

Emerging Male Adults' Experiences of Self-Compassion in Response to Failure

by

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Abstract

Recent research has highlighted the potential benefits of self-compassion on psychological well-being (Neff, Rude, & Kirkpatrick, 2007; Neely Shallert, Mohammed, Roberts, & Chen, 2009). Despite the growing research support for self-compassion, there has been little exploration of self-compassion in emerging adulthood, which is a period in life that is rife with stressors and feelings of failure (Arnett, 2000). Considering the negative impact that experiences of failure can have on well-being (Zhang, Kong, Goa, & Li, 2013) and that self-compassion may act as a buffer against these mental health concerns, the purpose of this qualitative study was to gain an understanding of the experiences of self-compassion among male emerging adults through an in-depth exploration. Seven male emerging adults were interviewed about their conceptualizations and experiences of self-compassion in response to instances of perceived failing. Responses were audio-recorded, transcribed, and analyzed for common themes using Interpretative Phenomenological Analysis (IPA). Based on participants' descriptions of self-compassion in response to failure, five themes were developed: taking charge of the situation, accepting and moving on, connecting to others, practicing self-care, and continuing exploration. These findings may contribute to self-compassion research by developing an understanding of self-compassion from the emerging male adult perspective. Findings are contextualized within the existing literature, and implications for counselling practitioners as well as directions for future research are discussed.

Preface

This thesis is an original work by Brittany Gagné. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “EMERGING MALE ADULTS: EXPERIENCES OF SELF-COMPASSION IN RESPONSE TO FAILURE”, No. Pro00066465, SEPTEMBER 13, 2016.

Dedication

This thesis is dedicated to my father, Leo Lionel Gagné, who taught me that my greatest success is perseverance, and whose memory inspires me to find laughter in all my misadventures.

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Table of Contents

Chapter One: Introduction	1
Background	1
Statement of Purpose	4
Research Question	4
Organization of Thesis	5
Chapter Two: Review of the Literature	6
Defining Emerging Adulthood	6
Developmental Tasks in Emerging Adulthood	8
Life course theory	8
Developmental tasks theory	10
Social competence developmental tasks	13
Academic developmental tasks	15
Failure in Developmental Tasks	18
Stress	19
Self-esteem	20
Depressive symptomology	20
Self-Compassion	23
Neff’s conceptualization	23
Gilbert’s conceptualization	24
Differences between self-compassion and self-esteem	25
Self-compassion interventions and mental health	26
Self-compassion and academic developmental tasks	28
Self-compassion and social developmental tasks	29
Counselling approaches to self-compassion	30
Gender differences in self-compassion	31
Summary	34
Chapter Three: Methodology	36
Theoretical Underpinnings	36
Epistemological Assumptions	38
Background of Researcher	39
Method	40
Selection criteria and participant recruitment	40
Data collection	41
Data analysis	42
Trustworthiness of the Study	44

Ethical Considerations.....	45
Chapter Four: Findings	46
Experiences of failure.....	46
Hank.....	46
David.....	46
Harry.....	47
Jason	47
John.....	47
Robert	48
Seth	48
Themes	48
Taking charge of the situation.....	49
Accepting and moving on	52
Connecting to others	54
Practicing self-care	57
Continuing exploration	58
Chapter Five: Discussion, Implications, and Conclusion	61
Discussion of Findings	61
Taking charge of the situation.....	61
Accepting and moving on	65
Connecting to others	66
Practicing self-care	69
Continuing exploration	71
Limitations	72
Future Research.....	73
Implications for Counselling.....	74
Conclusion	76
References	78
Appendix A - Recruitment Poster.....	97
Appendix B – Online Recruitment Post	98
Appendix C – Study Information Letter	99
Appendix D – Consent Form.....	101
Appendix E – Participant Demographics Form.....	102
Appendix F - Interview Protocol	103

Chapter One: Introduction

Background

Emerging adulthood, generally considered ages 18 to 25, is characterized as a time of exploration, possibilities, and feelings of being between life stages (Schvaneveldt & Spencer, 2016). This transitional time brings new developmental tasks such as maintaining employment, pursuing post-secondary education, and cultivating meaningful relationships (Roisman, Masten, Coastworth, & Tellegen, 2004). During emerging adulthood, individuals are likely to experience both success and failure in meeting self-expectations when it comes to relationships, academics, and employment. Failure to meet expectations is a strong risk factor for developing a mental health concern such as depression (Kuwabara, Van Voorhees, Gollan, & Alexander, 2007; Zhang, Kong, Goa, & Li, 2013). Relatedly, young Canadian adults have the highest incidence and prevalence of depression of any age group (Findlay, 2017), and psychosocial factors such as stress and negative self-evaluation are contributing factors (Gemar, Segal, Sagrati, & Kennedy, 2001). Based on the current literature, the period of emerging adulthood is therefore rife with stressors and feelings of failure that have the potential to negatively impact mental health depending on an individual's coping resources.

For males, emerging adulthood is associated with psychological distress particularly if the male is trying to conform to traditional male gender roles (Hayes & Mahalik, 2000; Houle, Mashara, & Chagnon, 2008; Liu, Rochlen, & Mohr, 2005; Moller-Leimkuhler, 2003). The traditional male gender role is defined by stoicism (not expressing suffering), autonomy (solving problems on one's own), success (succeeding in personal endeavours), and aggressiveness (acting aggressively if needed) (Jansz, 2000). Men who adhere to traditional gender roles are at an increased risk of developing maladaptive coping strategies such as emotional inexpressiveness and reluctance to seek help, which can lead to difficulty perceiving and

admitting to anxiety or distress (Moller-Leimkuhler, 2003). Additionally, research has suggested that the traditional male gender role appears to increase risk of suicidal behaviour due to a lack of emphasis placed on help seeking and social support (Houle, Mashara, & Chagnon, 2008). Problems with help seeking and social support not only impact depression and suicidality but are also linked to feelings of personal failure (Moller-Leimkuhler, 2003). For example, unemployment is predominantly perceived by men as a personal failing rather than an issue within society, which can result in identity problems, loss of control, helplessness, and depression (Moller-Leimkuhler, 2003). Taken together, the current research suggests that young male adults commonly experience a gender-specific pressure to conform to traditional masculinity, which is linked to psychological distress.

Fostering resiliency and positive coping resources is particularly relevant to emerging male adults who are at risk of emotional and psychological difficulties. Self-compassion is one such potential coping resource that has been shown to improve mental well-being (Bluth & Blanton, 2013; Neff, Kirkpatrick, & Rude, 2007; Neff & McGehee, 2010). Self-compassion is conceptualized in the literature as being comprised of three main components: self-kindness, common humanity, and mindfulness (Neff, 2003a). Respectively, these terms refer to being kind to oneself during difficult times, understanding that one is not alone in one's suffering, and remaining open to and tolerant of one's experiences without over-identifying with them. In its totality, self-compassion refers to viewing both positive and negative experiences as opportunities for growth, self-kindness, and self-awareness. When individuals increase their self-compassion, they are better able to recognize that they are not defined by their personal failures because failing is normal (Marshall et al., 2015). Self-compassion also helps promote positive health behaviours and is associated with adaptive emotions (Sirois, Kitner, & Hirsch, 2015). For

example, self-compassionate individuals are more self-accepting and view their weaknesses with less harsh criticism (Neff, Kirkpatrick, & Rude, 2007). Additionally, counselling interventions aimed at boosting self-compassion have been shown to increase self-reported levels of self-efficacy and optimism and significantly reduce rumination (Smeets, Neff, Alberts, & Peters, 2014). Increased levels of self-efficacy and optimism may partially be responsible for why self-compassionate individuals respond to negative life events in healthier ways (Leary, Tate, Adams, Allen, & Hancock, 2007). Importantly, for the achievement of developmental tasks in emerging adulthood, self-compassion can encourage the positive emotions necessary for young adults to maintain motivation during the pursuit of their goals (Sirois, Kitner, & Hirsch, 2015). Breines and Chen (2012) found that taking a self-compassionate approach to failure “should ultimately lead to better performance through its effect on self-improvement motivation” (p. 138).

Significantly, self-compassion has been shown to have a positive effect on psychological well-being in both males and females (Leary et al., 2007; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, Kirkpatrick, & Rude, 2007). However, gender differences do exist. Results from a meta-analysis conducted by Yarnell et al. (2015) found that males have slightly higher levels of self-compassion than do females, although the reasons for this difference are still unclear. Based on Yarnell’s (2015) results, Neff and Germer (2017) propose there is more to be understood about gender differences in self-compassion. The present study addresses this need to develop further understanding of gender and self-compassion. Although quantitative studies point to statistical differences in the level of self-compassion between genders (Yarnell et al., 2015), there is relatively little qualitative research on the subjective experience of this practice, and no research exploring self-compassion from the perspective of emerging male adults. In-depth exploration of the possible intersection between self-compassion, failure in developmental

tasks, and gender is needed in order to develop a fuller understanding of the phenomenon of self-compassion in emerging adulthood. Through an in-depth exploration of emerging male adults' experiences and perspectives, the qualitative nature of the current study addresses some of the gaps that cannot be addressed by quantitative studies alone.

Statement of Purpose

The purpose of this qualitative study was to gain a fuller understanding of how male emerging adults have experienced self-compassion in the face of failure. I was interested in learning from the participants how they understood and experienced self-compassion as well as the ways in which self-compassion may have influenced their feelings towards themselves during times of perceived failure. Experiences of failure can impact the mental health of young males because of pressure to be successful (Jansz, 2000; Moller-Leimkuhler, 2003). Knowledge of the male experience of self-compassion not only contributes to gender-specific research on self-compassion, but it may also help in the development of counselling interventions. Qualitative research on the male perspective of self-compassion could provide counselling practitioners with new understandings of how to potentially build self-compassion in males to foster psychological resiliency.

Research Question

The central research question for this study was: What are the self-compassionate experiences of male emerging adults in response to perceived failure? Participants decided for themselves what failure meant to them to ensure that the experiences they discussed were significant. However, at the onset of the study, failure was initially conceptualized as perceiving that one has not met desired outcomes or reached self-expectations. Through in-depth exploration of the research question, I developed a rich understanding of how self-compassion is

conceptualized by the participating male emerging adults, and how they perceive the phenomenon in relation to their lives. The methodology of interpretative phenomenological analysis (IPA; Chapman & Smith, 2002; Smith, Flowers, & Larkin, 2009; Smith and Osborn, 2008) was selected because it is particularly concerned with how participants make sense of their world and emphasizes personal experience and perception. Due to the current study's emphasis on personal experience, IPA was deemed to be an ideal approach to exploring how emerging male adults experience and make sense of self-compassion.

Organization of Thesis

This thesis is organized into five chapters. Chapter two reviews previous literature on the development of emerging adults, the social, emotional, and cognitive challenges experienced with newfound adulthood, gender differences in the experience of self-compassion, and the role of self-compassion in psychological well-being. Chapter three outlines the methodology of IPA. In this chapter, data collection and analysis are detailed and ethical considerations are discussed. Chapter four contains the findings, including themes across participants. The fifth and final chapter discusses the implications of these findings and the limitations of this study, along with directions for future research.

Chapter Two: Review of the Literature

To provide context for this study, this chapter begins by discussing Arnett's (2000) theory of emerging adulthood. Elder's (1998) life course theory and Havighurst's (1972) developmental tasks theory are elaborated on so as to provide background on tasks central to emerging adulthood. Subsequently, the chapter focuses on developmental tasks in emerging adulthood and the consequences that failure in these domains can have on psychological well-being. In particular, academic and social competencies in emerging adulthood are discussed to provide context on the types of failures that can have lasting impact on an emerging adult's development. Thereafter, the chapter covers self-compassion theory, and evidence for self-compassion as both a resource for preventative coping and ameliorating psychological concerns is presented. Finally, the chapter concludes on gender differences in the experience of self-compassion.

Defining Emerging Adulthood

Emerging adulthood is a period of development from the late teens through to the early twenties, particular focused on ages 18 to 25 (Arnett, 2000). This developmental period "exists only in cultures that allow young people a prolonged period of independent role exploration," such as Western societies (Arnett, 2000, p. 469). Arnett's theory of emerging adulthood is theoretically grounded in the work of Erikson (1968), who wrote of a developmental period typical of industrialized societies called *prolonged adolescence*, which was a time for young adults to explore their societal role. The theory of emerging adulthood is also grounded in the work of Levinson (1978) who coined the term *novice phase of development* for individuals aged 17 to 33 who experienced change and instability as they adapted to adulthood, and from Keniston (1971), who suggested *youth* is a period of continued role experimentation. However,

the term *youth* has since been used to encompass a variety of ages, such as to describe young individuals between 9 and 15 (e.g., Lemstra et al., 2011) or individuals between 15 and 30 (Government of Canada, 2014). Similarly, the term *adolescent* has been used to describe ages 14 to 18 (e.g., Bluth & Blanton, 2013), 11 to 18 (e.g., Bluth & Blanton, 2015), and 14 to 17 (e.g., Neff & McGehee, 2010). Arnett's (2000) theory of emerging adulthood is an attempt to deal with the ambiguity of terms such as prolonged adolescence, novice phase, and youth.

According to Arnett's (2000) theory, emerging adulthood is theoretically distinct from both adolescence and young adulthood. Arnett points out that due to changing societal influences and values, individuals are seeking prolonged education; marriages and long-term committed relationships are occurring later in life, and the average age of childbirth is older than it was decades ago. Adulthood, in contrast to emerging adulthood, is a period when decisions on family, employment, and education have more or less been made and solidified. In contrast, adolescence is a period of dependence on others. In between the two life stages of adolescence and adulthood is situated the emerging adult. No longer is the emerging adult dependent like the adolescent; rather, newfound independence leads to the exploration of relationships, education, employment, and worldviews. Indeed, Arnett (2000) suggests an important characteristic of emerging adulthood is the amount of demographic variability. In emerging adulthood, it is very difficult to predict a person's demographic status on the basis of age alone. Residential status is one such demographic marker that reflects the variability in emerging adulthood, as Arnett explains:

About one third of emerging adults go off to college after high school [...] About 40% move out of their parental home not for college but for independent living and full-time work (Goldscheider & Goldscheider, 1994). About two thirds experience a period of

cohabitation with a romantic partner (Michael, Gagnon, Laumann, & Kolata, 1995). Some remain at home while attending college or working or some combination of the two. Only about 10% of men and 30% of women remain at home until marriage (Goldscheider & Goldscheider, 1994). (p. 471).

