussed in the main interview.

Data Analysis

IPA recommends continual immersion in the data as it is being collected (Smith et al., 2009). This allows the researcher to become familiar with the data and begin to identify any reoccurring themes. Hence, analysis began once the first dataset was collected and continued throughout the data collection procedure. Both the main and follow up interviews were transcribed verbatim, which produced 191 pages (77,031 words) of typed data. Information that personally identified the participant was removed from the transcripts to maintain participant confidentiality. To ensure appropriate security and confidentiality all electronic data was kept in a locked office on a password protected computer, and all hard copy data was kept in the same office in a locked drawer. Only those involved in the current research (the main investigator and the supervisor) had access to the transcripts.

Data analysis procedures in IPA involve a series of steps designed to identify themes, beginning with a focus on the individual before moving to establishing themes that represent shared perceptions across individuals (Smith et al., 2009). First, I became familiar with the data by reading and re-reading the transcript several times. This allowed me to begin to understand the participant's views on a particular subject and to make notes on anything of particular relevance or significance. I then went on to identify any emerging themes in the data that accurately represented the experience the participant discussed. Upon the identification of relevant themes, I looked to make connections between established themes, to gain a better understanding of how the different themes may fit together. This process was then repeated for each transcript. Once all the transcripts were individually analyzed, the final step was to bring

them all together and identify themes that emerge in multiple transcripts. This analytic process was replicated for the data collected via the member-checking interviews. The themes that are most common (i.e., shared) are presented as the results. Themes were then organized into two main sections to address the two research questions that pertained to development of self-compassion and use of self-compassion to cope with adversity in sport.

Methodological Rigor

Several steps, consistent with IPA, were undertaken to ensure the investigative process was exhaustive. As a researcher it is important to be able to change or accommodate modifications if a particular part of the proposed research (method, research question, or sampling) are not a good fit for the data that is emerging, or are obstructing the researcher from proceeding with their proposed research. This demonstrates that researchers are accommodating the way their research is leading them, instead of attempting to force the path of inquiry down a predetermined route (Mayan, 2009). I was conscious of this as I conducted my interviews and analyzed my findings, and did not find any methodological conflicts. Additionally, the first interview guide was piloted, with some minor changes made before the guide was used with participants.

As discussed earlier, data was collected and analyzed concurrently, to ensure constant involvement with different aspects of the topic being researched. During this time I was careful to think theoretically, considering multiple perspectives and I did my best to avoid making assumptions, or attempting to see only what I want to see in the data (Mayan, 2009). I presented my initial findings to my supervisor and colleagues to garner feedback on my results. Member-checking interviews were conducted to obtain feedback from the participants on the analysis and to gain additional information to further saturate the data. Finally, I documented my research

process and record thoughts and insights I had about the process in a reflexive journal. I also documented decisions and reasons for why decisions were made. This is resourceful for anyone wanting to look back at the process or to see how each step was done. Combined, these steps contribute incrementally to increasing the methodological rigor of a study (Mayan, 2009).

Chapter 4

RESULTS

The results are presented based on the two research questions. First, the developmental process of self-compassion in female varsity athletes is described. Second, results pertaining to how participants used self-compassion to cope with adversity in sport are presented.

Development of Self-Compassion

Role of Parents

Participants reported that their parents were (and continued to be) important for the development of self-compassion. This was captured succinctly by Laura, a soccer player, who said: “I think it all started with my parents being super loving and supporting and basically making me love myself or just being self-compassionate. Yeah, it all started with them” (first interview). Parents taught participants various skills that reflect the notion of self-compassion, including participants seeking and receiving help from parents, as well as parents teaching participants to be kind to themselves, and to put experiences in perspective.

Seeking and receiving help from parents. Parents provided emotional support (i.e., listening, comforting), which helped participants develop self-compassion. This supportive environment reflected common humanity, one of the main components of self-compassion. Those who practice common humanity have the ability to recognize that they are not alone in their adversity, and are capable of seeking out and accepting help instead of isolating themselves.

For instance, in terms of *seeking help*, Jane (a tennis player) talked about how her parents were always available for her. She said:

My parents were always really receptive with it so I'd always [ask] them for help with things...my parents have always been like 'if you're stressed if you need anything just, you can talk to us'. And so I've always been like that (first interview).

As Jane's quote suggests, she was also receptive to *receiving help* from her parents. Brynlee, a soccer player, had a similar experience with her mother. She explained: "... my mom, if I am upset about something that happened in the game or something I'll talk to her because she'll let me vent and stuff..." (second interview). Kyra, a swimmer discussed how she could always talk to her dad if she was struggling through something:

[I talked] a lot of my dad because he was always the one that I would go talk to if, you know, if I wasn't feeling well. I think even a couple years ago I was sick one year... and so the meet right before I was sick I was swimming just really, really bad, and so I called him, I think like he always helped me work through those things... (second interview).

Finally, the ways in which parents provided support seemed to be important. Jessie (a hockey player) explained how her parents provided support after games:

Oh well they're, they're unbelievable. They watch all my games and everything and so they know when I'm going to be upset about certain things, and they kind of, they don't try to just force them upon, they don't try to just cover me up but they just chat with me slowly, and they wait for me to talk about it, and [they are]

awesome. That's when they always remind me it's just a game and you don't need to worry about it too much (second interview).

As these quotes reflect, parents created an environment for their children where they recognized their common humanity through seeking and receiving support, instead of isolating themselves in difficult moments.

Teaching self-kindness. Participants explained that their parents taught them about engaging in positive self-talk, which reflects self-kindness. For example, Mariah, a soccer player, explained that her father helped her to understand the importance of being kind to herself (through self-talk). She explained that "... my dad [was] the one to tell me, 'OK, you need to think of this in a positive way instead of being so hard on yourself.' So that's when I started being more positive about everything really." As the quote from Mariah suggests, the participants in this study were not necessarily predisposed to practice self-compassion (reflected by self-talk in this example) when they were young. Rather, it was something they learned and were guided by their parents to do. For instance, Jane discussed how when she was younger she struggled with harsh self-criticism. She explained how her parents helped her to change her thought patterns during car rides after competitions. Her parents would tell her:

... 'you know, don't be so hard on yourself. Why are you freaking out? You played amazing.' Anytime I picked myself apart as a kid or when I was playing sports or any of that, my mom [said] 'don't do that, it's dumb, you're only going to make yourself worse and you're going to make yourself feel bad, don't do that, stop doing that.' They [parents] just made sure that I was always kind to myself. They stressed on that when I was little and growing up and even now. They

always stress, ‘don’t be so hard on yourself, be nice to yourself, you deserve more than what you’re saying’ (first interview).

Putting experiences into perspective. In addition to encouraging self-kindness through positive self-talk, parents taught participants skills that reflected mindfulness by encouraging them to take a broader perspective, particularly in instances of adversity. Stella, a volleyball player, talked about how her parents helped her keep perspective as she recovered from an injury. She said: “My parents, they always like to put things in perspective and would remind me, ‘it’s only your first practice back’, or stuff like that” (first interview). Brynlee mentioned how keeping perspective helped her with her self-criticism when she said: “I think I’m always the hardest on myself out of everyone but my dad has drilled that one in keep it in perspective type thing” (first interview). Kyra also talked about how her family taught her to keep perspective and not get too caught up in failure, she said:

... a lot of it was my family I think and the way that they taught me how to react after something bad happens or how to deal with yeah something that didn’t go the way you wanted it to they just always told me ‘it’s okay’ instead of ‘oh you have to do this and you have to do well at this’ ... (second interview).

Learning from Experience

Participants also learned self-compassionate practices by reflecting upon previous adverse experiences to understand and learn from their own experiences, through the observation of others’ experiences, and through their experiences with coaches and sport psychologists.

Gaining self-awareness. By reflecting on their past experiences, participants gained self-awareness (another important aspect of mindfulness, and ultimately self-compassion). This was exemplified by Paige who said:

...I know that I've had to deal with a lot of stuff over, however many years I've played, and I've learned that not being self-compassionate is not a good thing.

Because I've had experiences where I wasn't [self-compassionate], and so now just valuing how important it is to stay positive just so you can still have passion for the sport... (first interview).

When asked to expand upon this during her second interview, Paige went on to say '...well you just learn from your mistakes, if you know something went well, then you are going to want to do that again, and if you know something was bad, you don't want to do that again...' (second interview).

Similarly, Taylor, a rugby player, explained how learning from experiences in sport helped her gain more perspective and develop better coping skills. She said:

I think I did develop them probably through being successful and unsuccessful in sport. So obviously the more successful times were more fun, but the unsuccessful times I have learned a lot more from. So I do understand a lot more now with coaching decisions, and how different coaches act, and different teammates, and myself, I have just learned a lot more about myself too. So now that I'm 23 versus when I was younger, I am able to cope with things a lot better, I find I'm able to leave things off, I'm able to get them out of my game, and I'm able just to play now (first interview).

Through her different sporting experiences, Taylor has learned not to over-identify (which is the opposite of mindfulness) with adversity but to push it out of her game, applying a broader perspective to her environment. Jessie also discussed how her self-awareness helped her realize the negative impact over-identification had on her and how she learned to deal with that:

I think it was when I was pretty young, I knew when I would think too much about things I would just be off, and I couldn't really bring myself back fast, so I just started not thinking about things too deeply. So that helped a lot (first interview).

Jessie elaborated on this process in the second interview when she said:

... I just learnt how I felt cause I hate feeling, nobody likes to feel bad or sad, and so I know that when I just become aware of what I feel, and what I feel at certain times, I was able to kind of create an atmosphere for myself that would make me feel the happiest, or the best (second interview).

Hence, having the ability to reflect upon, and learn from their experiences allowed athletes to adopt a more self-compassionate practice in response to adversity in sport.

Learning through observing others. Participants also observed the behaviour of their teammates and siblings to see how they coped with adversity, which reflected aspects of common humanity (i.e., their ability to relate to others and understand that they are not alone in their experiences). Mariah explained she would watch "...teammates go through similar things, and then being like 'OK, what did they do to change it, and what can I do?'" (First interview). Jessie discussed what she learned from observing her older brother, and how he dealt with the challenges he faced in sport. She said:

Well my brother, he used to play hockey through his whole life and he broke a lotta of bones and all the time, every year he'd break a bone or something and he would never come back and be sad about anything. He would just move on, get better and then go back out. So I just learned to just move on (first interview).

This example suggests that Jessie's brother modelled mindfulness by being able to have perspective on his injury and not over-identifying with it, and self-kindness by not acting overly harsh or judgemental towards himself because he was injured. By paying attention to how her brother handled adversity, Jessie was able to see that being human is a shared experience, and that she is not alone in her experiences of adversity in sport.

The participants' ability to learn from experiences encouraged positive change and self-awareness, which helped foster a more self-compassionate practice. Participants increased self-kindness by acquiring effective coping skills, learned from the individuals around them, evoking their common humanity, and evaluated their experiences with a mindful perspective.

Positive feedback and support from coaches. Coaches helped foster aspects of self-compassion development by providing positive feedback and supporting athletes through adversity. For example, Stella worked with a one-on-one mentor coach. Stella explained her coach encouraged her not to focus on negative ideas. She said:

... say you're having a bad passing day, you don't say 'oh I'm a bad passer' but you know you're a good passer, you can do this and then you just have to know that you have the confidence, and skill wise she [coach] would give me a few pointers as well (first interview).

Here, Stella's mentor coach encouraged positive self-talk instead of over-identifying and judging herself harshly (self-kindness), and taught her to have a broader perspective on her situation (mindfulness). Jane also had a coach that helped her focus on the positives of her performance, fostering self-kindness and mindfulness instead of harsh self-judgment and over-identification:

... and I remember I had one tennis coach that said, 'I don't care if you win and played bad, you still won, but if you lost and you played well, you still lost.'

That's how that goes, right... You just need to fight and I think that was the biggest thing that helped me was, you know, you don't need to play like Serena Williams every single time. That's not something you need to do, if you don't play so well one day but you still won, it's still a win, and even if you lost and you played well, well you still played well. I think doing that, and talking through it too, like 'OK, I did this really well. Like this is what I did well, this is what I did bad, this is what maybe needs more improvement and this area just, this was great, like I'm really proud of myself for doing this.' (first interview).

Kyra, had a similar experience with her coaches, and she explained that: "...coaches helped a lot specifically to sport, when things don't go well usually [the] coaches that I had were really good at saying like 'hey it's okay' and making you see the positives in some of the situations" (second interview). Hence, by reassuring their athletes after a bad performance, coaches helped steer their athletes away from engaging in harsh self-criticism. By teaching their athletes to look for the positives, coaches encouraged athletes to take a broader perspective, which helped them engage in a more mindful practice. Additionally, when coaches reminded their athletes that they were not alone they fostered common humanity rather than isolation.

Working with sport psychologists. Six athletes worked with sport psychologists at some point during their careers. Sport psychologists taught these participants about positive self-talk, which appeared to contribute to the development of self-compassion (i.e., mindfulness and self-kindness). Laura specified how mental sessions helped her with negative self-talk:

Again, when I was dealing with all this negative self-talk, we had mental training sessions and that was really eye opening for how you could self-talk or face

adversity in sport... it's hard not to realize how adversity can be faced in a more positive way (first interview).

In teaching positive self-talk, the sport psychologist perhaps indirectly taught Laura how to implement self-kindness into her practice (rather than being harsh and judgemental after a mistake). In addition to self-talk, both Kirsten (a basketball athlete) and Stella discussed how the sport psychology sessions were effective in teaching mindfulness. When asked how they learned to become more mindful of their thoughts, they said: "Probably mindfulness through sports psych sessions..." (Kirsten, first interview), and "The mindfulness, from different team psychs..." (Stella, first interview).

Finally, Paige discussed how the sport psychology skills helped when applied to a game setting:

... also just through sports psych, and mental game sessions. 'Cause I've had a good number of those during the summer and stuff, during [provincial team]. So yeah, you would think 'oh this is boring, it's everything we've already heard, [have] positive thoughts,' but when you actually apply in the game it's amazing how much it actually helps. And then when you have those experiences in the past where you didn't do those and then versus when you did do them, you're like 'wow, look at the difference' (first interview).

Use of Self-Compassion to Cope with Adversity in Sport

The second part of the results focuses on how athletes used the components of self-compassion (mindfulness, common humanity, and self-kindness) to cope with adversity in sport. All ten participants discussed experiencing adversity in their athletic careers. Instances of adversity included: injury, getting benched, negative interactions with coaches and teammates,

balancing commitments, getting cut, and tough losses, in addition to smaller, more frequent stressors such as missing a play, having a bad game, and using negative self-talk.

Self-Kindness

Practicing self-kindness requires individuals to be kind to themselves, particularly in times of struggle or failure, instead of being harsh and self-critical. Since athletes are able to approach an experience using a broader perspective while understanding that they are not alone in their adverse experiences, athletes have the ability to be kind to themselves during instances of adversity instead of being self-critical and harshly judgmental. The two most common sub-themes included participants' ability to be kind to themselves by taking care of themselves, and reacting to adversity with self-kindness.

Taking care of themselves. Participants spoke about taking time to take care of themselves, particularly when they realized that they were stressed out or struggling to cope with adversity. Taylor discussed how she mentally disconnects from her sport when she begins to negative self-talk or over-identify with negative experiences:

But I am someone that tries to realize when I am doing that [using negative self-talk], and I try not to do it. So if I'm thinking about my sports too much I'll try to do something else, I'll try to focus more on my school, or go to a movie or just, I don't know, try to relax more... I try to just take care of myself, and I try to eat good, and I try to just keep doing everything well. I try to take care of myself and realize that I need to be more positive to myself and that it helps (first interview).

Laura also spoke of how she tries to take care of herself, both inside sport and outside of sport:

Mostly with injuries such as my concussion. When I came back the first time, got hit again, it's like 'OK, I really need to regress right now and think about myself and really focus on my mind, settling it down, getting past every step in the return to play test or process'. Every week I do yoga too because I recognize that I get super stressed out during school and now that the soccer season's done, it's not as stressful but just paying attention to the little things, whatever my emotions may be or if my body's not feeling right, just taking care of it (first interview).