More recently, there has been a noticeable shift in the living status of emerging adults, and demographic variability continues to mark emerging adulthood. According to the 2011 Census of Population, 46.7% of Canadian men in their twenties lived in the parental home (Statistics Canada, 2013). In the province of Alberta, only 31.4% of young adults lived in their parental home, and 30.8% of young adults in their twenties were cohabitating with a romantic partner (Statistics Canada, 2013). The change in living situations from the time of Arnett's (2000) research to now highlights how demographic variability continues to mark emerging adulthood. Compared to decades earlier, emerging adults are now more likely to live with parents and less likely to marry until later in life. This prolonged period of dependence on the family provides emerging adults with more time for role exploration. Unique to the concept of emerging adulthood is the notion that the future is undecided; there are multiple paths that can be explored and chosen, and the direction of one's life is filled with possibilities. In fact, emerging adults will face more transitions and life decisions than any other age group (Caspi, 2002).

Developmental Tasks in Emerging Adulthood

Life course theory. Elder's (1998) life course theory is particularly relevant to the theory of emerging adulthood. Elder's (1998) work is grounded in longitudinal studies that found individuals' lives are influenced by their ever-changing historical and social contexts. The historical and social contexts of Western society allow for prolonged role exploration in emerging adulthood and affect an individual's transition into adulthood (Arnett, 2000). In life

course theory, a life course refers to “socially defined events that the individual enacts over time” (Giele & Elder, 2000, p. 22). The theory posits that an individual will experience age-differentiated social phenomena. According to Elder, Kirkpatrick-Johnson, and Crosnoe (2003), central to life course theory is the understanding that social change, societal circumstances, and therefore changing social norms “give meaning to, and even direct, individual trajectories” (p. 6). In other words, behaviours are often representative of and dependent on an individual’s larger social context. A fundamental assumption of life course theory is that, while circumstances may vary, lives are generally lived in patterns shaped by age, social structures, and historical change (Elder & Johnson, 2003). Five central principles make up life course theory: (a) time and place; (b) life-span development; (c) timing; (d) agency; and (e) linked lives. These principles help to develop a foundational understanding of the importance of developmental tasks to emerging adulthood. Firstly, Western society’s increased emphasis on tertiary education (OECD, 2016) places added pressure on today’s Canadian emerging adults to achieve academically or succeed vocationally. The second principle, life span development, suggests that new situations encountered in adulthood are shaped by prior experiences. For emerging adults, success in domains such as previous academic performance or relationships can help to set them up for future success. The idea that success in one area will likely predict continued success is particularly relevant to developmental task theory (Havighurst, 1948) which is described in further detail in the next section. The third principle, timing, refers to a chronological ordering of events that, if experienced out of order, may have social consequences. For example, having a child before entering adulthood can lead to stigmatization as well as financial concern. The fourth principle, agency, encompasses how individuals make choices that will affect their lives. In terms of developmental tasks, an emerging adult has the agency to create social bonds that

may help them succeed in the future and to make decisions regarding such choices as school, vocation, and relationships. Lastly, the principle of linked lives refers to the perspective that lives are lived interdependently. Social networks influence behaviour, and relationships have the benefit of contributing to positive development (Elder, Kirkpatrick-Johnson, & Crosnoe, 2003). New relationships can therefore shape lives and have the potential to help an individual navigate life transitions. Taken together, the five principles of life course theory (Elder, 1998) reflect how changes in the life course of individuals have consequences for development. According to life course theory, emerging adults face important tasks based on their stage of development and the social and historical context they live in.

Returning to the current study, applying life course theory to the experience of male emerging adults suggests that historical forces have shaped the notion of traditional masculinity and lead to socially determined gender roles. These factors influence how male emerging adults will choose to respond in new or stressful situations that will shape their future experiences as adults and have lasting effects on important relationships. Therefore, life course theory implies that males may perceive and apply self-compassion differently based on their personal and historical experiences. The present study uses this foundational knowledge to help develop an understanding of how male emerging adults may have unique experiences of self-compassion in the face of failure.

Developmental tasks theory. First proposed by Havighurst (1948), developmental tasks theory posits that various tasks will arise during different periods of life; successful achievement of a task will lead to happiness and later success, whereas failure will lead to unhappiness, societal disapproval, and difficulty with completing later tasks (Havighurst, 1948). In essence, developmental tasks refer to age-specific challenges and demands that are embedded in a cultural

context (Salmela-Aro, Sortheix, & Ranta, 2016). Developmental tasks theory understands these age-specific challenges through a biopsychosocial model. Tasks arise from a combination of factors such as maturation (biology), emerging personality and values (psychology), and cultural pressure of society (sociology) (Havighurst, 1948). In early adulthood, developmental tasks include finding an occupation, learning to live on one's own, fostering romantic connections, and forming a healthy social group (Ralston & Thomas, 1974). Over the decades, Havighurst's (1948) developmental tasks theory has been empirically tested and expanded upon based on newer data.

Havighurst's developmental tasks theory was assessed by Roisman et al. (2004) in a longitudinal study of 177 children. In both adolescence and adulthood, participants completed measures that assessed academic achievement, social competence with peers, rule-abiding versus rule-breaking conduct, romantic relationships, and work. Assessments included questionnaires, structured interviews, and observer reports. Roisman et al. (2004) found that developmental tasks associated with academics and social competence had the highest predictive power in terms of an individual's ability to achieve future developmental tasks. Results indicated that in terms of developmental tasks, achieving social and academic competencies in emerging adulthood were the strongest predictors of success in adulthood 10 years later.

Similarly, Foubert and Grainger (2006) found that social competencies were particularly important to psychosocial development in emerging adults. There appears to be a strong connection between pro-social behaviour (e.g., involvement in student organizations) and improved psychosocial development in emerging adults (Foubert & Grainger, 2006). However, in a longitudinal study, Foubert, Nixon, Sisson, and Barnes (2005) found that male emerging adults are less tolerant of others and less developmentally advanced in mature interpersonal

relationships than women. Their results suggest that males may have more difficulty achieving social competencies than their female counterparts, which is of particular interest to the current study. Based on the research, male emerging adults may experience more instances of failure in developmental tasks that involve social competencies. However, qualitative data that explores this intersection between gender and failure experiences is missing from the literature.

Developing a more thorough understanding of how male emerging adults experience and cope with failure related to social competencies (e.g., developing strong interpersonal relationships) could help contribute to this discourse. In the present study, personal failing in social developmental tasks were among the failure experiences explored.

Prior research has highlighted how social developmental tasks may be particularly important to male emerging adults; however, the combination of social and academic developmental tasks may predict success in later adulthood (Elder, Kirkpatrick-Johnson, & Crosnoe, 2003; Foubert, Nixon, Sisson, & Barnes, 2005; Roisman et al., 2004). Recently in Canada, studies have provided continued support for the finding that achieving academic developmental tasks predicts future success. Based on a study by the Organisation for Economic Co-operation and Development, the proportion of adults with tertiary education (college/university completion) increased from 46% in 2005 to 55% in 2015 (OECD, 2016). The increased emphasis on tertiary education has contributed to a shift in the labour market. In 2015, adult employment rates were highest, upwards of 82%, for those with a college or university credential (OECD, 2016). Consequently, college or university credentials predicted obtainment of employment. It follows that with today's emphasis on post-secondary and tertiary education, the ability to pursue further education and the likelihood of obtaining employment are factors for emerging adults to consider when determining their next steps into adulthood.

Indeed, the continued trend toward prolonged education according to the OECD (2016) suggests that emerging adults are likely to experience conflict with their career and vocational choices. As explained by Masten et al. (2005), developmental task expectations in Western culture may result from the implicit recognition of “when it is important to achieve what kind of adaptive behavior in order to progress successfully through life in that society” (p. 774). Conflict experienced during emerging adulthood surrounding one’s future (e.g., work, school) may in part derive from both one’s own uncertainty and pressures from society to make decisions. In a 10 year longitudinal study, Statistics Canada (2015) found that at the age of 25, 13% of young adults were undecided about their career, and 38.3% had decided to pursue a different career. The continued role exploration seen at the age of 25 highlights the variability in emerging adulthood and the impact that achieving developmental tasks has on future development.

Over recent decades, research has highlighted how developmental tasks theory remains relevant to the development of emerging adults. Importantly, research has found that tasks associated with academic pursuits and the development of social competence are particularly relevant to an emerging adult’s ability to continue accomplishing tasks in later life stages (Ralston & Thomas, 1974; Roisman et al., 2004). It follows that failure in academic and social pursuits may impede later developmental tasks (Havighurst, 1948). The current study broadens discussion around this topic by developing an understanding of how male emerging adults cope with experiences of failure.

Social competence developmental tasks. Social developmental tasks are especially relevant to the development of emerging adults (Martínez-Hernández, Carceller-Maicas, DiGiacomo, & Arist, 2016; Roisman et al., 2004; Salmela-Aro et al., 2008). Various conceptualizations of social competence co-exist in the research literature, and while they tend to

share common themes, there is some contention as to what truly constitutes social developmental tasks. The theoretical framework put forth by Rose-Krasnor (1997), known as the Social Competence Prism, views goals and social skills as the foundation upon which social competence is built. First, an individual needs to develop skills such as communication, emotion regulation, and perspective taking. They can use these skills to carry out adaptive conflict resolution and balance their own needs with the needs of others in social interactions, engage in healthy relationships, and develop a sense of agency (Rose-Krasnor, 1997). Theoretically, when an individual has built these foundations to social competence, they become effective in their interactions and are able to determine which skills are appropriate given the situation and their context-dependent goal (Rose-Krasnor, 1997). Competence in skills such as communication and perspective taking are crucial to developing social relationships, which is an important developmental task for emerging adults.

Another theory of social competence is put forth by Denham, Von Salisch, Olthof, Kochanoff, and Caverly (2011), who posit that social competence is interwoven with emotional competence. The latter has three basic components: experiencing, expressing, and understanding emotion. A socially and emotionally competent individual understands and recognizes emotions that arise and modulates the expression of these emotions during a social interaction. For example, an individual is aware of feeling frustrated when interacting with another, and ought to appropriately decide whether or not to express these feelings. To do so, evaluating the social situation is important, and these evaluations will be situationally dependent. It follows that if an individual is keenly aware and understanding of their own emotions, then they are likely to recognize emotions in others. Doing so can lead to successful social interactions in which miscommunications regarding emotions are minimal. Aspects of this conceptualization are

shared by Izard et al. (2011), who hypothesize that knowledge of one's emotional experiences improves emotion regulation, which consequently has positive effects on social competence. Importantly, goals, social processes, and emotional tasks change with development. Individuals need to be aware of, recognize, and modulate their emotions in order to effectively regulate their emotional expression during a social interaction. Individuals also need to be aware of when or if they should express their emotions dependent on the social situation. Lastly, individuals need to understand emotion in order to recognize it in others and have successful social interactions with others.

In general, conceptualizations of social competence tend to focus on effectiveness, behaviours, and context-dependent goals (Nangle, Grover, Holleb, Cassano, & Fales, 2010). Social competence is, on a basic level, considered as the application of social skills in order to establish and maintain beneficial interactions, which in turn allow an individual to meet specific goals (Cavell, 1990; Rose-Krasnor, 1997). Importantly, emotion regulation is generally considered part of social competence (Denham et al., 2011; Cavell, 1990; Rose-Krasnor, 1997). Developing expertise in these areas is a crucial developmental task for emerging adults; social competency skills will help individuals build foundations for themselves that will lead to future successes in life. However, there is a gap in the current literature when it comes to understanding how emerging adults manage to cope with failure in these areas. Given the importance of success in developmental tasks, the current qualitative study aims to understand how one proposed strategy for fostering psychological resiliency (i.e., self-compassion) is utilized by emerging male adults during times of failure.

Academic developmental tasks. Research has found academic developmental tasks to be equally relevant to the development of emerging adults (Medalie, 1981; Roisman et al., 2004;

Salmela-Aro et al., 2008), especially considering how developmental tasks arise from a combination of maturation, the aspirations and values of an individual, and cultural pressures of society (Ralston & Thomas, 1974). Ralston and Thomas (1974) posit that society's increased emphasis on the value of a college degree has prolonged education, and school success has replaced the importance of vocational success in emerging adulthood. For males especially, the transition to adulthood is "dominated by the assumption of a linear career path moving from full-time education to full-time employment" (Schoon, 2015, p. 1). Therefore, there is likely added pressure to achieve academic developmental tasks, such as tertiary education, which are increasingly important for achieving later employment success (OECD, 2016).

A commonality across theories is that successful achievement of academic developmental tasks is linked to mastery over a given area of study. Moreover, achievement depends on the willingness, ability, and resources to pursue that area to completion, ultimately ending in a realistic career plan for adulthood. According to the framework put forth by Schulenberg, Maggs, and O'Malley (2003), developmental tasks can be grouped into three interrelated domains: achievement, affiliation, and identity. The achievement domain encompasses developmental tasks centering on education and work. According to this framework, Schulenberg et al. (2003) view academic success as graduating or expecting to graduate by the age of 26. Likewise, work success entails being employed full-time at the age of 26 and working 10 or more months in a year. Although this framework provides an understanding of what may generally constitute the meeting of academic developmental tasks (e.g., post-secondary education, graduation, employment), it fails to highlight the subjective experience of success in these domains. Subjectively meeting academic developmental tasks is a complex matter because of the variability of individuals and their standards of performance. Academic failure is often

thought of as a failing grade that prevents an individual from passing an assignment, exam, course, or program. However, individuals set varying standards for themselves and also experience pressure from others to perform at a given level. For these reasons, it is possible that an individual considers a passing grade a failure. Still others might not feel a sense of achievement from their excellent academic standings. As Burt and Masten (2010) state, during emerging adulthood, there is “continuity in the overall adaptation of individuals across the transition to adulthood, yet there is great variability...both individual differences among people in the same age and changes over time within a specific person” (p.15).

An alternative conceptualization of academic developmental tasks is provided by Medalie (1981). According to Medalie (1981), there are four discrete academic developmental tasks in emerging adulthood related to tertiary education: divestment of childhood ties and investment in a new life, differentiating interests and forming commitments to future goals, mastery of and commitment to academic work, and making realistic plans in anticipation of the future. Based on Medalie’s (1981) model, emerging adults face these tasks in temporal sequence; failure to adequately address these developmental tasks results in maladaptive behaviour and negative life consequences. According to Medalie’s (1981) model, actual course grades are not considered success; rather, the achievement of academic developmental tasks involves being able to adapt realistically to one’s performance in post-secondary education instead of using denial or avoidance. Academic success involves pursuing education that leads to a desired future, fulfils a deep interest, or permits development of special abilities (Medalie, 1981).