Both Mariah and Brynlee spoke about feeling proud or excited for themselves after they accomplished something exciting in their sport. Mariah explained: "...when I scored some goals this season, which I was super happy about, and actually very proud of myself 'cause I had actually started the season off pretty poorly and then I actually totally flipped it around..." (first interview). Brynlee discussed how she celebrated her accomplishments: "...when I do something right or making the team, being excited for myself..." (first interview). These athletes are being kind to themselves by recognizing and celebrating their accomplishments. Finally, Taylor summarized the impact of self-kindness and the importance of taking time to take care of yourself when she said:

Yes, I think self-compassion is really good because you have to help yourself out when you're not doing well, and you have to be nice to yourself and take care of yourself first I think, and if you don't take care of yourself, you're not gonna reach your potential and you're not gonna have a good time, so self-compassion's really important (first interview).

Overcoming adversity with self-kindness. Self-kindness has a broad range of behaviours, and participants discussed different ways that they were kind to themselves when

faced with a mistake or adverse experience. Athletes used positive self-talk and refrained from self-criticism or judgement when reacting to adversity. For example, when Taylor was faced with criticism from her coach, she looked at the situation from a more realistic perspective, and used positive self-talk instead of harsh self-criticism and judgement. She explained the situation:

Self-kindness, it was probably the time when my coach was telling me all my different tendencies and everything like that, and instead of getting really mad and negative, I tried to take as more of a positive thing and think that ‘oh I’m already good at these’, and ‘I know I can do these too’, ‘but maybe I just have to work on them better, but I can do that, and I’m capable of doing that’. So just not being hard on myself, and back to the volleyball, the time too when I wasn’t playin’, it wasn’t in my control. So I just had to be nice to myself or else I was just gonna hate every moment of that season (first interview).

Participants also discussed their ability to refrain from being harshly critical and judgemental during a difficult time or after they made a mistake. For example, Stella ensured she was not harsh or judgemental towards herself as she returned to play from an injury. She explained: “Well, when I was coming back to playing, not judging myself for not having the same skills as everyone else right at the beginning but knowing I could work towards improving” (first interview). She continued: “I guess back to the injury, self-kindness was helpful then. And not blaming myself or blaming the other person of how the injury happened but tryin’ to move on right from there and not giving up either” (first interview).

Jessie spoke about how she does not put extra pressure on herself. She said, “Well I guess by not putting stress on myself to do certain things and just enjoying what I’m given, probably

how I would say I'd be kind to myself" (first interview). Finally, Paige discussed the benefits of using self-kindness to cope with adversity in sport. She said:

... you just have self-compassion for yourself and, that just allows you to cope with adversity better, especially as a high performance athlete you need to be able to bounce back from things and stay positive ...so with the self-kindness that's a big one in dealing with adversity (second interview).

Common Humanity

The practice of common humanity encourages individuals to understand that they are not alone in their experience. Therefore, those who practice common humanity recognized that others have experienced similar adversity, sought out advice and comfort from others, and maintained contact and involvement instead of isolation.

Recognizing that others have experienced similar adversity. When faced with an adverse experience, participants recognized how others had gone through similar adverse experiences. This helped them understand that they were not alone, and allowed them to see that they could overcome their adversity. Paige discussed how this was useful as she recovered from an injury. She said:

Well for one thing I know that with the knees that a lot of people have to go through it. So I know telling myself that 'I'm not alone, or [that] people have worse situations, like [an] ACL or something.' At least, tendonitis it's chronic, but it's not career ending...(first interview).

Paige continued:

...this sounds bad, but it's comforting. Like it's not good that they're in a bad situation, but it's good that they can understand you and like relate to you. 'Cause

it's easy to talk to people who have experienced the same things as you, 'cause they know exactly what you're going through... (first interview).

Additionally, Kirsten explained how she found comfort in the fact that others had been in a similar experience with injury:

Again last year when I hurt my ankle... I was feeling sorry for myself, and I'm lookin' around and there's girls on the team who have come back from two career ending injuries, or just insane resilience, so I'm like 'OK you need to not, like this is super miniscule compared to what they're dealing with'. So that helped me a lot with moving on (first interview).

Taylor discussed how understanding that others have gone through adversity has helped her cope through her own experiences of adversity. She said: "...And I think realizing that everyone goes through adversity, so that's [the] kind of things that have helped me... my teammates, and the fact that we've all been through it" (first interview).

Seeking advice and comfort. Athletes sought advice, comfort, and interaction with teammates, family, and coaches in response to different types of adversity. Brynlee discussed how talking to someone after her game helped her pay more attention to the plays she executed well, instead of the mistakes she made. She said:

...it's just that immediate time after the game that I kind of reflect on it like 'oh I could have done this, oh I shouldn't have done that', and then talking about it helps with a parent or teammate or whatever and they are like 'no you did do this and you did do that, and just move on' (second interview).

Taylor also sought out advice from her teammates in adverse situations in the past, and currently as she is experiencing adversity on her university team. She explained:

And with my coach with university, a lot of the time when he's really negative, if I never talked to people about that, I probably wouldn't play, but it's been really interesting to see literally how the majority of our team has exactly the same feelings, and if I would've isolated those feelings I think I would've felt very alone I think and it would've been really negative towards me. Now that I know that everyone shares the same ideas about it, it's a lot easier to handle (first interview).

Kyra sought out support when trying to cope with a difficult experience. She said:

My roommate's on the swim team, so if one of us is going through a tough time, I think we both have each other's backs and we understand what's going on, so I think that's probably something that helps me get through things, is I'm not scared to reach out to people and I have lots of people that can listen and help me (first interview).

Staying involved. A few participants discussed making an effort to stay involved and support their teammates when they were unable to participate. When recovering from an injury, Stella discussed what she did to stay focused:

Well different things, I did try and stay involved with the teams so even the high school team I still went to the practices and games and would, like I had a different role probably of just supporting and also even leading 'cause I guess the level of the players on the high school team wasn't as strong so I had a lot of feedback to give (first interview).

Stella elaborated in her follow up interview: "...I try and support other people in those situations just put the focus off myself and see how I can contribute to the team" (second interview).

Paige discussed how she stayed involved with her team throughout her injury:

How I coped with it, I did my best to stay close with the team even though they were older and they were all closer within their own group, I tried to stay close with them. And even now, I have vertigo right now, and I'm dealing with that so I'm unable to play, so same thing, staying close with the team, and just making sure I'm still involved in the practices (first interview).

Paige added to this in the second interview, when she said:

...its easier for me if I stay supportive of the team and surround myself with volleyball and everything so you can think about how much you miss it and how much you want to get back in there and focus on that, instead of "oh I'm injured, ahhh." (Second interview).

Therefore, by staying involved participants were able to concentrate on alternative aspects of their sport such as helping and supporting their teammates. This drew their attention away from their adverse experience and allowed them to stay involved in a different capacity instead of isolating themselves.

Mindfulness

As a brief reminder, mindfulness can be defined as keeping thoughts and feelings in balanced awareness (i.e., approaching adversity with a broader perspective) and having the ability to be aware of one's thoughts and feelings (i.e., being self-aware). Athletes approached their adverse experiences with a broader perspective and were self-aware as they tried to understand their thoughts and emotions as they coped with adversity.

Approaching adversity with a broader perspective. Often, when participants were going through a difficult or adverse experience, they would try to approach the situation using a

broader perspective. This helped them see their experience from a different angle, allowing them to look at their situation from a more positive and realistic perspective. For example, Stella was able to avoid over-identifying with her injury by reminding herself of the goals she had set for her recovery. She explained:

Yeah, going back to the injury, just not getting consumed by ‘oh you’re never gonna go back to playing, you’re gonna be this weak, and never be good again.’ I just stopped that by reminding myself of the goals I had and that I was a good athlete, and I was willing to work hard to come back (first interview).

In addition to coping with injury recovery, approaching adversity using a broader perspective was helpful in game situations. Taylor explained:

I kicked out [and] my job as a wing is to run and chase it just in case it doesn’t go out, and they catch it, then I have to hit them out, and I thought it had gotten kicked out so I kind of missed it, and about eight plays later the team scored and my coach told me that it was all my fault. I was like ‘I don’t really see how this is all my fault.’ To begin with I was like ‘oh I guess this is my fault.’ Then I was judging myself, and then I looked at it more, I was like ‘this was not my fault.’ There was a million other plays, just ‘cause I have another 14 people on the field and it wasn’t my fault, mistakes happen. So I guess I was trying to not judge myself in that situation (first interview).

By examining this incident with a broader perspective, Taylor realized that her error in judgement did not directly cause the other team to score, as the play could have gone many different ways, with many of her teammates influencing the outcome. Brynlee also mentioned how keeping perspective helps her in a game setting. She said: “...when I do focus on the

negative stuff I personally play so bad, just get really rattled by it so I just kind of forced myself to be more conscious of that and try and just keep things in perspective” (second interview).

Self-awareness. Participants demonstrated the ability to be aware of their thoughts, feelings, and actions when dealing with adversity. This allowed them to evaluate their internal state, and seek out changes if their internal state was negative. Laura talked about her ability to recognize her thoughts, and how she tried to change the negative ones to be more positive. She said:

I think sometimes your thoughts, you could just catch yourself thinking about something and it’s ‘whoa, I didn’t even realize I was thinking about that...’ Yeah, just recognizing what you’re thinking about, whether it’s positive or negative and then turning it around or continuing on with it if it’s positive (first interview).

Kyra also talked about her ability to be aware of her thoughts, and how she intervened if those thoughts did not help her. She said: “...if I know I’m over thinking something, I’ll be like ‘you’re over thinking this’ and I’ll say that to myself. I think I’m pretty aware of what I’m thinking most of the time...” (first interview). Additionally, Jane talked about how she used self-awareness to monitor her thoughts and to help stop negative self-talk. She explained:

Like I said when I play tennis I’m now a lot more mindful of whatever, what’s going through my head. I kind of censor it, because I’ve seen a difference between when I negative talk myself and I positive talk myself and it’s just the way I play, the way I appear on court all of that. Yeah, so I just really censor my thoughts when I play (first interview).

Finally, Kirsten discussed how she worked on gaining a better understanding of how she felt, because it helped her regulate her negative emotions after a poor performance:

...with the bad practice that's what I'm thinking about so I'm learning to pay attention to what I'm feeling, so 'do I want to feel like this all day? No. Do I want it to carry over into the next day? No.' So I think about it and then I'm like 'don't think about it anymore' (second interview).

Chapter 5:

Discussion

The purpose of this study was to examine the development of self-compassion in female varsity athletes. The first research question was how did female varsity athletes with high self-compassion perceive they became self-compassionate? Results in relation to this question revealed the important role played by parents and how participants learned from their own experiences. That is, participants sought and received help from their parents, parents taught the participants about self-kindness, and helped them gain a sense of perspective through teaching them how to look at their adversity using a broader lens. In terms of learning about self-compassion from their own experience, participants gained self-awareness, learned from observing others, received positive feedback and support from coaches, and worked with sport psychologists.

The second research question was how did these athletes approach adversity in a self-compassionate manner? Participants demonstrated the ability to practice all three components of self-compassion (self-kindness, common humanity, and mindfulness) to cope with adversity in sport. Specifically, athletes practiced self-kindness by taking care of themselves, and by reacting to adversity with kindness instead of self-criticism or judgment. Athletes demonstrated common humanity when they discussed how they were able to recognize that others have experienced similar adverse experiences, by seeking out advice and comfort, and by staying involved with their sport, regardless of their limitations. Finally, participants demonstrated mindfulness when they approached adversity using a broader perspective, and by being self-aware.

This study has helped provide insight into the factors that facilitate self-compassion development in female varsity athletes. This is an important contribution to the literature because

several authors have highlighted the need to gain a better understanding of how self-compassion is developed among individuals who are high in self-compassion (Berry et al., 2010; Marshall et al., 2015; Mosewich et al., 2014; Neff, 2011; Reis et al., 2015). The current findings reveal factors that can be taught (e.g., by parents) and learned (e.g., through personal experience), thus providing insights about how to enhance self-compassion in athletes who have yet to attain high levels of self-compassion. Additionally, this study has provided further evidence that the practice of self-compassion is a useful mechanism for athletes to use when faced with adversity in sport. In this respect, the findings add to a burgeoning body of literature showing the benefits of self-compassion when coping with adversity (e.g., Mosewich et al., 2011, 2013, 2014).

Participants reported that their parents helped foster their self-compassion development. Specifically, parents were available to help athletes by being supportive, receptive to their needs, and available for their child (seeking and receiving help, teaching self-kindness, and putting things in perspective). Parents also offered emotional support to their athletes when they were going through an adverse experience. Parents allowed their athlete to approach them for help, but also listened and comforted their athlete when they were in distress. Parents intervened when their athlete was being negative or judgmental towards themselves and taught them to react to adversity with self-kindness. Finally, participants discussed how their parents helped them approach their adverse experiences with a broader perspective. These findings support the work of Pepping et al. (2015), who noted that the overall quality of parenting received in childhood is important in the development of self-compassion. In this respect, the current findings contribute to the literature by detailing specific components of ‘quality parenting’ that may help contribute to the development of self-compassion.

The theme seeking and receiving help, which was related to the role of parental support, may reflect a secure attachment style (Mikulincer & Shaver, 2004). A secure attachment style is fostered when caregivers are supportive and caring towards their child's needs, responding to distress with sensitivity. This allows the child to develop the ability to self-soothe and regulate emotion (Mikulincer & Shaver, 2004, 2007). Recently, Pepping et al. (2015) demonstrated a relation between attachment styles and self-compassion development among first year undergraduate psychology students. Specifically, high parental warmth was related to high self-compassion, whereas parental rejection and over-protection was related to low self-compassion. It may be that parents who respond to their child's needs with support and care not only foster a secure attachment style, but equip their child with self-compassionate abilities to self-soothe and regulate emotions during times of distress throughout their lives.

Neff and McGehee (2010) suggested that the way individuals learn to treat themselves is a reflection of their family dynamics. Their study showed that individuals who grew up in chaotic and critical homes had lower levels of self-compassion in comparison to individuals who experienced an accepting and balanced upbringing. That is, if parents treat their children with criticism and judgment that is how their child will likely treat themselves (also see Bayir, 2016). Alternatively, if parents are supportive, approachable, and caring, this can be reflected in the way that children relate to their self, including their inner dialogue (Neff & McGehee, 2010). Though it is difficult to speculate on the home life of the participants in the current study, the findings suggest that their parents treated them with support, care, and warmth, allowing them to develop the practice of self-compassion. These findings further reflect elements of attachment style as being an influential aspect of self-compassion development in the parent-child relationship (Pepping et al., 2015). This would be a good topic of investigation for future research projects to

reaffirm the current study's findings and to provide further information pertaining to the possible links between attachment style and parental influence on self-compassion development.

The second major theme that contributed to athletes' development of self-compassion was having the ability to learn from experiences. These experiences include athletes gaining self-awareness, learning through observing others, receiving positive feedback and support from coaches, and working with sport psychologists. Participants revealed that their ability to gain insight into their own experiences of adversity and understanding that others had experienced similar adversity was helpful for them to develop a more self-compassionate approach towards themselves. Additionally, positive and supportive relationships with coaches and sport psychologists were found to be a significant component to further develop their self-compassionate practice.

Participants were able to cultivate their self-awareness by reflecting on past adverse experiences. Previous research shows that individuals with self-compassion are capable of interpreting adverse events less negatively as they can change their view of the situation to see it in a more positive manner (Allen & Leary, 2010; Leary et al., 2007). It seems that though an adverse experience may be difficult, it can be a vehicle through which elite female athletes are able to increase their self-awareness. As participants progressed and grew through their sport, they were faced with a variety of challenges, and learning from the way that they reacted to those challenges helped athletes gain a better understanding as to what coping methods were more suitable for them. This is similar to the findings of Tamminen, Holt, and Neely (2013) who examined growth after adversity in elite female athletes. Participants in their study reported gaining a better understanding of themselves and their abilities after experiencing adversity. This is also consistent with Leary et al.'s (2007) observation that individuals with high self-

compassion are able to assume a level of responsibility when negative life events occur. Indeed, self-compassion may be most useful when viewed as a learned skill (Adams & Leary, 2007; Bluth et al., 2016b; Gilbert & Procter, 2006) that can facilitate mental health (Neff et al., 2007) and the current results suggest it can be learned via reflection to enhance self-awareness.