Importantly, developmental tasks in social and academic domains work together to set an individual up for future success and positive life events. For example, Schulenberg, Bryant, and O’Malley (2004) found that success in both achievement and social domains was necessary for

maintaining a high level of well-being across the transition into adulthood. In emerging adulthood, individuals are tasked with maintaining social relationships that will help them thrive and grow, while also managing academic and financial pressures; success in one area may improve the likelihood of success in the other. For example, there is evidence that meeting developmental tasks in academic domains promotes social competencies. A longitudinal study by Stouthamer-Loeber, Wei, Loeber, and Masten (2004) followed males with delinquent history and found that being employed or in school was a significant predictor of reduced offending behaviour. Other work found that higher levels of social and academic competence predicted less drug use in emerging adulthood (Clingempeel, Henggeler, Pickrel, Brondino, & Randall, 2005). Conversely, failing grades appear to contribute to worsening antisocial symptoms (Patterson, Forgatch, Yoerger, & Stoolmiller, 1998). Issues with academic competence can interfere with a young adult's ability to build strong social connections that help them develop social competencies (Kim & Jeon, 2008). However, qualitative exploration of failure in these domains is lacking in the literature, despite its ability to provide insight on how individuals perceive, react to, and cope with academic and social setbacks.

Failure in Developmental Tasks

Returning to the purpose of this study, as emerging adults transition through early adulthood, they are likely to experience instances of failure in their endeavours. Research has shown that failure in social and academic domains can impede a young adult's smooth navigation through emerging adulthood, and depending on the individual's coping resources, may contribute to a host of issues which include mental health concerns (Kim & Jeon, 2008; Patterson, Forgatch, Yoerger, & Stoolmiller, 1998; Schulenberg, Bryant, & O'Malley, 2004). In particular, recent research has found that the experience of failure in social and academic

domains may be a contributing factor to stress, low self-esteem, and depressive symptomology (Sagar, Lavallee & Spray, 2009; Telang, Nerali, Telang, & Kalvan-Chakravarthy, 2013).

Stress. Although there is limited research on the effects of perceived failure, Gore's (1978) research provides a starting point for determining a link between experiences of failure and stress. Over a two-year period, Gore (1978) followed 100 men who had recently become unemployed due to two plant shutdowns. Those without social support systems experienced elevations in cholesterol, illness symptoms, and increased negative affective response compared to those who felt supported, even though no difference existed in terms of weeks unemployed or economic deprivation (Gore, 1978). The findings suggest that perceived low social support, and therefore failure in the social domain, can contribute to increased stress.

Even the fear of a failure experience has been shown to increase stress. According to a study of 179 emerging adult students (aged 21 to 24) by Telang et al. (2013), the threat of failure contributed to perceived stress. The leading cause of stress was self-reported to be "fear of failing the course or year" (72%), followed by "fear of facing parents after failure" (46%). Participants were concerned with how failing a course would have ramifications and lead to continued experiences of failure (having to tell one's parents). Similarly, Sagar, Lavallee and Spray (2009) found that young athletes reported that fear of failure contributed to feelings of anxiety, worry, and stress.

Of note, gender potentially plays a role in which stressors have a more profound impact on one's mental health; a study by Saxena, Shrivastava, and Singhi (2014) found that males experienced significantly more perceived academic stress than females. According to Saxena, Shrivastava, and Singhi (2014), males are more likely to perceive academic pursuits as stressful, possibly because of traditional gender expectations in Western societies that the male should be a

provider (Shulman, Kalnitzki, & Shahar, 2009). Similarly, a study by Shulman, Kalnitzki, and Shahar (2009) found that among young adult males, but not among females, academic failure predicted later symptoms of anxiety and more negative events, such as problems in relationships, health, and work. Based on these findings, it is possible that failure experiences in the academic domain are more likely to contribute to stress in males. However, in-depth accounts of academic failure experiences, their impact, and how they were dealt with are not present in the existing literature, and the present study expands this discourse.

Self-esteem. The relationship between failure experiences and self-esteem is also evident in the current literature. A self-perpetuating cycle is thought to exist in the relationship between low self-esteem and experiences of failure: individuals with low self-esteem tend to internalize failure (Dodgson & Wood, 1998), and the experience of failure further reduces their self-esteem (Lane, Jones, & Stevens, 2002). Self-blaming after failure increases the likelihood of poor self-esteem. For example, a study that investigated the relationship between self-esteem, coping, and self-efficacy following sports failure in 91 young athletes found that those who engaged in self-blame after failing to win a tennis tiebreak competition reported lower self-esteem (Lane, Jones, & Stevens, 2002).

A qualitative study conducted by Kim and Jeon (2008) sought to understand the experiences of university students who had failed a medical program or qualifying examination. Participants described how in response to their failure, they felt a status decline, a change to their self-concept, and a more restricted social network (Kim & Jeon, 2008). Failing academically therefore had repercussions on their self-image, social relationships, and mental health.

Depressive symptomology. Most notably, the experience of failure in social and academic domains has been linked to depressive symptomology. Given the sheer amount of

changes and challenges in emerging adulthood, it is perhaps unsurprising that long-term depression is most prevalent during emerging adulthood than at any other period in life (Costello, Foley, & Angold, 2006). A mixed-methods study with 103 emerging adult participants conducted by Martinez-Hernaez et al. (2016) found that loss of friendships and dissatisfaction with social support were particularly associated with depression in emerging adults. Similarly, a qualitative study by Kuwabara et al. (2007) explored depression in emerging adulthood through 15 in-depth interviews. The challenges posed by depression were exacerbated by a sense of failure in achieving expected developmental milestones (Kuwabara et al., 2007). Although research has highlighted a link between difficulty coping with failure and depression, a 10-year longitudinal study of 297 emerging adults by Salmela-Aro, Aunola, and Nurmi (2008) sought to clarify if the attainment of developmental tasks during emerging adulthood (i.e., academic achievement, quality interaction with parents, and friendships) was associated with depressive symptoms. They also researched whether achievement and social strategies predicted depressive symptoms later on in life. Salmela-Aro et al. (2008) found that difficulties dealing with major social-developmental tasks predicted depressive symptoms and also led to subsequent difficulties in later social tasks and achievement tasks. In other words, failure to establish strong social relationships and to maintain success expectations not only led to disappointment that may increase depressive symptoms, but it also was likely to lead to maladaptive social and achievement strategies and thereby subsequent failure (Salmela-Aro et al., 2008). This poor ability to cope with experiences of failure led to further problems, such as increased burnout, lower salaries, fewer friends, and symptoms of depression. This finding held true for both males and females, and Salmela-Aro et al. (2008) reported no gender differences in the trajectory of depressive symptomology. They suggest that emerging adulthood sees a narrowing of the gender

gap that other age groups see in depressive symptoms. Therefore, male emerging adults are just as likely as females to experience depressive symptomology due to failure in social and achievement tasks.

Although experiences of failure can lead to depressive symptomology in both male and female emerging adults, research has shown gender differences in what is considered most helpful in coping with those symptoms (Martínez-Hernández et al., 2016). Martínez- Hernández et al. (2016) conducted a study with 105 emerging adult participants to investigate gender differences in coping with depression. They found that in dealing with depressive symptoms, male emerging adults favoured social support that helped them maintain self-control and forget about their problems. Male participants expressed that forgetting about their problems (e.g., going out with friends) was a necessary first step to help them gain control before they could work through emotional distress. Martínez-Hernández et al. (2016) suggest that this may help to explain why “young men in general have a lower level of mental health literacy, and why they are more likely to avoid using professional mental health services in the course of help-seeking” (p. 9). These findings are relevant to the present study because they suggest there may be gender differences in the way individuals cope with mental health issues that arise from failure experiences. Based on the findings of Martínez-Hernández et al. (2016) that males prioritize gaining control of their problems while females prioritize talking through their problems, it is possible that males perceive and apply self-compassion differently during failure than do females. The present study aims to address this gap in the literature and expand the discourse on this topic to help develop understanding of gender nuances.

In summary, current literature on failure in developmental tasks has found that failure contributes to stress, low self-esteem, and depression. It is clear that the successful completion of

developmental tasks in emerging adulthood can help individuals feel satisfied, accomplished, and happy with their lives. Alternatively, experiences of failure can contribute to an emerging adult's feelings of dissatisfaction and unhappiness. Although there are various resources available to individuals to help mitigate the effects of depression, anxiety, and general stress, one promising avenue is to consider the protective factors that help emerging adults recover from the inescapable experience of failure. Self-compassion is one such factor that may play an important role in buffering against the effects of perceived failure.

Self-Compassion

Neff's conceptualization. The most widely used conceptualization of self-compassion in current Western research comes from Neff (2003a). Neff's conceptualization posits that self-compassion is comprised of three main components: self-kindness, common humanity, and mindfulness. Self-kindness refers to treating oneself with care and understanding, especially in instances of pain. Rather than judging oneself harshly, self-kindness promotes acceptance and understanding of oneself (Neff & McGehee, 2010). The second component of self-compassion is common humanity, which is seeing one's own suffering as part of the larger human experience: all humans fail, make mistakes, and experience suffering. Rather than isolating oneself and viewing experiences as separate from others, common humanity involves a sense of connectedness with others. Understanding one's common humanity helps individuals put experiences into perspective and recognize that personal failure is a part of life (Marshall et al., 2015). The third component of self-compassion is mindfulness, which refers to holding painful thoughts and feelings in balanced awareness and accepting them but not over-identifying with them (Neff, 2003a). By creating a detachment from painful experiences, mindfulness fosters a balanced perspective taking. The three components of self-compassion work together and

enhance one another. For example, remembering that one's experience is shared by others helps with taking a balanced, mindful perspective, and directing kindness towards the self helps one to accept that challenges are part of the human experience. As Neff and McGehee (2010) state, "these components combine and mutually interact to create a self-compassionate frame of mind" (p. 226).

Gilbert's conceptualization. In order to understand how self-compassion is conceptualized by Gilbert (2009), it is important to recognize that his theory conceptualizes compassion and self-compassion as being rooted in evolution. Three emotion regulation systems, each associated with different brain regions and brain chemistry, are hypothesized to have evolved in humans over time. Firstly, the drive, resource-seeking and excitement system motivates an individual toward resources and is associated with feelings of pleasure and achievement. Secondly, the contentment, soothing, and safeness system manages distress, promotes bonding, and is associated with feelings of trust and care. Finally, the threat and protection system detects threats and motivates threat responses, and it is associated with feeling such as anxiety and anger.

Gilbert notes that because the human brain has changed and adapted over the course of civilization, there is a new type of threat to the individual that activates the threat system in the same ways that physical threats do. Brains have developed the ability for self-criticism, low self-esteem, and poor self-evaluations. To deal with this new type of threat, Gilbert proposes that a helpful response is self-compassion (Gilbert, Clarke, Hempel, Miles, & Irons, 2004). Self-compassion is the ability to soothe the self when in distress and thus reduce the threat of self-criticism. Therefore, using self-compassion is a way of activating the contentment, soothing, and safeness system which helps individuals achieve emotional balance.

Gilbert (2009) summarizes the concept:

Once individuals stop criticising, condemning and blaming themselves for their symptoms, thoughts or feelings, they are freer to move towards taking responsibility and learning to cope with them (p. 201).

According to Gilbert (2009), self-compassion is understood as specific attributes and skills that create an internal compassionate relationship to oneself and activate the soothing and safeness system. In this conceptualization, self-compassion involves not only sensitivity to and tolerance of one's distress but the ability to be emotionally moved by it. Self-compassion also requires a motivation to be caring toward oneself and a willingness to view experiences from a larger perspective. As individuals develop these skills, they are able to soothe themselves after difficult experiences and restore emotional balance to their affect regulation systems.

Differences between self-compassion and self-esteem. In understanding self-compassion, it is essential to differentiate self-compassion from the construct of self-esteem. Self-esteem can be broadly defined as “the manner in which individuals perceive or evaluate themselves” (Lohan & King, 2016, p. 116). Interventions that target improved self-esteem are relatively common, and high self-esteem has been viewed as an important variable in contributing to emotional and behavioural adjustment and educational outcomes (Lohan & King, 2016). However, a key distinction between self-esteem and self-compassion is that self-esteem stems from comparisons, social judgments, and other people's evaluation of the self (Neff, 2003a). Whereas self-esteem involves evaluating the self in relation to others (e.g., Am I good enough? Do others like me?), self-compassion involves accepting and understanding the self without social comparisons (e.g., How can I be kind to myself in this moment of suffering? Can I accept and learn from this experience?).

Although self-esteem interventions are currently more common than those involving self-compassion, there is evidence that self-compassion may be more beneficial. Marshall et al. (2015) looked at the effects of self-compassion versus self-esteem in a sample of 2448 youth over two years. Amongst those with high self-compassion, low self-esteem had little influence on their future mental health. The findings suggest that levels of self-compassion may be a better predictor of future mental health than self-esteem. Similarly, Leary et al. (2007) found that individuals with high self-compassion were able to better handle negative experiences with others than those with high self-esteem. Based on the literature, self-compassion interventions may be of better use in helping emerging adults reduce self-criticism, ameliorate depressive symptoms, and improve mental health in the long term.

Self-compassion interventions and mental health. Multiple studies have shown that higher levels of self-compassion are related to improved psychological functioning (Bluth & Blanton, 2013, 2015; Neff & McGehee, 2010), and that self-compassion can reduce the risk of depression, anxiety, and other psychological concerns (Neff, Kirkpatrick, & Rude, 2007). Additionally, self-compassion has been shown to improve reactions to negative life events, act as a buffer against mental health concerns, and foster general well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff & McGehee, 2010; Neff, Rude, & Kirkpatrick, 2007).

In a series of five related studies, Leary et al. (2007) found that self-compassion contributed to healthier reactions in response to negative life events. For example, Leary et al. (2007) conducted a randomized controlled study with 115 university undergraduates in which participants wrote about a negative life event and then responded to three prompts that facilitated self-compassion. First, participants were asked to list ways in which other people experience similar events (common humanity), then to write a paragraph expressing concern and

understanding to themselves (self-kindness), and lastly to describe their feelings about the event in an objective manner (mindfulness). Leary et al. (2007) found that participants in the self-compassion group reported lower negative affect than the control groups and were less defensive and less distressed. Furthermore, participants in the self-compassion group were more likely to acknowledge their mistakes and take responsibility for them (Leary et al., 2007).

Similar results were reported by Mosewich, Crocker, Kowalski, and DeLongis (2013) who sought to determine the effects of a self-compassion intervention on negative cognitive states and levels self-compassion in athletic female emerging adults. Mosewich et al. (2013) found that a psychoeducation session and self-compassionate writing exercises completed over a 7-day period increased self-compassion and significantly decreased self-criticism and rumination. These results were maintained at a 1-month follow up. Conceptually, fostering self-compassion may have an influence on the appraisal of situations, the choice in coping efforts, and coping effectiveness (Mosewich et al., 2013). The present study contributes to the discourse by looking at how self-compassion influences the appraisal of failure situations and coping efforts for males, a population that is understudied in self-compassion literature.

A study by Shapira and Mongrain (2010) also sought to determine whether self-compassion could be increased through a daily exercise in which participants thought of a distressing event and then wrote a paragraph that expressed support and understanding to oneself. With a Canadian sample of 1002 participants aged 18 to 72, Shapira and Mongrain (2010) found that fostering self-compassion increased self-reported levels of happiness, pleasure, engagement, and meaning in life. Moreover, this increased happiness was maintained at one month, three months, and six months follow-ups.