Participants also discussed their capacity to relate to the experiences of their peers and how that had an influence on their ability to learn to cope with adverse experiences in sport. Specifically, it helped participants when they recognized that peers or siblings had also gone through adverse experiences in sport, as they were able to realize that they were not alone in their adversity. Some participants would try to learn from the adverse experiences of others so they could cope with their own adverse experiences more effectively. In general, this is consistent with previous work that has shown self-compassion is developed among athletes within a supportive social network (Berry et al., 2010; Mosewich et al., 2014). For instance, Mosewich et al. (2014) found that social support was an important aspect of setback management for women athletes, particularly in instances where the individual offering support had been through a similar adverse experience. Similarly, Berry et al. (2010) found that women exercisers were able to take a more self-compassionate approach towards their body by receiving social support and by gaining the understanding that others had similar concerns about their body image.

The understanding that others' have experienced similar adverse experiences to their own likely contributed to the development of common humanity (Sutherland et al., 2014). With this, it is important that athletic environments attempt to foster a greater connectivity between athletes so they can better understand that many adverse sporting experiences are shared, and that they are not alone in their adverse experiences. This would be beneficial for athletes to develop more adaptive ways to cope through adverse experiences.

Coaches were also influential in the self-compassion development of female varsity athletes. Participants remembered their coaches as being supportive and teaching them self-compassionate ways to cope during difficult experiences. This is similar to previous research showing that coaches can provide a social support to help athletes as they recover from injury (Bianco, 2001; Johnston & Carroll, 1998; Yang, Peek-Asa, Lowe, Heiden, & Foster, 2010). Additionally, Cranmer and Sollitto, (2015) found that when athletes receive informational, emotional, and esteem support from their coach they were more likely be receptive to messages from their coach that reinforced their abilities and self-esteem. These findings are also reflected in the current study, as participants discussed coaches they had that were very supportive. The role of coaches in fostering self-compassion has not been widely reported in the literature previously. Therefore, this study has contributed to the literature by demonstrating that the way in which coaches provide feedback and support to their athletes may influence self-compassion development in female youth athletes, particularly during instances of adversity.

Finally, participants mentioned that working with psychologists and sport psychologists taught them skills that have helped them with their self-compassion practice, particularly positive self-talk and mindfulness. In her study on self-compassion and setback management, Mosewich et al. (2014) briefly mentioned mental skills consultants in a list of individuals who had provided support for participants. Although research shows that mental skills training in general can improve the performance levels of female varsity athletes (e.g., Horn, Gilbert, Gilbert, & Lewis, 2011), apart from Mosewich et al.'s findings there has been little mentioned on the involvement of sport psychologists and the facilitation of self-compassion in the literature. However, the current findings show that psychology and sport psychology practitioners who work with athletes

on performance enhancement and coping may also be indirectly equipping athletes with the skills to practice self-compassion.

The second part of the study examined the use of self-compassion to cope with adversity in sport. Aspects of self-kindness, common humanity, and mindfulness helped participants cope more adaptively with various instances of adversity. In general, these findings provide further support for a growing body of research that shows self-compassion is a useful tool to help athletes cope with adversity in sport (Ferguson et al., 2014, 2015; Mosewich et al., 2011, 2013, 2014; Reis et al., 2015; Sutherland et al., 2014).

Athletes used self-kindness to cope with adverse sporting experiences. Athletes took care of themselves, and reacted to adversity with self-kindness instead of harsh self-judgment. These findings support results of Mosewich et al.'s (2013) study, which revealed that self-compassion is effective in managing rumination, self-criticism, and concern over mistakes. Additionally, Berry et al. (2010) found that as women involved in exercise and/or sport learned to engage in less social comparison, they became more positive, and had fewer self-critical thoughts. Furthermore, previous studies have reported negative correlations between self-compassion and self-critical evaluations (Ferguson et al., 2015; Mosewich et al., 2011), which further highlights the benefits of self-kindness among women athletes. Finally, these findings also provide further evidence to Neff's (2003a) suggestion that self-compassion allows the individual to relate more kindly to themselves without intervening with their goals or aspirations.

Aspects of common humanity require openness and understanding to the experiences of others in relation to their own, and being open to connecting with others instead of turning to isolation (Neff, 2003a). Participants in the current study used common humanity as a part of their coping when they showed that they were able to recognize that there were others who had

exposure to a similar adverse experience, by seeking out advice and comfort, and by staying involved with their team despite not always being able to participate. These findings are similar to the Mosewich et al. (2014) study, which showed that social support was part of managing setbacks in sport.

Participants took comfort in the idea that other athletes had been through similar instances of adversity as it reinforced the idea that they were not alone, and it helped remind them that their situation was temporary. Mosewich et al. (2014) found that athletes reported it to be very helpful when they received support from another individual who had gone through a similar experience (particularly with injury). It is important that athletes are aware that they are not alone in their experiences of adversity as there are others who have been through a similar experience. Coaches and other members of the athletic staff should recognize the importance of fostering an inclusive and supportive team environment, so the athletes can learn to support each other.

A few athletes mentioned taking the initiative to try and stay involved with their team, regardless of the limitations to their full participation. Athletes revealed that staying involved help distract them from their adversity, and helped them remain focused on returning to play. Conversely, participants in Sutherland et al.'s (2014) study discussed the discontent they experienced while not being able to participate in their sport and having to sit on the sideline. These participants were unable to look past their adversity to appreciate their limited ability to participate in a different light. This comparison demonstrates the stark contrast between athletes who are unable to connect with others or apply a broader perspective towards their situation as opposed to those athletes who are able to use their self-compassionate practices to do just that, much to their benefit.

Participants who incorporated aspects of mindfulness to cope with adversity from a broader perspective were more open to considering various options and outcomes as opposed to dwelling on the negative event. This is consistent with findings by Sutherland et al. (2014), who reported a theme entitled *fall down seven, stand up eight*, which discussed athletes processes with learning to look beyond the adverse situation instead of continually dwelling in the negative experience. This included using their adverse experiences as learning opportunities in addition to speaking to the importance of moving past adversity.

Additionally, athletes in Ferguson et al.'s (2014) study discussed the benefits of using a self-compassionate approach to adverse experiences to help them move past the adversity instead of ruminating in negativity. In her 2013 study, Mosewich and colleagues found that when athletes obtained higher levels of self-compassion through an intervention, they had lower levels of state rumination and concern over mistakes in a sample of female varsity athletes. Finally, Berry et al. (2010) found that as exercisers learned to use a different perspective and adopted an appreciation for their physique as unique, they were able to be more compassionate towards themselves. Specifically, approaching their body image with a broader perspective allowed them to look past the narrow standard of beauty and gain a broader appreciation for multiple aspects that they were able to recognize as beautiful in themselves and others.

These findings demonstrate the applied impact of using aspects of mindfulness in adverse sporting experiences. It appears that athletes who have higher levels of self-compassion are more capable of seeing their adversity using a broader perspective. This allows the athletes to try and learn from their adverse experience, as well as enabling them to see past their adversity so they can return to competition. Participants also demonstrated aspects of mindfulness when they spoke about their ability to be self-aware while going through an adverse experience. This

allowed athletes to be aware of their thoughts, feelings, and emotions that pertained to the negative event. Athletes would re-direct their focus or change their internal dialogue towards a more positive state. Berry et al. (2010) found that women exercisers learned to become more self-aware as they adopted a more self-compassionate approach towards their body image. Participants in the Berry and colleagues' study sought to gain a better understanding of their body, of what they are capable of physically, and to be more aware of their behaviours and attitude towards their body. For some, this included monitoring internal thoughts and opinions and learning to change that negative dialogue to become more positive and accepting. Hence, the ability to be self-aware is useful for athletes, particularly in instances of adversity.

Indeed, research on mindfulness in athletes has indicated that an increase in mindfulness is beneficial to athletic performance (Bernier, Thienot, Codron, & Fournier, 2009; Kaufman, Glass, & Arnkoff, 2009). Bernier et al. (2009) found that mindfulness exhibited similar characteristics to the 'flow' state in athletes, which is defined as a mental state whereby the individual is completely focused and absorbed in the current task (Bernier et al., 2009; Csikszentmihalyi, 1990). A mindfulness and acceptance program with elite golfers resulted in all golfers in the intervention program enhancing their national ranking and completing set goals in comparison to golfers in the control group (Bernier et al., 2016). Additionally, Another intervention following the protocol of the Mindful Sport Performance Enhancement (MSPE) program with recreational archers and golfers found that athletes experienced a significant increase in their state flow and unambiguous feedback (clarity regarding performance evaluation; Kaufman et al., 2009). These studies provide evidence that mindfulness may be a useful tool for athletes to help achieve optimal performance more frequently by cultivating their mindfulness practice. Perhaps the practice of mindfulness is multifaceted and can be beneficial to enhance

athlete performance in addition to easing the experiences of adversity that accompany elite sports.

The current study is not without limitations. As with most qualitative studies, the findings derived from the interviews have limited generalizability and most readily apply to a population similar to that studies herein (i.e., female varsity athletes). The sample size for the interview part of the study, while appropriate for an IPA study (Smith et al., 2009), was small and further restricts the generalizability of the results. Furthermore, the findings may not apply to male athletes. Future research is required to examine the development and use of self-compassion in male athletes as most of the current self-compassion research in sport has recruited female athletes (Berry et al., 2010; Ferguson et al., 2014, 2015; Mosewich et al., 2011, 2013, 2014; Reis et al., 2015; Sutherland et al., 2014).

Retrospective recall is another aspect of this study that may be a limitation due to the unintentional malleability of memories. Specifically, past memories may be influence by the strength of the memory as well as the participant's ability to remember and re-tell the experience accurately (Raphael, 1987). However, it is important to note that retrospective recall is not necessarily a major concern in an IPA study because it focuses on the recalled event as participants experienced and perceived it, and therefore it is the meaning behind the experience and not necessarily the experience itself that is of importance (Smith et al., 2009).

Another issue to consider was whether the participants were unduly led into discussing specific components of self-compassion during the interviews. Specific steps were taken to reduce this possible limitation (e.g., participants who completed the questionnaires were not told this was a study of self-compassion, the title of the Self-Compassion Scale (Neff, 2003b) was removed from the questionnaire, the term self-compassion was not used in the information letter

or consent forms, and self-compassion was only mentioned during the latter stages of the first interview with each participant). Furthermore, those participants who completed the Self-Compassion Scale but were not invited in for an interview did not receive their feedback and explanation of the study until the initial interviews (with the selected participants) had been conducted. Collectively, these measures helped reduce the extent to which participants would be unduly led.

A notable strength of this study was the purposeful sampling approach used to recruit a sample of self-compassionate athletes for the interviews. The mean self-compassion score (for the 114 athletes who completed the questionnaire) was 3.09. In previous studies with athletes, mean reported self-compassion scores were 3.11 (Mosewich et al., 2013) and 2.97 (Mosewich et al. 2011). Hence, the current sample, as a whole, was similar in levels of self-compassion to participants in other studies and, therefore, selecting those athletes with the highest self-compassion scores suggests they were not only high in self-compassion compared with athletes in the current study but they were also high in self-compassion compared to athletes in other studies. Furthermore, the mean self-compassion score of the 10 athletes interviewed was 3.95, which is higher than the 3.5 threshold Neff (2003b) suggested is required to classify an individual as high in self-compassion. Hence, it can be confidently asserted that the participants in this study were indeed high in self-compassion, which overcomes limitations of previous qualitative studies that have not used such a rigorous approach to purposefully sample athletes high in self-compassion (e.g., Berry et al., 2010; Mosewich et al., 2011; Reis et al., 2015).

Another notable strength was participants were engaged in two interviews. In particular, the second (member-checking) interview helped confirm the accuracy of the analyses and provided an additional opportunity to gain further insight into the development of self-

compassion in female varsity athletes, thus further saturating the data collected. Finally, several other steps were taken to enhance the methodological rigor of this study (Mayan, 2009), including piloting of the interview guide, concurrent data collection and analysis, peer review of the data analysis/initial findings, and maintenance of a reflexive journal.

Overall, there are several applied implications from the current study. It is evident that parents can have a large influence on self-compassion development in their youth athletes. As such, it would be beneficial for there to be some educational resources for parents on the benefits of self-compassion as a mental skills tool for their youth athletes, including guidance on how they can help instill this skill. Though the research on self-compassion development is in its infancy, there is evidence that demonstrates the benefits for athletes who engage in a self-compassionate practice, particularly during adverse experiences.

Similarly, findings revealed that coaches and sport psychologists were influential in the self-compassion development for female varsity athletes. Traditionally, the coaching role has taught physical skills to enhance athlete performance. However, research has shown that the coach can have an impact on the athlete's mental development as well (Cronin & Allen, 2015). It is important that this is emphasized in training coaches, particularly youth coaches. Specifically, it would be useful to highlight how coaches can effectively facilitate positive mental skills development in their youth athletes. Additionally, it appears beneficial for youth athletes to have access to sport psychologists, as they are able to introduce mental skills training directly to the athletes.

Finally, athlete education continues to be an important aspect of youth development in sport. The benefits of self-compassion are highlighted in the current study, and previous studies have attested to its usefulness as a coping mechanism, ultimately it is the athlete who is

responsible for their mental skill development and practice. Therefore, education initiatives focusing on self-compassion development would be beneficial in fostering a more self-compassionate practice among youth athletes.

In conclusion, this study has provided valuable insight into the development of self-compassion among female varsity athletes, and reaffirmed the benefits of approaching adversity in sport in self-compassionate manner. Gaining insight into the mechanisms that help foster self-compassion development is crucial if this concept is going to be introduced more widely as an effective coping mechanism. It is also important to recognize the influence of social relationships on fostering self-compassion development, specifically parents. This study has provided important information on both the development and use of self-compassion as a tool to combat adversity in sport, especially in gaining a better understanding of how self-compassion is developed, and who influences that development.

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Appendix A

Recruitment E-mail to Coaches

Dear Coach,

My name is Meghan and I am a Master's student (under the supervision of Dr. Nicholas Holt) in the Faculty of Physical Education and Recreation at the University of Alberta.

I would like to ask for your help in recruiting participants for my study. **The purpose of the study is to investigate the development of mechanisms that help athletes cope with adversity in sport.**

To determine if athletes are eligible to participate in this study, I would like to attend one of your practices or team meetings and ask **all** the athletes on your team to complete a short questionnaire, which will take a maximum of 15 minutes to complete. I am happy to accommodate a time that would work best for you and your team, such as at the beginning or end of a practice/team meeting.

Following completion of the questionnaire, I will tally the scores from the questionnaires and identify those athletes who fit the inclusion criteria for this study. I will contact eligible athletes through e-mail and arrange an interview time, pending their continual interest in participating. Your athletes' involvement in this study is entirely voluntary.

All the athletes who complete the questionnaire will receive their scores on the questionnaire as well as a brief explanation of these scores and the psychological mechanism the questionnaire measures. You will **not** receive a summary of the athletes' scores because they are confidential. However I would like to offer a 30-45 minute workshop on the practical implications on the findings of my study.

I would greatly appreciate it if you would allow me to attend a practice session to invite your athletes to take part in my study. Please e-mail me back if you would like to arrange a time for me to come meet with your team and have them complete the questionnaire.