Longer term self-compassion interventions have shown to provide similar benefit to psychological wellbeing. An eight-week self-compassion program for adults conducted by Neff and Germer (2012) resulted in increased self-compassion, life satisfaction and compassion for others. Neff and Germer (2012) found that these changes were correlated with decreases in depression, anxiety, stress, and avoidance. A study conducted by Smeets, Neff, Alberts, and Peters (2014) provided further evidence on the effectiveness of longer term interventions. The researchers assigned 49 emerging adults to one of two groups: a self-compassion intervention group or a time-management control group. The study found that young adults in the self-compassion intervention group reported higher gains in self-compassion, self-efficacy and optimism and a significant reduction in rumination compared to the control group.

Self-compassion and academic developmental tasks. In relation to developmental tasks, self-compassion has been shown to relate to improved academic performance. Achievement in the academic domain can have a lasting impact on an individual's self-attitude, goals, and career choices. Based on findings in the research literature, self-compassion has the potential to not only help emerging adults cope with academic failure but set them up for future success.

Breines and Chen (2012) conducted a randomized control trial to determine whether self-compassion could increase time spent studying following an initial failure. A sample of 86 emerging adults were randomly assigned to one of three conditions: self-compassion, self-esteem, or control. Participants were given a 10-item test to complete, which was meant to be difficult (average score=40%). They were then given a list of words and definitions to study that would be on a subsequent test. Participants in the self-compassion group received an additional statement with the presentation of study words, which stated they were not alone in achieving

low scores and to not be hard on themselves for the failure. Breines and Chen found that those in the self-compassion group studied longer, which in turn predicted higher test scores.

In addition to helping one cope with failure, self-compassion can help one view the actual experience of failure as less dangerous to one's self-concept. A study by Neff, Ya-Ping, and Dejitterat (2005) found that university students with higher levels of self-compassion adopted mastery goals as opposed to performance goals. These individuals were less afraid of failure and perceived themselves as more competent, which motivated them to learn rather than to just perform well. Self-compassion did not affect competence in terms of grade point average; rather, it predicted motivational patterns that underlie academic achievement (Neff, Ya-Ping, & Dejitterat, 2005). Results found that self-compassion provided students with "emotional resilience in the face of failure, and therefore foster[ed] adaptive academic achievement goals" (p. 276). Similar results were found in a study of first year master's students (Ying & Han, 2009) and of online learners (Kyeong, 2013). Overall, self-compassion is positively correlated with problem-focused coping. Students who were self-compassionate were able to reframe their problems and accept their failures without experiencing academic burn-out. More recently, Yonghong, Xi, Xianwei, and Wenjie (2016) studied a sample of students who reported significantly higher academic stress than their peers. Even in a stressful sample, results showed self-compassion helped students cope with chronic academic stress and is a protective factor against poor psychological well-being related to academic failure.

Self-compassion and social developmental tasks. Self-compassion has been further shown to relate to social developmental tasks. Research has shown it may be possible to improve an individual's ability to interact effectively with other people through the development of self-compassion. Self-compassion involves accepting and understanding the self without making

social comparisons or placing emphasis on other people's evaluation of the self (Neff, 2003b). Self-awareness and self-understanding helps one to wisely understand others, a skill that contributes to positive social interactions (Neff, Rude, & Kirkpatrick, 2007). In fact, self-compassion has been found to have a significant positive association with optimism, wisdom, agreeableness, and extroversion (Neff, Rude, & Kirkpatrick, 2007). Furthermore, in a descriptive-correlational study, Arslan (2016) found that self-compassion contributed to an insistent-persevering approach to problems at a significant level. In other words, participants high in these constructs were able to persistently pay effort to solving an interpersonal problem (Arslan, 2016). Self-compassion helped improve the ways in which participants interacted with others, thereby improving their ability to meet social developmental tasks in emerging adulthood.

Taken together, these self-compassion studies provide strong evidence that fostering self-compassion can improve mental health and help an emerging adult reach academic and social developmental tasks. These findings are promising for the present study, as they suggest that male emerging adults who practice self-compassion may have an easier time coping with failure. However, more research is needed on what constitutes practicing self-compassion for males.

Counselling approaches to self-compassion. Interventions based on Neff's (2003a) conceptualization of self-compassion are widely used in counselling contexts. Enhancing self-compassion can be done through guided meditations, mindfulness exercises, and informal practices such as soothing touch and self-compassionate letter writing (Neff & Germer, 2017). In counselling, these types of exercises encourage individuals to treat oneself with kindness, understand that all individuals endure suffering, and not over-identify with painful feelings (Neff, 2003a). Self-compassion interventions have been shown to be successful in increasing

self-compassion, mindfulness, and feelings of well-being (Neff & Germer, 2012; Neff, Rude, & Kirkpatrick, 2007)

Additionally, in the context of counselling, self-compassion is often fostered through compassion-focused therapy (CFT; Gilbert, 2009). CFT is based on the premise that when people fail, they may fear shame or rejection, become self-critical, and have difficulty directing compassion toward the self (Gilbert, 2006). CFT attempts to deactivate the threat system which is engaged when feelings of shame and self-criticism arise in response to perceived failure or setbacks. Self-criticism strongly relates to the experience of failure because highly self-critical individuals are characterized by “intense feelings of inferiority, guilt, and worthlessness and by a sense that one has failed to live up to expectations and standards” (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982, p. 383-384). CFT makes use of compassionate imagery, compassionate writing, and psychoeducation to help increase compassion for the self and for others. For example, an individual might foster self-compassion by imagining a compassionate being who is warm and comforting, writing a self-compassionate letter, and learning about emotion regulation systems (Gilbert, 2009). Compassionate mind training, a program based on CFT theory, resulted in significant decreases in depression, anxiety, shame, self-criticism, and feelings of inferiority for clients attending a day centre for chronic difficulties (Gilbert & Procter, 2006).

Gender differences in self-compassion. Given that the current study focuses on men’s experiences of self-compassion, it is important to understand gender differences that have been shown to exist in the literature. A meta-analysis of 71 publications conducted by Yarnell et al. (2015) found a small yet meaningful difference in the average levels of self-compassion among males and females. Results showed that men reported themselves to be more self-compassionate

than women, although this gender gap was reduced among older samples. Similar results were reported by Souza and Hutz (2016), who found self-compassion was higher in men, which they suggest is perhaps due to higher self-criticism found in women. Even more recently, Bluth, Campo, Futch, and Gaylord (2017) found adolescent males reported higher self-compassion than females. Bluth et al. (2017) suggest the beneficial effects of self-compassion may operate through a different pathway in males related more to behavioural outcomes rather than internalizing symptoms. For example, behavioural outcomes such as a decrease in substance use and violent behaviours or an increase in school attendance may more accurately reflect self-compassion in males (Bluth et al., 2017). Based on their study, Bluth et al. (2017) highlight how there is still more to be known surrounding self-compassion and males. Additionally, it is important to acknowledge that while men may report higher scores on the self-compassion scale (SCS; Neff, 2003b), an understanding of their actual experience of self-compassion is lacking.

Due to the fact that much of the research has shown females have lower self-compassion on average than males (Bluth et al., 2016; Neff, 2003; Neff & McGehee, 2010; Souza & Hutz, 2016; Yarnell et al., 2015) and that females are more likely to enrol in self-compassion interventions (Neff & Germer, 2012), the majority of self-compassion research focuses on the female experience. Research on how young males perceive and experience self-compassion has not been published, despite the understanding it could provide on gender and self-compassion. The present study seeks to address this gap in the literature when it comes to the experience of males.

Despite the lack of qualitative research in the area, a number of quantitative studies that specifically address self-compassion in males may shed light on gender differences in self-compassion. Reilly, Rochlen, and Awad (2013) conducted a study with 145 men from university

and community samples to investigate the relationship that masculinity has on self-compassion. Their definition of masculinity was based on research that described traditional masculine norms as ones that “encourage men faced with failure or difficulties to engage in criticism and self-comparisons, use self-reliance, and discount their emotions” (p. 2). Results found that conformity to masculine norms was negatively correlated with self-compassion; they suggest that men adhering to traditional masculine norms tend to avoid vulnerable feelings and thus distance themselves from self-compassion. Based on their study, masculine norm adherence is a factor that may impact a male’s ability to form a healthy self-concept when faced with failure.

Similarly, masculine norm adherence has been linked to barriers with help-seeking, self-stigma, and an unwillingness to disclose emotions (Heath et al., 2017; Pederson & Vogel, 2007). Interestingly, a study by Heath et al. (2017) conducted with 284 undergraduate men found that masculine norm adherence was not linked to self-stigma (i.e., the fear of reduced self-worth for seeking counselling), and self-disclosure risks (i.e., anticipated consequences for disclosing concerns) when high self-compassion was present. On the contrary, self-compassion acted as a buffer. Heath et al. (2017) found that men with high self-compassion may be more able to adhere to masculine norms without internalizing shame or self-criticism for engaging in behaviours they view as less masculine. In other words, once a man has developed a strong sense of self-compassion, he is less concerned with whether self-compassion is considered masculine or not. Heath et al. (2017) propose a possible explanation for this is that self-compassion allows males to view self-disclosure as a form of self-kindness instead of as a risk.

Taken together, research suggests that males who adhere to traditional gender norms may experience more difficulty with self-compassionate practices because they associate self-compassion with personal weakness (Reilly, Rochlen, & Awad, 2013). In this way, adherence to

traditional gender norms may create a barrier for male emerging adults in developing self-compassion (Heath et al., 2017; Relly, Rochlen, & Awad, 2013). However, once males have developed self-compassion, it appears as though they accept themselves more readily and do not view their self-compassionate behaviour as a risk to their masculinity (Heath et al., 2017). It is promising that once males have developed self-compassion, the act of being self-compassionate appears to become less of a threat. However, there is a gap in the current literature when it comes to actually understanding these self-compassionate experiences, and qualitative research is needed to develop this insight.

Summary

Emerging adulthood is clearly a period of life in which there is ample opportunity for failure. Failure in social and academic domains in particular has been found to have an impact on an emerging adult's development, but only if the emerging adult cannot cope with that failure. Maladaptive coping can lead to poorer mental health, while a self-compassionate frame of mind has been shown to be a protective buffer. A growing body of literature has demonstrated the positive relationship between self-compassion and psychological well-being. Self-compassion interventions may be especially useful in helping emerging adults accept and learn from failure experiences. Self-compassion interventions are an encouraging avenue to pursue given the impact that failure in academic and social domains can have on emerging adults. Missing from the research are qualitative explorations that provide an in-depth look at how self-compassion specifically plays a role in recovering from experiences of failure in emerging adulthood among males. Given the complex quantitative findings in the current literature, an exploration of self-compassion in an all-male sample is necessary to help understand gender differences in the practice and experience of self-compassion. To address this gap and the lack of knowledge on

the self-compassion experiences of young males, the current study intends to develop an understanding of how male emerging adults actually perceive and experience self-compassion. Such an understanding could help inform future research on self-compassion and contribute to development of interventions that aim to increase self-compassion in male emerging adults.

Chapter Three: Methodology

This study relied upon a qualitative methodology, which is appropriate for in-depth exploration of people's experiences (Creswell, 2007). Qualitative research views human experience as varied, subjective and influenced by factors such as past history and culture, and in-depth exploration of these experiences allows for the complexity of views to emerge (Creswell, 2007). In particular, this study utilized interpretative phenomenological analysis (IPA). IPA is a qualitative methodology with an emphasis on exploring how people make sense of their experiences (Smith & Osborn, 2008). IPA focuses on an individual's personal perception or account of an experience and is not concerned with presenting an objective statement of the experience itself (Smith, 2015). In relation to the current study, the aim was to understand participants' personal perceptions and experiences of self-compassion, rather than to make any objective conclusions about the construct of self-compassion. Despite this goal, IPA recognizes that it is impossible to gain direct access into the participants' worlds, and so a two-stage interpretation process ensues: the participant attempts to make sense of their experience, and the researcher tries to make sense of the participant trying to make sense of their experience (Smith, 2015). This understanding is complicated by the researcher's conceptions and assumptions, and so it is important to consider theoretical underpinnings and epistemological viewpoints of IPA that influence data interpretation.

Theoretical Underpinnings

To understand how individuals make meaning of their experiences, IPA relies on phenomenological philosophy, hermeneutics, and idiography. Phenomenology aims to study structures of experience (Larkin & Thompson, 2011) and the essential components that distinguish that experience from others (Pietkiewicz & Smith, 2012). Husserl (1970) first

developed phenomenology to investigate the way in which phenomena appear in people's consciousness (Matua & Van Der Wal, 2015). Since Husserl, phenomenology has developed into two different streams: descriptive and interpretive. Descriptive phenomenology uses bracketing (i.e., identifying and setting aside the researcher's assumptions about a phenomenon) so as to achieve an objective understanding (Fischer, 2009). Alternatively, IPA uses interpretive phenomenology which shifts from description to interpretation. Interpretative phenomenological research is grounded in the work of Heidegger (1962), who argued that even descriptions are interpretations, and that gaining in-depth understanding requires interpretation by both the researcher and the participant (Matua & Van Der Wal, 2015). When phenomenological research shifts to take on this interpretive focus, it becomes *hermeneutic* (Dowling, 2007). Considering that IPA attempts to understand participant experiences and perspectives, the methodology is intellectually connected to hermeneutics (Smith & Osborn, 2008).

Hermeneutics is concerned with how people interpret their life worlds and experiences, as well as the meaning of those experiences (Lavery, 2003). Grounded in hermeneutic work by Heidegger (1962) and Husserl (1970), Gadamer (1998) sought to develop a practical application of hermeneutics. He posited that understanding can only occur through interpretation, and that language is the universal means by which this is done (Lavery, 2003). Therefore, according to hermeneutics, the interpretation of an experience requires that one comprehends the language and mindset of another (Heidegger, 1962). To do so, IPA views the individual as a cognitive, linguistic, affective and physical being and assumes a connection between what they say and how they think and feel (Smith, 2015). However, this connection is complicated; people struggle to express themselves accurately and at times limit self-disclosure. In these instances, the researcher must interpret the participant's mental and emotional state through their speech

(Smith, 2015). In this way, an IPA study is a dynamic process where both the researcher and the participant both take on active roles (Pietkiewicz & Smith, 2012). This process is described as a *double hermeneutic*, in which the participant first makes meaning of their own experience, and the researcher attempts to decode that meaning (Smith & Osborn, 2008).

Lastly, IPA requires an idiographic mode of inquiry, which refers to the detailed examination of particular cases (Smith & Osborn, 2008). A detailed examination of each case is especially important in the development of themes, because the researcher must distinguish if a certain theme applies across cases. Detailed examinations help accomplish the aim of IPA, which is to develop in-depth understanding of a particular group of people, rather than making more general claims (Smith & Osborn, 2008). Therefore, IPA is concerned with both the idiographic (i.e., case level) as well as the patterns across a small sample. For this reason, IPA samples are fairly homogeneous and focus on a phenomenon that is shared by participants. IPA studies are focused on the quality of data rather than the quantity for insightful analysis, and therefore sample sizes are typically small (Larkin & Thompson, 2011).

Epistemological Assumptions

IPA recognizes that it is impossible to gain direct access to a participant's world, and rather the researcher must make an attempt at interpreting their experience (Willig, 2013). This methodology is aligned with the theory of social constructivism that has specific assumptions about the nature of reality and knowledge. Social constructivism asserts that an individual's reality is constructed through their experiences. In this way, experience is viewed as varied and subjective (Creswell, 2007). Human experience is influenced by history, culture, language, and interactions; depending on how each human has interpreted these experiences, their perceptions of reality vary. When considering the current study, the ways in which male emerging adults

view and understand self-compassion may differ from my own understanding, considering our varied social, cultural, and biological experiences. The different historical pasts of the participants and the researcher will influence how self-compassion is perceived. Social constructivism guides the current study because it acknowledges that meaning is constructed through interaction with the world and allows for the complexity of views to emerge (Creswell, 2007).

Researcher interpretations involve acknowledging that participants may be struggling to disclose and that there is a connection between what someone thinks, says, and feels (Smith & Osborn, 2008). Therefore, it is important to recognize the factors that may influence the researcher's interpretation of the participant's disclosure. Considering how personal, cultural, and social experiences are likely to influence how individuals interpret phenomena, it is essential for the researcher to consider their own assumptions. IPA requires an understanding that the beliefs of the researcher will have an impact on the interpretive process (Smith & Osborn, 2008). By remaining open to the differences of views and understandings of a central phenomenon, the researcher is better able to interpret the experiences of participants. In relation to the current study, understanding how my own perspective of self-compassion has been shaped helps me remain open to the experiences of male emerging adults, which likely differ from my own.

Background of Researcher

Given the nature of IPA, it is important for the researcher to discuss their own personal biases that may influence interpretation. An awareness of my own experience of self-compassion helps to suspend these experiences (to a certain extent) as I attempt to understand the experiences of others (Creswell, 2014). After completing my undergraduate degree in Secondary Education, during which time I was involved in compassion research, I was employed as a teacher in a

community program. The program sought to provide young adults, aged 15 to 30, with skills and support for maintaining employment. During my time as a teacher, I observed firsthand the struggles that emerging adults face as they attempt to gain independence and autonomy. Many of the program participants struggled with experiences of personal failure, which impacted their self-concept as well as their motivation. Based on my prior experience with self-compassion research, it seemed like a natural intervention to help foster resiliency in the face of failure.

Additionally, as part of my graduate education, I continued my involvement in self-compassion research. This exposure led me to adopt a conceptualization of self-compassion as proposed by Neff (2003a). During this time, I also worked with a number of emerging adults in therapy. As a practitioner of compassion-focused therapy set forth by Gilbert (2009), I also developed an inclination toward self-compassion interventions to help individuals struggling with self-criticism. Given this prior exposure to compassion research, it was particularly important to me to maintain an open mind throughout the current study. Moreover, my experience as a female likely affected the way I identified with and experienced self-compassion. Rather than try to fit participant experiences into my own understanding of self-compassion, I wanted to learn how they conceptualized self-compassion from their own perspectives. Given the nature of the study, it was essential that I employ considerable bracketing during the interview process to remain open to participants' understandings and perspectives. The understanding that conceptualizations of self-compassion may vary helped me pursue greater detail when confronted with experience that differed from my own.

Method

Selection criteria and participant recruitment. IPA uses purposive sampling to find a fairly homogeneous sample in which all participants can speak to the phenomenon of interest

(Smith & Osborn, 2008). Due to detailed analysis, IPA focuses on the depth rather than the breadth of the study. For this reason, six to eight participants are often recommended for IPA studies because the researcher is able to examine similarities and differences without being overwhelmed by data (Pietkiewicz & Smith, 2012). In the present study, a total of 7 participants were recruited, ranging in age from 20 to 24. The inclusion criteria for participants were as follows: (a) male, and (b) between the ages of 18 and 25. The age range was chosen based on Arnett's (2000) theory of emerging adulthood. Of the seven participants who completed the study, one identified as East Indian, five as European-Canadian, and one as both European-Canadian and Métis.

Participants were recruited from the University of Alberta via poster advertisements and from online using a Kijiji advertisement (see Appendix A and B). Interested individuals were asked to contact me by email, as indicated on the recruitment advertisements. Prospective participants were emailed a study information letter with detailed information on the nature of the study (see Appendix C).

Data collection. Each participant took part in an individual, in-person semi-structured interview, lasting approximately 45 minutes in length. Interviews took place in a private interviewing room on the University of Alberta campus at the Department of Educational Psychology Clinical Services. The semi-structured interview was selected as it is the preferred style of IPA and tends to produce rich data (Smith & Osborn, 2008). The flexibility maintained by a semi-structured interview allows the interview to enter novel areas and cover a wide array of information (Smith & Osborn, 2008). Each interview began with an overview of the research process, a review of the consent form (see Appendix D), and brief discussion that aimed to establish rapport with participants. Participants were asked to complete a demographic form

before beginning the interview (see Appendix E). The interview schedule consisted of six open-ended questions, all of which included additional prompts to help facilitate in-depth discussion (see Appendix F). Following the interview, participants were offered a list of local counselling referrals. All participants were given a \$25 dollar gift card for a movie theatre as a token of gratitude for participation.

Each interview was audio-recorded and transcribed verbatim. Following transcription, participants were emailed a password-protected copy of their interview transcript for review. Transcripts were sent in order to provide the opportunity to revise or clarify any information that participants saw fit. Of the 7 participants, one offered clarification regarding his previous experience learning about self-compassion. Participants were also told that they were able to withdraw their data up to four weeks after receiving their transcript for review. After this point, data was to be retained as it became part of the data analysis. No participants withdrew their data from the study.

Data analysis. Smith, Flowers, and Larkin (2009) describe the analytic process of IPA as multi-directional in that it requires moving between the parts and the whole: small bits of text are looked at in the context of the whole transcript, and the whole interview is also thought of from the perspectives that emerge through small pieces of the data. While IPA does not have strict instructions for data analysis, Smith et al. (2009) suggest five steps to use as a guide, particularly for novice researchers, which I used as guidelines for data analysis. The five steps are as follows:

(a) The first step involved immersing myself into the data by listening to the audio recordings and then reading and re-reading transcripts. Engagement with the data is suggested because it helps ensure that the participant is the focus of the analysis. During this process, I was

able to strongly familiarize myself with each interview. As I did so, I also noted observations and comments that came to mind in the form of memos.

(b) The second step involved commenting directly on the data itself and dividing text into units that captured the meaning of what a participant was saying, rather than dividing text based on sentences or paragraphs. Comments were made on similarities and differences, contradictions, amplifications, and assumptions. These comments aimed to help develop an understanding of the participant's meaning.

(c) The third step involved returning to the beginning of the transcript and transforming comments into codes. Codes transformed comments by turning ones that were particularly relevant to the phenomenon of study into precise and brief phrases that reflected meaning in the data. During this step, codes emerged that not only reflected the comments but could be clearly connected to what the participant actually said.

(d) The fourth step involved listing the codes and looking for connections between them. During this step, I looked at all the codes and began to cluster them by similarities or connections. Several codes began to distinguish themselves as superordinate themes because they captured the meaning of the other codes within their clusters. The superordinate themes that emerged were also compared to the transcripts itself, to ensure the themes reflected the source material.

(e) The fifth step involved labelling superordinate themes that accurately represented the clustered codes. Importantly, superordinate themes were not selected purely based on the frequency with which they emerged in the data. Rather, the richness of the data or how the theme illuminates the phenomenon of study was considered. However, to ensure the superordinate themes not only captured the data at the greatest level of abstraction but also reflected the

experience of the group rather than a sole individual, themes were endorsed by at least half of participants, which is common in IPA studies (Smith et al., 2007).

Trustworthiness of the Study

To help determine whether the findings were credible from both the standpoint of the researcher and the participants, suggestions by Creswell (2014) were implemented within the study. To begin with, it was important to clarify the bias that I bring to the study as the researcher. Reflectivity helps create an open narrative that conveys to readers how my interpretation of the findings is shaped by my background and experiences (Creswell, 2014). Reflecting on the biases that I bring to the study helped to bracket these assumptions so that they were less likely to interfere with interpretation. As part of the data analysis process, I recorded comments and assumptions in the form of memos that served to help separate my own assumptions from the data itself.

Additionally, member checking was conducted to help ensure trustworthiness. Participants were invited to comment on the accuracy of their interview transcription. This provided participants with the opportunity to clarify statements they had made, which helped ensure that my interpretations more accurately reflected what participants intended to convey.

Trustworthiness was also enhanced through triangulation, which involves establishing themes that converge several participant perspectives (Creswell, 2014). To maximize credibility and the transferability of my findings, I wrote thick, rich descriptions to provide ample evidence for each theme that emerged (Creswell, 2012). Additionally, peer review with my research supervisor helped to develop and refine codes. Participating in peer-review helped me to see the data from a different perspective, ensure codes were kept close to the meaning of participants, and to look critically at the themes that were emerging.

Ethical Considerations

This study received ethics approval from the University of Alberta's Research Ethics Board (REB 1). In adherence to ethical guidelines, it was important to ensure respect for persons was maintained and that participation in the research remained voluntary. While there was minimal risk of harm with this study, it was possible that reflecting on experiences of failure might be uncomfortable due to potentially painful or embarrassing memories. To help minimize this risk and to ensure participation remained voluntary, participants received information on the voluntary nature of the study before, during, and after the interview. Additionally, it was made clear to participants that the interview could be stopped at any time without repercussions and that they did not have to answer questions they did not wish to. I also monitored the participants' verbal and non-verbal language for signs of distress in case the interview needed to be halted. Regardless of perceived distress, participants received a list of counselling resources. Lastly, to protect participants' anonymity, identifying information was removed during transcription of the interviews. Participants also selected a pseudonym to replace their actual name, and their pseudonym was used during the interview and throughout data analysis. Audio recordings were stored on an encrypted flash drive and removed from the recording device. Electronic files, audio recordings, and any other study documents were stored on a password-protected and encrypted computer, and paper documents were locked in a filing cabinet to ensure their security.

Chapter Four: Findings

The purpose of this study was to explore how emerging male adults experienced and perceived self-compassion in the face of failure. The current chapter consists of two main sections. The first section details the idiographic failure experiences of the seven participants, while the second section provides detailed descriptions of the themes that emerged from the interviews.

Experiences of failure

Hank. For Hank, the failure experiences he chose to share centered on work, friends, and family. Hank described himself as a perfectionist and worried about making a good first impression with his employer. He discussed starting a new job and what it was like to be reprimanded for placing products in the wrong area, and how this felt like a personal failing. He also elaborated on a time he unintentionally offended a friend by making light of her recent break-up. To Hank, offending his friend felt like a personal failure because he was often concerned that his friends might choose to distance themselves from him. He described this feeling as being “on eggshells” because he did not want to say the wrong thing. Lastly, Hank described difficulties in communication with his family due to feeling too much pressure to succeed from his parents. He explained that when his family argued, he often later regretted his word choice and his reaction.

David. David’s experiences of failure centered on sports and academics. David shared that during the last game of his sports career, his team lost in overtime. He felt disappointed, shocked, and defeated by the loss, especially because he considered himself a very athletic individual. David also described what it was like to fail a course in university and how he

worried about telling his friends and family. He felt he had not met his potential or the expectations he had set for himself in terms of academic performance.

Harry. Harry elaborated on experiences of failure relating to academics and personal relationships. He described what it was like for him to fail a university midterm. Mainly, he recalled being shocked and defeated by the failing grade because he expected to do much better. As it was his first time failing an exam, Harry described feeling annoyed that the effort he put in did not pay off. Additionally, Harry discussed his friend's suicide. His friend's passing initially felt like personal failure to Harry because he had an overwhelming sense of wondering if there had been something he could have done to prevent it. This feeling was also present for him when his brother broke his ankle. Harry noted that he tended to view being unable to protect others from harm as personal failure on his part.

Jason. Jason's experiences of perceived failure related to sports, university, and romantic relationships. Jason spent a large portion of his life training for a sport with the hopes of becoming a professional player. Unfortunately, he did not make the professional league's team because of his height. Despite understanding why height matters in sports, Jason felt hurt by the rejection and contemplated quitting the sport altogether. Additionally, Jason described being rejected from a university's nursing program and how disappointed he felt by his grades not being high enough. The final experience of failure he elaborated on was a recent break-up for which he initially blamed himself.

John. John explained how his recent move from another province carried with it a number of experiences that he perceived as failings. Firstly, the expectation that he would reconnect with his father was not met; rather, John experienced disappointment and frustration that he and his father were not on better terms. Although John had difficulty finding employment

after his move, he was able to pursue his hobby of theatre by performing in drag shows. However, one performance in particular stood out to him as a failure because it did not meet his expectations. He felt that the effort he put in to practicing was not well reflected in his performance, which felt like a personal failing.

Robert. Robert described experiences of failure related to academics and employment. In his final year of high school, Robert failed a mathematics course. He described how receiving his grade felt “like a shot to the gut” and how his initial concern was having to tell his parents, which would be admitting he did not meet his own expectations for himself. Additionally, Robert described how he was reprimanded on his work-site for a poorly done caulking job. Robert felt very embarrassed and stressed, but was especially worried that his father, who was also his boss, would hear of the incident and be disappointed.

Seth. Seth described experiences of failure related to academics and sports. He explained how when he found out he failed a university mathematics course, he experienced shock because he did not expect to perform that poorly. Seth described feeling embarrassed, ashamed, and worried about judgment from his friends and family. This experience occurred while Seth was also dealing with a break-up, which contributed to feelings of being overwhelmed. Seth additionally described a second experience of failure, which was being cut from a soccer team. Not making the soccer team was “devastating” and felt like a personal failing to Seth because he felt he did not play as well as he was capable of.

Themes

Five main themes emerged from participants’ accounts of self-compassion. The five superordinate themes reflect how participants perceived and experienced self-compassion in response to failure as: (a) taking charge of the situation, (b) accepting and moving on, (c)

connecting to others, (d) practicing self-care, and (e) continuing exploration. Table 1 illustrates the number of male emerging adults who endorsed each theme.

Table 1

Number of Participants Endorsing Main Themes

Names	Taking Charge of Situation	Accepting and Moving on	Connecting to Others	Practicing Self-Care	Continuing Exploration
David	•	•	•	•	•
Hank	•	•	•		
Harry	•	•	•	•	•
Jason	•	•	•	•	
John	•	•	•		•
Robert	•	•	•		
Seth	•	•	•	•	•

Taking charge of the situation. Participants found that self-compassion involved taking charge of the situation, which included focusing on solutions to the problems resulting from their experience of failure. Additionally, taking charge meant changing the goals they set for themselves and adjusting their self-expectations to better reflect those goals.