Thank you for your time,

Meghan Ingstrup, MA Student
Faculty of Physical Education and Recreation
University of Alberta
mingstru@ualberta.ca

Appendix B

Information Letter



UNIVERSITY OF
ALBERTA

Physical Education and Recreation

Van Vleet Centre
Edmonton, Alberta, Canada T6G 2H9

<http://www.physedandrec.ualberta.ca>

Tel: 780.492.1000

Fax: 780.492.1006

Principal Investigator	Supervisor
Meghan Ingstrup, MA Student Faculty of Physical Education and Recreation University of Alberta E: mingstru@ualberta.ca	Dr. Nicholas L. Holt, Professor Faculty of Physical Education and Recreation University of Alberta T: 780 492-7386 E: nick.holt@ualberta.ca

Investigating Mechanisms That Help Female Athletes Cope With Adversity

September, 2015

Dear Athlete,

My name is Meghan and I am a Master's student (under the supervision of Dr. Nicholas Holt) in the Faculty of Physical Education and Recreation at the University of Alberta. **I am doing a study looking at how female varsity athletes develop mechanisms that help them deal with adversity in sport.**

Eligibility

To be eligible to participate in this study you must:

- Be at least 18 years old.
- Are currently competing on a female varsity sports team.
- Obtain a certain score on a short 26-item questionnaire.

Study Requirements

You will be required to complete the questionnaire, which will take no more than 15 minutes. About one week after you complete the scale you will receive feedback (your score and a brief explanation of what this means). **Depending on your score, I may ask you to participate in two interviews.**

So, I am asking you to do the following:

- 1) Complete the questionnaire (which will take no more than 15 minutes)
- 2) Depending on your score on the questionnaire, I may ask you to complete two interviews. The first interview will last about 60 minutes. The second interview will last about 30 minutes.

All the data you provide is confidential. It will not be shared with your coach.

The total time commitment for this study is either 10 minutes (if you only complete the questionnaire) or 100 minutes (if you complete the questionnaire and both interviews).

If you participate in the interviews, they will be audio-taped. I will type up the audio files and send you a copy of your transcripts. You will be able to remove any information you do not want me to include in the study. I will also e-mail you a summary of the findings of the study when I have finished the analysis.

Benefits

Participating in this study will help me to identify information about how athletes develop positive skills that help them respond to adversity. By providing your thoughts on the experiences you have had as an athlete, the findings from this study may also help sports psychologists foster positive mechanisms for athletes to cope with adversity. It may also help provide information on positive practices coaches could implement to help their athletes learn to deal with adversity.

Risks

There are no known risks. Nonetheless, if any question makes you uncomfortable in any way, you do not have to answer it. If at any time during the interview you want to stop, you can let me know and we will stop the interview.

Freedom to Withdraw

This study is voluntary. There are no negative consequences for non-participation. You may withdraw from the study up to four weeks after the final phone interviews are conducted. I will remove your data upon request.

Anonymity and Confidentiality

When the audio files from the interviews are typed up I will remove your name (and assign you a number i.e., Athlete 1) and remove any personal information. Any information that you provide remains confidential. I will keep all data private. Data will be kept locked in a locked office. Only my supervisor and I will have access to the data. I am required to keep the data for five years after the study has been completed. After five years data will be destroyed. Once I have finished the study I will present the results at conferences and in an academic journal.

This study has been approved by the University of Alberta Research Ethics Board. Any questions you may have about this study may be directed to Meghan Ingstrup by email mingstru@ualberta.ca. If you have concerns about this study or any questions about your rights as a research participant, you may contact the University of Alberta Research Ethics Office at 780-492-2615. This office has no direct involvement with this project.

**If you would like to participate in this study,
please contact Meghan (mingstru@ualberta.ca)**

Many thanks,

Meghan Ingstrup
Master's Student



Appendix C

Informed Consent Form



UNIVERSITY OF
ALBERTA

Physical Education and Recreation
Van Vleet Centre
Edmonton, Alberta, Canada T6G 2H9

<http://www.physedandrec.ualberta.ca>

Tel: 780.492.1000
Fax: 780.492.1006

Informed Consent Form

Title of Project: How Female Varsity Athletes Learn to Respond to Adversity.		
Principal Investigator: Meghan Ingstrup, Master's Student Faculty of Physical Education and Recreation University of Alberta E: mingstru@ualberta.ca	Supervisor: Dr. Nicholas L. Holt, Professor Faculty of Physical Education and Recreation University of Alberta T: 780 492-7386 E: nick.holt@ualberta.ca	
Do you understand that you have been asked to take part in a research study?	Yes	No
Have you read and received a copy of the attached information letter?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Do you understand that you are free to contact the researcher to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse participation, or to withdraw from the study up to four weeks after your interview, without consequence?	Yes	No
Do you understand the issues of confidentiality and do you understand who will have access to your information?	Yes	No

I agree to take part in this study:

YES

NO

Name: _____

Signature: _____

Date: _____

Appendix D

Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

- | Almost
never | | | | | Almost
always |
|-------------------------|----------|----------|----------|----------|---|
| 1 | 2 | 3 | 4 | 5 | |
| _____ | | | | | |
| | | | | | 1. I'm disapproving and judgmental about my own flaws and inadequacies. |
| _____ | | | | | |
| | | | | | 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong. |
| _____ | | | | | |
| | | | | | 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through. |
| _____ | | | | | |
| | | | | | 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. |
| _____ | | | | | |
| | | | | | 5. I try to be loving towards myself when I'm feeling emotional pain. |
| _____ | | | | | |
| | | | | | 6. When I fail at something important to me I become consumed by feelings of inadequacy. |
| _____ | | | | | |
| | | | | | 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am. |
| _____ | | | | | |
| | | | | | 8. When times are really difficult, I tend to be tough on myself. |
| _____ | | | | | |
| | | | | | 9. When something upsets me I try to keep my emotions in balance. |
| _____ | | | | | |
| | | | | | 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. |
| _____ | | | | | |
| | | | | | 11. I'm intolerant and impatient towards those aspects of my personality I don't like. |
| _____ | | | | | |
| | | | | | 12. When I'm going through a very hard time, I give myself the caring and tenderness I need. |
| _____ | | | | | |
| | | | | | 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am. |
| _____ | | | | | |
| | | | | | 14. When something painful happens I try to take a balanced view of the situation. |
| _____ | | | | | |
| | | | | | 15. I try to see my failings as part of the human condition. |

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

Appendix E

Interview Guide

Introduction:

I am interested in looking for new ways to help athletes cope with adversity because I was a varsity athlete who suffered a career ending injury. The transition out of sport was incredibly difficult for me, but eventually I learned to cope. With this research I hope to provide insight into some mechanisms athletes may be able to use to help them with adversity in sport.

To give you a more formal explanation, this research is attempting to look at mechanisms athletes use to cope with adversity. Specifically, I am trying to find ways to help athletes cope with adversity. I am interested in your thoughts, opinions, and experiences that surround the following questions. There are no right or wrong answers, and your identity will be kept confidential. You are free to withdraw at any time during or after the interview, and you do not have to answer any questions that may bring up unpleasant memories.

You will receive a copy of your transcript once it has been typed up and you can remove any parts of the interview you do not want to be included in the research.

There will be a 30-minute follow up interview to discuss the research findings to ensure our initial conclusions accurately represent your experiences. If you have any questions or concerns you can contact me through email at any time. My information will be on the letter you were given at the start of this interview.

Demographic Information:

Age:

Years playing their sport:

Years playing for the University:

Opening (Warm-up) Questions:

1. First, please tell me about your background in sports.

Follow-up questions:

- What other sports did you play when you were young?
- How did you get involved in sports in the first place?
- How did you end up focusing on SPORT?
- What is your most positive memory from playing sport?

Main Questions:

2. Can you tell me about a time when you faced adversity in your sport and coped with it really well? (Note – adversity can be anything athlete defines as adversity).
Probe for details about experience and coping.

Follow-up questions:

- What did you tell yourself after your experience of adversity?
 - Can you explain some of your thought processes during the adverse experience?
 - What were your thoughts towards the end of the experience?
 - Was there anything you did during this challenging time that was effective to any extent?
 - How did you know the coping process you were using was ineffective?
 - Why did you think it was ineffective?
 - Upon reflection, what advice would you give to a teammate if she was facing a similar situation of adversity to the one you described?
3. Now, can you tell me about a time when you faced adversity in your sport and DID NOT cope with it really well?
Probe for details about experience and coping or lack thereof.
 4. How, if at all, have your parents, influential family members, teammates, friends or coaches helped you through setbacks and adversity?
Probe for details about experience and coping.
 5. Changing direction a little, I want to ask you about self-talk. Often athletes engage in negative self-talk (i.e., the things they say internally to themselves). Take a moment to think about a time when you realized you were being harder on yourself that you should have been, or in a way that was not constructive. Can you explain that situation to me please? (Probe for details and thought processes).