Focusing on solutions. Participants in the study found that self-compassion involved working through their problems and finding a solution, such as determining a new course of action or resolving to do better next time. Importantly, focusing on solutions often required an understanding of one's part in the failure. For example, John discussed his desire to solve issues he created by stating, "If I caused the issue, I can fix it." Similarly, knowing how he contributed to the experience of failure was intertwined with Harry's ability to focus on solutions. As Harry

noted, “That’s probably a good chunk of the self-compassion right there: knowing that I messed up but I can do something about it.”

Harry elaborated that self-compassion involved determining a new course of action, which, for him, was to enrol in a different class following academic failure:

I was thinking this is probably a good sign that this course isn’t for me...Once I started thinking that I messed up here but there’s something I can do to fix it and remedy it, that helped a lot.

Similarly, following a poor caulking job on his work site, Robert showed himself self-compassion by resolving to fix his mistake: “If I did make a mistake, it’s just on me, and I fix it immediately without being mad, because I can, right?”

Jason described how after being rejected from a university nursing program, he felt “embarrassed” and “disappointed.” Following his experience of failure, Jason showed self-compassion by determining a new course of action and resolving to do better next time, which involved going back to school to improve his grades and apply again:

I applied and I got the letter that I wasn’t accepted and it was because my grades weren’t good enough. I reminded myself that I can just go back and upgrade and then get into [nursing]. I was mad because it set me behind a year, right? But at the same time, I understood that they have those minimum [requirements] to get in for a reason, so I have to meet that criteria.

In Seth’s case, despite struggling with failing a university course and an important relationship coming to an end, he was able to use self-compassion by resolving to do better in the future:

I saw the F and I was like ‘oh my god.’ I didn’t expect to do that badly and I was just in complete shock. The way I dealt with it: I wasn’t that hard on myself. I knew I messed up and I was like ‘shoot, but I guess that’s okay... I need to try really hard [next] time.’

Lastly, when reflecting on an argument with his family, Hank described initially feeling like a failure for yelling at his parents. Hank was able to show self-compassion by working through how he could improve himself in the future. He noted, “In terms of self-compassion, I think to myself I can use [failure] as a motivator to fix things. I say to myself here’s what’s going on and here’s what it is and how to potentially fix it.”

Shifting one’s expectations and goals. Participants found taking charge of their situation also meant changing their initial expectations and setting new goals for themselves. In some case, this meant continuing to pursue their hobbies and interests despite the initial experience of failure.

For David, a meaningful sport’s loss was an impactful moment of personal failing. As he noted, “[My] entire hockey career and the last game ever played, [I] lose... It’s a perfect season, we are one game away, and we lose by a goal in overtime.” David explained that self-compassion involved continuing on with the sport in other ways despite ending his competitive career:

I started refereeing, so I mean I just found what I loved about the game and continued on with that to try and move past it. So my own ambition to stay with it was what I felt was self-compassion. Keep with what you love. Just because [I] lost the one time, doesn’t mean I stop.

Similarly, after not making a team in a professional sport league, self-compassion helped Jason continue to pursue the sport as a hobby. Adjusting his self-expectations for continuing on with the sport helped Jason take charge of his experience of failure:

I didn't make the sport league, but I could go play provincial. What happens from there is I get back to training... I'm going to start the eating regiment again, I'm going to work out.

Following a failing grade on a midterm, Harry expressed frustration that he "put in all this work and didn't really get anything or get what [he] wanted to get out of it." For Harry, adjusting his self-expectations when it came to his performance in mathematics was a self-compassionate way of coping with his academic failure:

I guess I'm just not mathematically minded that way, so I ended up failing the midterm... I just kind of reassured myself that it's not that I necessarily failed, it's just like my mind doesn't really work in that particular way and that my skills are kind of more suited to a different task.

Finally, John echoed a similar understanding when discussing how his negative experience with a theatrical performance was overcome by changing his self-expectations. He elaborated, "I love theater. I'm not great at theater, but I still have a passion for it, I'm still good at other stuff within the theater pyramid, right? I'll never be a star, but I can always be a part of it."

Accepting and moving on. All participants viewed self-compassion as acceptance of oneself despite personal failings or as acceptance of an unfortunate situation. This included accepting one's perceived weaknesses and difficult experiences. For example, Seth stated, "It's okay to be bad at that. It's okay to let that go."

Robert described how he felt it was “extremely embarrassing and stressful” that he had done a poor job at work because he worried his father, his employer, would hear of it. He shared how accepting that he was not perfect was self-compassionate:

I was able to kind of accept that I’m not like amazing at my job and not everything I do was going to be right... I stopped holding myself to unrealistic standards because my dad was the foreman.

Similarly for David, self-compassion meant being ready to accept his experiences, which in turn allowed him to move on. He explained that using self-compassion during times of failure meant accepting his circumstances and treating himself more kindly:

[When I’m self-compassionate] I’m ready to accept and make myself feel better in certain ways. [Self-compassion is] an acceptance that this is just something that has happened, it doesn’t really matter that it happened, but it has. You can’t change it at that point.

Harry articulated a similar understanding of how self-compassion involves being accepting:

[Self-compassion], at least in the case of failure, is being able to kind of reconcile that with yourself and not bearing a grudge over it... [I’m] able to accept what it was and [understand] my mindset at the time: that’s why I did this, or there really wasn’t anything I could do about it. Being able to reconcile all that and being able to move on [is self-compassion].

When speaking about his friend’s suicide, Harry elaborated on how acceptance played an important part in his ability to be self-compassionate:

I’d say [self-compassion was] over time coming to grips that there was nothing I could really do about it. I was there for him when he was alive and that’s what matters.

Connecting to others. For all participants, an important aspect of self-compassion was an interconnectedness with others. More specifically, participants described how acknowledging shared human experience, receiving help from others, and showing kindness to others helped them be more self-compassionate.

Shared human experience. The majority of participants described how self-compassion involved relating their own experience to the experiences of humans in general. Doing so helped participants acknowledge that they were not alone in their suffering, that no one can be perfect, and that failure is a part of life.

For Harry, understanding how others were equally affected by his friend's suicide helped him move on. Specifically, hearing that others were also questioning their responsibility in his friend's death helped Harry become more self-compassionate. He explained:

Even though there wasn't anything I could obviously do about it, I was provinces and provinces away, [there was] that sense of 'oh well what if I was like... what if, what if...' I think what helped was when I went back for the funeral and everyone else in the community was having a lot of the same feelings... Everyone else is kind of feeling the same way, so you felt you could really relate; everyone could kind of relate to each other.

For Hank, reflecting on shared experiences was a way for him to come to terms with his feelings of failure related to his first week at a new job. Hank noted that reminding himself that "no one can be perfect and everyone stumbles now and then" helped him to direct compassion to himself. Additionally, finding out that others experienced the same feelings of failure helped Hank develop self-compassion:

I talked to another person who was new at the time and she had the same problem. We helped each other out and eventually we got the gist of it.

Robert explained how connecting his experience of failure on the job site to what most first year apprentices go through helped him work through his emotions. He noted self-compassion was “kind of realizing that [mistakes are] something that first years end up doing.”

For Jason, understanding that everyone fails helped him to be more accepting of all his experiences of failure in general. He elaborated:

I [have] just come to realize that everyone experiences stuff in their lives where they feel like they’ve failed.

Seth described how, to him, self-compassion means acknowledging difficult times and validating those experiences. Understanding that negative experiences are inevitable in life helped him to cope more effectively with receiving a failing grade. He explained:

[Self-compassion is] understanding that bad things happen. It’s okay to fail a class [...] Self-compassion would be like acknowledging that you’re going through a tough time or going through some troubles.

Support from others. Four participants described how they were encouraged to show themselves self-compassion after first receiving support or encouragement from loved ones. For example, Seth articulated how positive relationships in his life set the foundation for him to be self-compassionate:

I think I have a lot of good relationships in my life actually. So that helps me, like if there’s other people who think positively about you and care about how you do, then you should too.

For Hank, support from others included the support of his cat. He elaborated:

I have a black cat. And a lot of times when I feel down or when I feel like I messed up on something, she’ll somehow conveniently sense that and come on over. I’ll pet her and all

that, and that will make me feel happy because that's the one thing I can count on too: my cat... I think that's one of the things that helps, that has helped me keep myself thinking positive is that, you know, the feeling of the cat waiting there, every time I come home from work or wherever else I'm going.

From Jason's perspective, he experienced times of failure in which self-compassion was lacking. He articulated how after being cut from a sports team, he first needed compassion from others before he was able to direct compassion inwards:

I would say I was like completely not self-compassionate when I first found out that I was not making the team...It took a couple weeks for me to refocus myself... My family they talked to me, and my friend talked to me, and they all just kind of encouraged me to get back on my feet. So from that I made improvements for myself.

Harry also discussed how receiving compassion from others helped build his understanding of compassion, which he could then direct to himself:

I find going to talk with other people first and kind of working through those initial emotions [is helpful]. Being able to talk with people first and them saying like 'it was beyond your control, you couldn't really do anything.' And once I've kind of got that mindset...I can go back and be self-compassionate.

Kindness to others. Three participants discussed how being kind to others helped them direct compassion toward the self. Hank elaborated:

For me, one of the things that has helped me have compassion for myself is being able to build off helping other people and feeling good about it...I think to myself, well that's better than wallowing in my own self-pity and not helping people or potentially lashing out at people over my own issues. I think, no you can't do that, you have to always look

on the other side and help other people. What always seems to help is to do good for other people.

For Robert, he felt better able to show himself self-compassion if he was also being compassionate to others and helping them. He elaborated:

I think it's a lot easier [to be self-compassionate] during times like now where I'm off work, and even coming here to fill my time. You know, just help out a little bit. As long as I'm actually using my free time for something semi-positive... I guess even this is a good example, coming here, you needed help with your master's thesis.

Similarly for Seth, self-compassion was perceived as easier if he was also helping others. He elaborated:

I became good friends with one of these guys in my classes that's in my program...I've introduced him to a whole group of my friends and we all hang out, but in high school he didn't have any friends. I kind of would feel bad about it and that's kind of like showing compassion to your friend. It's like, oh yeah, I can go help him out and introduce him to my friends.

Practicing self-care. The majority of participants understood self-compassion as making time to care for the self, whether mind or body, through enjoyable activities. From David's perspective, self-compassion was allowing himself the time to play his musical instruments despite the demands of university:

I've made sure to plan a time to play instruments and give myself down time this year, even with the increased course load. I've just been scheduling myself the time to do that, I think that's definitely been helping.

After a negative interaction with his roommates, John showed self-compassion by engaging in activities he knew would improve his mood. He noted, “I could have just stayed home super upset but instead I went for a walk [and] played with makeup.”

Harry described how physical activities in general help with self-compassion. He elaborated:

I find doing physical things helps a lot. Like drums, I find even if I’m playing drums it’s kind of like everything just blurs away and that’s the only thing I’m focused on...It’s like my body’s so busy it gives my mind a chance to focus on that one thing. Playing drums, or going to the gym or something like that, any kind of physical thing I find helps a lot.

Similarly for Jason, self-compassion included taking the time to care for his body:

I just really love training and I really love eating right. So I would say that was kind of self-compassionate for me.

Continuing exploration. The majority of participants spoke about how self-compassion involved continued exploration because they perceived it to be an elusive concept. For example, John noted, “[Defining self-compassion] is what I’m having an issue with, I don’t really know how to describe it.” In John’s case, it was difficult to describe experiences of self-compassion because of the uncertainty of the concept itself. However, John was able to identify experiences of failure, such as not being able to reconnect with his father or making mistakes during a theatre performance, where he felt he had shown himself self-compassion despite being unsure how to describe the concept itself.

Similarly, Seth described how he could be self-compassionate without entirely understanding self-compassion as a construct. He noted that after failing a midterm examination, he showed himself self-compassion without fully being aware of it. Seth explained, “The way I

showed myself self-compassion was researching what self-compassion is for a bit of that time.” Seth described feeling motivated to research self-compassion after seeing posters for the present research study. He noted using a search engine to read various definitions of self-compassion to help him understand how it may be present in his life. He elaborated:

I don't really know what self-compassion is exactly, that's why I've been trying to understand a clear definition of it... I wish it wasn't so abstract.

Despite not fully grasping what self-compassion meant, Seth felt he could still speak to experiences of it, such as showing himself self-compassion after being cut from a soccer team and failing a university course.

David experienced a similar uncertainty about self-compassion; he found self-compassion required continued exploration to truly understand it. He noted, “I must admit I was kind of worried about answering some of the questions because I wasn't sure... Having [self-compassion] not be recognizable immediately makes it difficult to be [self-compassionate].”

Finally, Harry discussed how gaining knowledge on self-compassion as a construct taught him to identify self-compassion in his life more readily. Attending a seminar about self-compassion in school was an eye-opening experience for him. He explained:

I never really identified a lot of stuff I did as self-compassion. But after doing all this, and kind of understanding what self-compassion is more, it kind of surprises me how much I've used it in my life... I just thought, 'Oh, that's just how people deal with their problems.' I didn't know there was some sort of term for it. In [high school] they had [a] guest speaker come in and talk about mental health and mental illness. One of the things they really hammered was self-compassion... I was using it, I just didn't have a word for

it. But just knowing that's actually a thing that a lot of people do and there's a term for it, I guess it gave it more validity.

For Harry, exploring self-compassion as a concept helped him find the language to describe something he had already been doing. This search for language to describe one's experience was also endorsed by Seth, who stated, "I wish there was a set definition for it, though, so I could know what it is." In Harry's case, learning that showing self-compassion was a healthy way of coping with problems was validating. He added, "As [university has] gone on and I've had to use it, I've definitely identified it as self-compassion for sure."

Chapter Five: Discussion, Implications, and Conclusion

The purpose of this phenomenological study was to explore how young men understand and experience self-compassion during times of failure. The intent was to develop an in-depth understanding of self-compassion from the perspectives of seven male emerging adults. For these participants, self-compassion involved taking charge of the situation; accepting and moving on; connecting to others; practicing self-care; and continuing exploration. To summarize, participants spoke of the importance of searching for solutions and changing one's self-expectations following failure. Self-compassion also involved accepting oneself despite weaknesses and flaws that may have contributed to the experience of failure. Connecting with others meant understanding failure as a part of human experience as well as opening oneself up to receiving compassion from other people. Participants further emphasized the role that practicing self-care had on one's ability to be self-compassionate, which involved making time for enjoyable and healthy activities. Lastly, participants viewed self-compassion as a phenomenon to be learned, and they highlighted how ongoing exploration helped to both increase self-compassion and their understanding of the concept. The following section discusses my findings and situates them within current research. Finally, the chapter concludes by discussing limitations, directions for future research, and implications for counselling practitioners.

Discussion of Findings

Taking charge of the situation. For all participants, having self-compassion in response to failure meant both searching for ways to improve their situation and re-evaluating the expectations they had set for themselves. Taking charge of the situation in this way helped participants admit personal responsibility if they played a part in their failure experience and

determine new courses of action for the future. For example, having self-compassion in response to receiving a failing grade often meant understanding how their actions contributed to that grade and resolving to study harder for the next exam.

According to participants in this study, taking charge of their situation also meant continuing to pursue their hobbies or interests in new ways. These interests were commonly related to physical or athletic performance. Over recent years, self-compassion in sport domains has gained increased attention in research. Results from a study on athletes' use of self-compassion in response to poor personal performances in sport suggest that higher self-compassion is related to psychological resilience in athletic domains (Lizmore, Dun, & Dun, 2017). The link between self-compassion experiences and athletic performance was also investigated by Reis et al. (2015), who found that for female athletes between the ages of 14 to 25, those with higher levels of self-compassion tend to react, think, and feel in more healthy ways when responding to difficult sport-specific scenarios. Based on this research, it makes sense that participants in my study were resilient in the face of failure and continued to pursue areas of interest. The current study may help expand the qualitative literature on self-compassion in relation to sport among male populations by illuminating participants' perspectives that self-compassion is continuing to pursue athletic interests despite instances of failure.

The current study's finding that self-compassion involved exploring personal responsibility is consistent with previous research suggesting that high levels of self-compassion contribute to an increased willingness to admit personal responsibility for mistakes (Leary et al., 2007). Similarly, self-compassion has been shown to improve one's ability of finding solutions and re-evaluating expectations in relation to experiences of regret (Zeelenberg, Van Dijk, Manstead, & Van der Pligt, 1998). Zhang and Chen (2016) found that in response to an

experience of regret (i.e., regretting what one did or did not do in a given situation), individuals high in self-compassion expressed personal improvement inclinations. Their results provided clear support for the proposition that self-compassion is related to self-growth and personal improvement (i.e., learning from their regret and growing as a result). Moreover, Zhang and Chen (2016) found that this link could not be explained by self-esteem or adaptive emotional responses. Similarly, self-compassion was found to help students respond to failure in a way that facilitates growth and improvement (Breines & Chen, 2012). Therefore, the current finding appears consistent with previous research.

A similar discussion on problem-solving and self-compassion was put forth by Arslan (2016), who found that self-compassion contributed to an insistent-persevering approach to problem solving in a sample of 570 university students. An insistent-persevering approach refers to “persistently paying effort on solving an interpersonal problem” (Arslan, 2016, p. 475). In other words, an individual with an insistent-persevering approach spends time and effort on trying to solve a problem. Based on Arslan’s (2016) results, self-compassion was positively correlated with an insistent-persevering approach to problem-solving, which is consistent with the present study’s finding that self-compassion involves searching for solutions that will ameliorate an individual’s circumstances.

Importantly, the emphasis that participants in the current study placed on finding solutions is consistent with gender research on problem solving. Research by D’Zurilla, Maydeu-Olivares, and Kant (1998) sought to assess age and gender differences in social problem-solving ability. Their study found that men were more likely to have a positive problem orientation compared to women, and that this difference was significant only in the young adult group, which has particular relevance to emerging adults. Positive problem orientation refers to a

general tendency to “appraise a problem as a challenge [instead of as a threat], (b) believe in one’s own problem-solving capabilities, (c) expect positive problem-solving outcomes, and (d) commit time and effort to solving problems with dispatch” (D’Zurilla et al., 1998, p. 244). Similarly, recent work by Sumi (2012) found that in a sample of 287 undergraduate participants, men tended to be more oriented toward problem solving. Additionally, a review of qualitative studies exploring men’s coping strategies conducted by Whittle et al. (2014) found that the two key positive strategies endorsed by men as being effective responses to depression and stress were the use of practical solutions and problem solving. Considering that men are likely to orient themselves toward problem solving, the current study’s finding that male emerging adult participants viewed problem solving and taking charge as aspects of self-compassion makes sense.

Some aspects of problem solving are captured within current conceptualizations of self-compassion. For example, Neff (2003a) discusses how self-compassion increases motivation for growth and change because of the intrinsic concern for one’s own wellbeing. Additionally, Gilbert and Procter (2006) suggest that taking responsibility of one’s thinking helps to better recognize and understand one’s experience. However, based on the present study, gender differences in problem solving and its relation to self-compassion may be a worthwhile addition to the discourse.

Taken together, current research is consistent with the findings from my study in that self-compassion may contribute to young men’s willingness and ability to take charge of their situation by acknowledging personal responsibility, re-evaluating their goals, and finding new courses of action. Additionally, the focus on problem solving and taking charge may be helpful in understanding experiences of self-compassion from a male perspective.

Accepting and moving on. For all of the emerging male adults in this study, acceptance was an important aspect of having self-compassion and dealing with failure. Both self-acceptance and acceptance of one's circumstances were highlighted as important constructs of self-compassion.

Looking closely at the experiences discussed by participants in the present study, self-acceptance seemed to be about the men's coming to terms with their aptitude, skill, or competence in areas of perceived strength and weakness. The participants' focus on performance is perhaps not surprising given the developmental tasks faced by emerging adults, such as succeeding in post-secondary and building skills for employment. Relatedly, research investigating the link between gender and psychological well-being found that males had a higher correlation between self-acceptance and environmental mastery than women (Li, Kao, & Wu, 2015). Based on their findings, Li et al. (2015) suggest that effective management of and interaction with the environment contributes to greater satisfaction in males than females. Therefore, the fact that the current study's participants tended to focus on self-acceptance of their performance and abilities is in line with existing research that points to a link between males, self-acceptance, and mastery.

The concept of self-acceptance is prevalent in counselling psychology research. Firstly, self-acceptance is related to Rogers' (1961) concept of "unconditional positive regard" toward the self, a central aspect of client centered therapy. Unconditional positive regard refers to adopting a caring emotional stance toward the self despite negative experiences or shortcomings. Adopting a nonjudgmental and kinder self-attitude develops acceptance, awareness, and emotional growth (Rogers, 1961).

In compassion-focused therapy, self-acceptance involves an open-heartedness to one's fallibilities and efforts, and it contributes to reductions in shame and self-criticism (Gilbert & Procter, 2006). Gilbert and Procter's (2006) research on compassionate mind training found that learning compassionate acceptance helped individuals become more self-soothing and less distressed. Similarly, self-acceptance reduces harsh judgments of the self, and it is considered an integral part of self-compassion because it lessens the negative impact of an emotional experience (Neff, 2003a).

In addition to self-acceptance, participants discussed how, in situations beyond their control, accepting their inability to change the outcome may be instrumental in getting through distressing experiences. For example, one participant discussed the suicide of a close friend, while another reflected on being cut from a sports team due to a height restriction. Acceptance of one's experiences has been an integral component of self-compassion in Neff's (2003) research. Neff's (2003a) mindful acceptance involves being aware of painful thoughts and feelings without overidentifying with them, as well as maintaining perspective of mental and emotional phenomena when they arise. Additionally, acceptance of internal experience has been correlated with fewer daily negative emotions, which can be partly explained by less daily stressor-related rumination (Catalino, Arenander, Epel, & Puterman, 2017). Overall, the finding that self-acceptance and acceptance of personal circumstances are related to self-compassion is highly supported in the existing literature.

Connecting to others. The finding that participants perceived self-compassion as easier once others had provided them with support was not surprising given the link between social support and self-compassion. A recent study by Jeon, Lee, and Kwon (2016) with a sample of 333 young adult athletes found that self-compassion partially mediated the relationship between

social support and subjective well-being. Social support increased feelings of personal well-being and perceptions of self-worth, which in turn had a positive effect on self-compassion. Considering how attitudes are often influenced by the evaluations of important others (Germer, 2009), receiving support from others can help an individual adopt a compassionate attitude toward the self (Jeon, Lee, & Kwon, 2016). For participants in their study, higher self-compassion resulted in greater life satisfaction and increased positive emotion. According to Gilbert (2009), receiving kindness and compassion from others activates the soothing and contentment system of emotion regulation which reduces the threat system response.

Based on existing literature, receiving support from others seems particularly important for male emerging adults. Lee and Dik (2016) conducted a study with 636 emerging adults to investigate the link between social support and health. They found that the negative relationship between friend support and depressive symptoms was greater in men than in women. Friend support was more likely to contribute to decreased depressive symptoms in males rather than females (Lee & Dik, 2016), although research has not found conclusive gender moderation effects. Despite the lack of conclusive evidence, of potential importance is the link between gender and the type of social support provided. For example, a study by Roxburgh (2004) had similar findings in that high co-worker social support was linked to significantly lower depression only among males, while high partner support was associated with lower depression in both males and females. Therefore, it is possible that gender may play a role in which sources of support are most beneficial to psychological health.

Relatedly, Martínez-Hernández et al.'s (2016) mixed-methods study on social support and gender differences among emerging adults sheds light on how the type of social support may be prioritized differently based on gender. Male participants were more likely to prioritize social

support that helped them achieve self-control as a first step toward awareness of their emotional distress, whereas females prioritized support that helped them achieve awareness of the problem before self-control (Martínez-Hernández et al., 2016). Consistent with this research, participants in the current study found they were more able to show self-compassion after spending time with friends or loved ones.

Some participants also discussed how self-compassion flowed outward: by showing kindness to others, they cultivated their own ability to be self-compassionate. However, recent research has not found a significant link between compassion for others and self-compassion (Lopez, Sanderman, Ranchor, & Schroevers, 2018). One possibility for this is that participants in the current study spoke of showing kindness and compassion to others in the form of an overt action, whereas participants in the Lopez et al. (2018) study responded to questions about their feelings of compassion for others. It is possible that overt acts of kindness have more of an influence on one's self-compassion than does feeling compassion for others and not acting on it. In another study, completing acts of kindness was shown to increase positive affect, optimism, gratitude, life satisfaction, and joviality (Pressman, Kraft, & Cross, 2015). Additionally, Breines and Chen (2013) conducted a study in which participants wrote advice to other students and found that the act of giving support contributed to more self-compassion when participants subsequently reflected on a personal negative event. Therefore, there appears to be a connection between self-compassion and overt acts of kindness.

In addition to receiving compassion from others and showing kindness to others, self-compassion involved experiencing feelings of social connectedness through the understanding that all humans fail and make mistakes. This finding is consistent with Neff's (2003) conceptualization of self-compassion as involving an understanding of shared humanity.

Practicing self-care. For many participants, self-compassion meant engaging in activities that would help improve the mind and body. Previous research suggests that engaging in enjoyable activities including relaxation and physical exercise are associated with improved well-being, including perceived life satisfaction and optimism (Cekin, 2015; Hansson, Hilleras, & Forsell, 2005; McAndrew et al., 2017). Additionally, leisure self-care activities provide emerging adults with a context to access new experiences and opportunities which help identity formation during the developmental time period of emerging adulthood (Layland, Hill, & Nelson, 2018). Engaging in these types of activities provide emerging adults with a context wherein they can “turn the focus inward for self-reflection and evaluation without pressure to honor other obligations,” and allows them to compare previous experiences with new opportunities (Layland, Hill, & Nelson, 2018, p. 88). In relation to failure and self-compassion, creating time for turning inward appears to help participants make sense of their experiences.

Participants in the current study viewed practicing self-care as self-compassionate behaviour in that it helped take their minds off of their experiences of failure. In this sense, self-care activities were used as distractions that provided participants with the time to disconnect from the thoughts and feelings associated with a failure experience. However, using self-care as a distraction can be perceived as avoidant coping. According to Rodriguez-Naranjo and Cano (2016), avoidant coping refers to using strategies that shift one’s focus from a problem to a more pleasant situation but contributes to failure when one eventually has to deal with the consequences of distraction, such as undesired outcomes or feelings of hopelessness. Relatedly, previous research on emerging adults and coping strategies has found that frequently endorsing avoidant coping was correlated to more internalizing and externalizing behaviour problems (White et al., 2014); however, coping through distraction has been shown to be beneficial in the

short-term (Hartmann, Thomas, Greenberg, Rosenfield, & Wilhelm, 2015). A key differential between avoidant coping and distraction may be the extent of suppression used. While suppression of thought and experience has been linked to increased distress (Marcks & Douglas, 2005; Najmi, Rienmann, & Wegner, 2009), focused distraction (i.e., focusing attention away from the negative thinking and toward something enjoyable) may reduce the experience of distress both during and after an enjoyable activity (Najmi, Rienmann, & Wegner, 2009). Therefore, rather than distraction being a maladaptive form of avoidance, it seems emerging male adults in this study used distraction as a way to temporarily divert their attention away from their negative experiences before turning inward to reflect.

According to Neff's conceptualization of self-compassion, mindfulness of the present experience without avoidance is central to self-compassion (Neff & Germer, 2017). The short-term avoidance discussed by the majority of emerging male adults in this study suggests that perhaps distraction is a self-compassionate action in that it allows the individual to set aside the negative experience before returning to it later to fully process and reflect on it. This may be a potential gender difference in self-care preferences, as Connor-Smith et al. (2000) found that males tend to respond with more distraction than females in response to social stressors. Redirecting attention is in keeping with Gilbert's (2009) compassion-focused therapy, which posits that one way of improving coping is by learning attention-directing strategies that can develop a sense of appreciation. The current findings may be significant in expanding the discourse on self-compassion in emerging male adults, in that self-care practices may be perceived as self-compassionate not only because they allow time for reflection, but that they are also a distraction from distress.

Continuing exploration. Given the complex phenomenon of self-compassion, it may come as no surprise that the elusiveness of the concept appeared in the discussion of the majority of emerging male adults. However, despite difficulties understanding what self-compassion really meant for them, participants were still able to identify moments of self-compassion in response to failure experiences. For the emerging male adults in this study, self-compassion was felt as present in their lives despite difficulty pinpointing what it meant to have self-compassion. This is in keeping with research of brief self-compassion exercises that did not provide participants with a thorough understanding of self-compassion, yet nevertheless showed a decrease in stress hormones (Rockcliff, Gilbert, McEwan, Lightman, & Glover, 2008).

Existing research has demonstrated that self-compassion is a learnable coping skill and that it can be fostered through practice (Neff & Germer, 2013; Smeets, Neff, Alberts, & Peters, 2014). While previous studies have evaluated the effectiveness of self-compassion interventions, the current study contributes to the discourse by highlighting that self-compassion may be a difficult concept to understand when opportunities for learning are not provided to male emerging adults. Based on findings from the current study, participants appeared to show an interest in understanding more about self-compassion. In light of limited research on self-compassion in emerging adults, the current findings suggest that there may be value in exposing emerging male adults to literature on or approaches to self-compassion. However, it is important to recognize how existing conceptualizations of self-compassion may or may not fit for emerging male adults. For example, while Neff (2003a) discusses self-acceptance, kindness, and shared humanity, for the males in the present study, there seems to be an additional element around problem solving, determining what is and is not within one's control, and taking responsibility for one's actions when relevant.