Follow-up questions:

- Sometimes people become “less hard” on themselves as they get older. Do you think this applies to you? [please expand]. I’m wondering if context plays a role?
 - What types of things do you think have helped you to become “less hard” on yourself? What were the reasons for this? And can you give me a rough timeline?
6. To summarize this section, can you explain what skills you have developed to deal with adversity in sport?

Follow-up questions:

- How do you think you developed these skills?
- Are there other skills you are trying to further develop to help you deal with adversity in sport?

Self-Compassion Questions

Now I'd like to tell you a little bit about a psychological mechanism called self-compassion. The questionnaire you completed was actually a measure of self-compassion. You were invited to participate in this interview because you scored highly on the self-compassion scale.

First let me explain self-compassion. It is comprised of three main components, namely self-kindness, common humanity, and mindfulness. Practicing self-kindness requires individuals to be kind to themselves, particularly in times of struggle or adversity, instead of being harsh and self-critical. Common humanity encourages a person to accept and understand that he or she is not the only one who experiences challenges and that tough times, mistakes, and setbacks happen to everyone. Finally, mindfulness is the ability to be aware of one's thoughts and feelings, keeping them in balanced awareness rather than dwelling on them or avoiding them, and maintaining the understanding that the current painful state will pass.

Consistent with the practice of self-compassion, individuals are encouraged to keep instances of adversity or suffering within perspective and to avoid negative self-thoughts or evaluations. Additionally, the practice of self-compassion does not condone laziness, self-pity, or act as an excuse for adversity. If practiced properly, self-compassion encourages the individual to strive for their goals, while working towards the development of their best self.

Here are your scores on the subscales of the self-compassion scale:

Self-kindness:

Mindfulness:

Common humanity:

Self-judgement:

Over-identification:

Isolation:

7. What is your initial reaction to finding out you have high self-compassion?
8. Do you agree that you are self-compassionate?

Follow-up question [if applicable]:

- How do you think you became self-compassionate? Can you give me any examples?

Regardless of whether or not you consider yourself to have high self-compassion, it seems that you do have some of the skills that we typically associate with self-compassion and these may help you cope with adversity. So I would like to ask you about some of these skills.

Remember, there are no right or wrong answers. I am interested in your thoughts on the topic.

Self-kindness questions:

9. What does kindness mean to you?
10. Please give me an example of how you are kind to yourself.

Probing Questions:

- Was there a particular moment when you responded to a situation with self-kindness in a way that you found particularly useful?

11. How do you think you learned to be kind to yourself?

Probing Questions:

- *What helped facilitate you learning this skill?*
- Is there anything you can think of that hindered this skill? Please explain.

Mindfulness questions:

12. What does being mindful mean to you?
13. Please give me an example of how you are mindful of your thoughts. (If not, why don't you think you are mindful of your thoughts)? If you are trying to be mindful of your thoughts, can you give me some examples of times where you have had success when practicing mindfulness?

Probing Questions:

- *What helped facilitate you learning this skill?*
- Is there anything you can think of that hindered this skill? Please elaborate.
- [If applicable] How do you think you learned to be mindful of your thoughts?

Common humanity questions:

14. What does it mean to you if I say "that other individuals have had similar experiences of adversity to your own"? [Probe to see if this is a sentiment the athlete understands].
15. Please give me an example of a time when you recognized that you were not the only one that has experienced adversity in sport.

Probing Questions:

- Can you give me some examples of practicing common humanity successfully within sport?
- If not, why don't you think you practice common humanity?

16. [If applicable] How did you learn to recognize that other athletes have had similar experiences to your own?

Probing Questions:

- *What helped facilitate you learning this skill?*
- Is there anything you can think of that hindered this skill? Please elaborate.

Self-judgement questions:

17. What does self-judgement mean to you?

Probing Questions:

- Please give me an example of a time when you chose not to be judgemental towards yourself in a situation of adversity.
- How did you learn to become less judgemental of yourself in difficult situations?

Over-identification questions:

18. Over-identification is a term used to refer to being consumed in a repetitive thought process. Can you give me an example of an experience with a repetitive thought process?

Probing Questions:

- Please give me an example of a time when you stopped yourself from becoming too consumed in a repetitive thought process.
- How did you learn to stop yourself from getting consumed with negative or repetitive thoughts?

Isolation questions:

19. What does the term 'isolation' mean to you?

Probing Questions:

- Please give me an example of a time when you sought out support from others during a time of adversity.

- How did you learn to seek out support from others instead of isolating yourself when you were experiencing a difficult time?

Other Self-compassion questions:

20. Can you tell me about any times in which you may have been exposed to self-compassion and some self-compassionate practices?

Probing questions:

- Can you think of anyone (family members, close friends) who may have introduced you to some self-compassionate practices?
- Can you think of a time when you may have learned one of the components of self-compassion (self-kindness, common humanity, or mindfulness)?
- How did you learn not to respond with self-judgement, isolation, or over-identification?

21. Have you ever tried to increase your awareness?

Probing questions:

- How did becoming more aware help you?
- How do you think you learned to be more aware?

Closing Questions:

22. What advice would you give to a younger athlete on how to cope with a negative sport experience?

Probing questions:

- What advice would you tell the athlete to tell him or herself?

23. Do you wish there was more information or help available for you to help with some of the negative psychological emotions experienced during adversity in sport? If yes, what? If no, why not?

24. Do you think self-compassion is a useful tool for athletes? Why or why not?

Follow-up question:

- How do you use the individual components of self-compassion (self-kindness, common humanity, mindfulness) in your sport?
- [If applicable] How do you think we could teach athletes to be more self-compassionate to help them cope more effectively with adversity in sport?
- What would be some challenges associated with teaching self-compassion to athletes?

25. Is there anything else you would like to add?

Appendix F: Table 1*Cronbach's Alpha, Mean, and Standard Deviation for Self-Compassion Construct*

	Number of Items	Cronbach's Alpha	Participants	Mean	Standard Deviation
Self-Kindness	5	0.80	114	2.96	0.69
Self-Judgement	5	0.76	114	3.05	0.84
Common Humanity	4	0.78	114	3.30	0.65
Isolation	4	0.66	114	3.06	0.74
Mindfulness	4	0.66	114	2.79	0.78
Over-Identification	4	0.67	114	2.93	0.75
Composite	26	0.89	114	3.09	0.53

Appendix G: Data Matrix Table 2 & 3

Data Matrix of Reported Themes for Interviewed Athletes

Female Athletes Perceptions of the Development of Self-Compassion							
ID	Parents			Learning from Experience			
	Seeking and Receiving Help	Teaching Self-Kindness	Putting things in Perspective	Learning from Own Experiences	Learning from Others Experiences	Feedback and Support from Coaches	Working with Sport Psychologists
1	X		X	X		X	X
2	X	X	X	X	X	X	
3	X		X	X	X	X	X
4	X	X	X	X			X
5	X	X	X	X	X		X
6	X	X	X	X	X	X	
7	X	X	X	X	X		
8	X	X	X	X	X	X	
9	X		X	X		X	X
10	X	X	X	X	X	X	
<i>n</i>	10	7	10	10	7	7	5

Data Matrix for Reported Themes from Interviewed Athletes

Female athletes Using Self-Compassion to Cope with Adversity in Sport							
Mindfulness			Common Humanity		Self-Kindness		
ID	Broader Perspective	Self-Awareness	Others have Similar Adversity	Comfort and Advice	Staying Involved	Taking Care of Themselves	Overcoming Adversity
1	X	X	X	X	X		X
2	X	X	X	X		X	X
3	X	X	X	X	X	X	X
4	X	X	X	X	X	X	X
5	X	X	X	X	X	X	
6	X	X	X	X		X	X
7	X	X	X	X		X	X
8	X	X	X			X	X
9	X	X		X		X	X
10	X	X	X			X	X
n	10	10	9	8	4	9	9