Limitations

The present study used IPA to explore the experiences and perspectives of self-compassion in emerging male adults. Participants' ability to discuss the subject matter is essential to IPA because it allows for an in-depth exploration of lived experience. Therefore, purposeful sampling was used to recruit participants who felt they could speak to experiences of self-compassion. As a result of this recruitment process, individuals who struggled to relate to the topic of self-compassion in response to failure were unlikely to sign up for the study. Therefore, the emerging male adults involved in this study may have different perspectives compared to others who chose not to participate. That being said, the small sample size used in this qualitative study does not allow for generalization of results, nor is generalization the purpose of IPA. Additionally, there was minimal cultural diversity in the sample, as the majority of participants identified as European-Canadian. The group of young men interviewed in this study are not intended to represent an objective reality of all male emerging adults, but rather contribute to the discourse on self-compassion by providing detailed descriptions of the phenomenon.

Next, IPA relies on subjective interpretation on behalf of the researcher, and it is impossible to completely remove biases and assumptions from interpretation. Therefore, it is important to note that the beliefs of the researcher will have an impact on the interpretive process (Smith & Osborn, 2008). While reflexivity and member checking were used in an attempt to minimize bias, the subjective nature of interpretation may be limiting.

Thirdly, exploring experiences of phenomena requires participant recall, which may not be accurate or clear. Moreover, the researcher is only able to analyse the participant's account of the phenomenon of interest and not their real lived experience (Tan et al., 2009). While the study

is based on retrospective accounts, it is important to be mindful of how perspectives of the past, regardless of their accuracy, help shape our experiences of the present and future. In that sense, experiences from the past should not be dismissed as they remain important to one's identity, despite recall bias.

Future Research

Given the themes that emerged in this study, the understanding of this phenomenon could be advanced in a number of ways. The focus of this research was with male emerging adults, and questions specific to gender were raised. Future research might seek to better understand self-compassion from the perspective of emerging male adults who are high and low in self-compassion. In the present study, the finding that self-compassion is an ongoing process of continued exploration highlights how emerging adults may be at different stages in their understanding of self-compassion. Therefore, researching the experiences of emerging adults who are low in self-compassion could shed light on the challenges and obstacles of developing self-compassion. Alternatively, studying the experience of emerging adults who are high in self-compassion may help develop greater insight into how to develop self-compassion in emerging adults. Additionally, due to the finding that relating to self-compassion was easier for participants once they had the language to describe it, future research might seek to better understand the process of self-compassion development in emerging adults as they experience formal or informal learning.

While the focus of this research was with male emerging adults, questions regarding gender differences in self-compassion were raised. Specifically, how would the phenomenon of self-compassion be understood and experienced by other genders? It would be important to

understand the differences or similarities if intending to use self-compassion interventions with these demographic groups.

The use of quantitative or mixed method research could help self-compassion be more holistically understood. Neff's (2003b) Self-Compassion Scale could be used to empirically measure self-compassion as a correlate with other measures affecting emerging adults, such as academic achievement, social competence, and mental health problems. Since one theme of self-compassion in the present study involved self-care and the use of distraction, one specific area for examination could be exploring distraction or short-term avoidant coping in relation to levels of self-compassion. This would help to gain a greater understanding of how self-compassion is related to a person's dominant style of coping.

Implications for Counselling

Given the finding that taking charge of the situation and re-evaluating one's goals and self-expectations are seen as ways of being self-compassionate, practitioners might work with emerging male adult clients to engage in positive problem solving. For example, helping emerging adult male clients plan for future goals by discussing self-expectations may help them develop greater self-awareness. Additionally, discussing what is outside of one's control may help reduce self-blame in emerging male adults. Practitioners might also model how to reconceptualize perceived failure, such as resolving to improve the next time and outlining steps to be taken to achieve that goal.

Given the finding that acceptance of perceived weaknesses is self-compassionate, practitioners might work with emerging male adults to positively reconceptualize their perceived failings. This may include taking a strengths-based approach in which the client refocuses on his strengths, works within his competencies, and relates to the self in a more positive and

compassionate manner. Furthermore, practitioners might encourage clients to practice self-care, given its relation to self-compassion. For example, practitioners might ask clients to consider what they typically do to take care of their mind or body and encourage clients to incorporate more of this in their daily routine. Additionally, it may be beneficial to work with the client in determining pleasurable activities that can be used to calm the self when distressed.

Considering that social connectedness was particularly important to emerging adults' conceptualization of self-compassion, it would be beneficial for therapeutic interventions to instill a sense of connection with others. Practitioners might help clients to identify social resources they can access when distressed, such as loved ones or trusted others, to build a sense of connection. For emerging male adult clients who are unable to identify social resources, interventions that direct compassion toward the self may be beneficial. For example, acts of kindness to others in the form of written support increased feelings of self-compassion (Breines & Chen, 2013). Turning this intervention inward in the form of self-compassionate letter writing from the perspective of a compassionate other can help clients cultivate a sense of being cared for. Compassionate letter writing is a means of internalizing the experience of compassion from another and would be particularly useful to clients who feel a lack of compassion from others in their lives (Gilbert, 2009).

Additionally, given that many participants in my study conceptualized self-compassion as requiring continued exploration, emerging male adults may benefit from psychoeducation on compassion as well as from learning specific techniques of fostering self-compassion. Doing so would help practitioners provide male emerging adult clients with the language necessary to understand and describe the experience of self-compassion, which may be particularly beneficial in helping them more readily identify self-compassion in their lives. For example, counselling

practitioners might provide background on compassion by detailing Gilbert's (2009) systems of emotion regulation and discussing how self-compassion can be used to deactivate the threat system. Providing opportunities for increased understanding may help emerging male adults find the language to more readily identify with self-compassion. Next, it could be beneficial for emerging male adults to discuss ways their understanding has shifted or developed to help consolidate their learning and provide opportunities for their continued exploration of self-compassion.

Conclusion

The current study is the first to investigate emerging male adults' experiences and perspectives of self-compassion in response to failure using IPA. Its purpose was to address the gap in the research when it comes to emerging male adults by developing an in-depth and contextualized understanding of self-compassion from the perspective of seven male emerging adults. Overall, results of this research provide further support for the construct of self-compassion being associated with accepting one's circumstances, maintaining a positive outlook, feeling connected to others, and taking care of the mind and body through self-care activities. Despite experiencing many setbacks in life, such as failing courses and important relationships coming to an end, the young men in this study were nonetheless able to identify and pursue self-compassion in their lives.

Results from this study contribute meaningfully to the existing literature on self-compassion by shedding light on how young men perceive and understand self-compassion. The participants in this study revealed new aspects of self-compassion in response to failure that have not been highlighted in the research of emerging adults. Firstly, taking ownership of failures and searching for solutions was an important aspect of self-compassion. Additionally, participants

discussed how self-compassion often involved short-term distraction as a way to temporarily divert their attention away from their negative experiences before turning inward to process and reflect. Lastly, the young men of this study discussed how self-compassion involves continued exploration. From the emerging adult perspective, self-compassion is an ongoing process that requires learning and a search for understanding. With this in mind, it seems fitting to close with the words of one participant, Hank, who summarizes that self-compassion helps lay the building blocks of a better future:

That's what self-compassion is to me: it's just trying to keep a level head, right? Always know that you may have made a mistake but it's not the end of the world... Not trying to be perfect. No one can be perfect. Everyone stumbles now and then. All you have to do is just look up and say to yourself I'm going to do this, I'm going to do that... The past is the past. It makes it easier for me to focus on the present and build toward a better future.

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Appendix B – Online Recruitment Post

Title: Male Research Participants Needed!

Description:

Are you a male between the ages of 18-25?

Are you willing to be interviewed about how you have shown yourself kindness during experiences of failure?

You will be asked to:

- participate in an interview that will last approximately 1 hour in length
- participate in a brief follow-up interview

As part of my Master's thesis in Counselling Psychology, I am looking to understand how males have shown compassion toward themselves during experiences of failure.

If you are interested in volunteering as a participant, please contact Brittany Gagné at bgagne@ualberta.ca for more information.

Participants will receive a Cineplex gift card valued at \$25.

Accompanying Image:



Appendix C – Study Information Letter

Emerging Male Adults: Experiences of Self-Compassion in Response to Failure

Principal Researcher: Brittany Gagne, M. Ed. student - University of Alberta
bgagne@ualberta.ca

Research Supervisor: Dr. K. Jessica Van Vliet, Associate Professor - University of Alberta
jvanvliet@ualberta.ca

WHAT IS THE PURPOSE OF THE STUDY?

- The aim of this study is to explore how young men perceive and experience self-compassion (showing self-kindness and being accepting of one's self).
- This study also explores experiences of feeling like you failed at something (e.g. academics, work, relationships, etc.) and how self-compassion was used in the face of failure.

WHO IS BEING ASKED TO DO THIS STUDY?

- This study is looking for young male adults between the ages of 18 and 25, who are fluent in English and are willing to talk about their experiences of self-compassion during times of failure.

WHAT WILL I BE ASKED TO DO?

- Participants will be asked to take part in one interview which will last approximately 60 minutes in length. You will be asked to discuss your experiences and thoughts related to self-compassion, and specific times when self-compassion was used after feeling as though you failed at something.
- You will be invited to review the interview's transcript to ensure accuracy. During this review, the researcher may ask follow-up questions to help clarify her understanding of the initial interview.

WHY ARE YOU DOING THIS STUDY?

- As part of my thesis research, I am interested in exploring experiences of self-compassion in emerging male adults. Research has shown that self-compassion has many benefits for our psychological well-being. However, there is little research on how young adult males in particular experience self-compassion in response to failure.

IF I TAKE PART IN THE STUDY, ARE THERE ANY RISKS?

- It's possible that discussing self-compassion or feelings of failure may make you feel upset. If this does happen, the researcher will provide referrals for counselling services if needed.

IF I TAKE PART IN THE STUDY, ARE THERE ANY BENEFITS?

- Research has shown that even talking about self-compassion can be helpful to our mental health. Additionally, this study is an opportunity to talk about your own experiences and have them contribute to the research field. As a small token of appreciation for your time, you will be given a \$25 gift card for Cineplex Odeon.

WILL MY INFORMATION BE KEPT PRIVATE?

- Yes. All information you provide will be kept confidential, unless the law requires us to report it in the following situations:
 - Someone under the age of 18 is being hurt or at risk for being hurt
 - You tell the researcher you intend to commit suicide or hurt someone
- No one will have access to your interview information other than the principal researcher and her supervisor.
- Interviews will be recorded and transcribed. Any identifying information (names, locations, etc) will be deleted or changed. To protect your identity, you will be given a fake name.
- Computer files and audio recordings will be stored on a password-protected computer in a locked office. Recordings will be destroyed after five years. Transcripts and any other documents will be locked in a filing cabinet at the university for a minimum of five years.
- Data will be used in my thesis and may be presented at academic events and published in journals. However, no identifying information will be included. Data might also be used for future research purposes, although approval from the University of Alberta Research Ethics Board will be obtained before doing so.

VOLUNTARY PARTICIPATION

- Your involvement in this study is completely voluntary. You have the right to refuse to answer questions or withdraw from the study at any point without penalty. If you would like to have your interview data removed, you will need to contact Brittany within four weeks of the interview. After this time, your data may have already become a part of data analysis.

WHAT IF I HAVE QUESTIONS?

If you have any questions, please feel free to contact the principal researcher via email or by phone.

**Thank you kindly for your interest in this study.
If you choose to take part, please contact Brittany by email or phone:**

Principal Researcher:
Brittany Gagne, M.Ed. Student
University of Alberta
Department of Educational Psychology
Email: bgagne@ualberta.ca

Supervising Researcher:
K. Jessica Van Vliet, Ph.D, R. Psych
University of Alberta
Department of Educational Psychology
Email: jvanvliet@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at 780- 492-2615

Appendix D – Consent Form

Principal Researcher: Brittany Gagne, M. Ed. student - University of Alberta
bgagne@ualberta.ca

Research Supervisor: Dr. K. Jessica Van Vliet, Associate Professor - University of Alberta
jvanvliet@ualberta.ca

Have you read and received a copy of the attached *Study Information Letter*? Yes No

Do you understand the nature of this study and what you will be asked to do as a participant? Yes No

Do you understand the benefits and risks involved in taking part in this study? Yes No

Have you had the opportunity to ask questions and discuss this study? Yes No

Do you understand that you are free to withdraw from the study at any time without penalty? Yes No

Has the issue of confidentiality been explained to you? Yes No

Do you understand who will have access to the information you provide? Yes No

Declaration by Participant:

I hereby consent to take part in this study.

Participant's name:

Signature:

Date:

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at 780- 492-2615

Appendix E – Participant Demographics Form

Please provide the following information. This information will be strictly confidential.

Note: Please do not write your name on this form.

Age: _____

Ethnic background (please check whichever boxes apply):

- | | |
|---|---|
| <input type="checkbox"/> European /European-Canadian | <input type="checkbox"/> French-Canadian |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Asian / Asian-Canadian | <input type="checkbox"/> South Asian / South Asian Canadian |
| <input type="checkbox"/> African / African Canadian | <input type="checkbox"/> Caribbean / Caribbean Canadian |
| <input type="checkbox"/> Middle Eastern / Middle Eastern Canadian <input type="checkbox"/> Latin American/Latin American Canadian | |

Other (please specify) _____

Appendix F - Interview Protocol

Time and Date of Interview:

Interviewer:

Interviewee Pseudonym:

1. Can you describe a specific time where you felt like you had failed at something, but treated yourself with compassion?

Prompts may include:

- Can you describe the experience of failure?
- What did you do? What happened?
- What, specifically, were you thinking/feeling/doing at the time?
- How were you compassionate toward yourself during this experience of failure?

2. Can you think of another specific time where you felt like you had failed at something, but treated yourself with compassion?

Prompts may include:

- Can you describe the experience of failure?
- If yes, what did you do? What happened?
- What, specifically, were you thinking/feeling/doing at the time?

3. From your perspective, how would you describe or define self-compassion?

Prompts may include:

- What does self-compassion look like or feel like to you?
- How do you know when you've been self-compassionate?
- Do you have other ways of practicing self-compassion?

4. What helps you to be self-compassionate?

Prompts may include:

- Are there times it is easier/harder?
 - If yes, can you provide an example?
- What gets in the way of being compassionate to yourself?

5. Describe what it is about self-compassion that you find most beneficial or helpful to you.

6. What differences, if any, do you see in yourself after being self-compassionate during times of failure?

Prompts may include:

- What does it look like/feel like?