

Self-Compassion: A Potential Resource for Young Women Athletes

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Self-compassion has demonstrated many psychological benefits (Neff, 2009). In an effort to explore self-compassion as a potential resource for young women athletes, we explored relations among self-compassion, proneness to self-conscious emotions (i.e., shame, guilt-free shame, guilt, shame-free guilt, authentic pride, and hubristic pride), and potentially unhealthy self-evaluative thoughts and behaviors (i.e., social physique anxiety, obligatory exercise, objectified body consciousness, fear of failure, and fear of negative evaluation). Young women athletes ($N = 151$; $M_{\text{age}} = 15.1$ years) participated in this study. Self-compassion was negatively related to shame proneness, guilt-free shame proneness, social physique anxiety, objectified body consciousness, fear of failure, and fear of negative evaluation. In support of theoretical propositions, self-compassion explained variance beyond self-esteem on shame proneness, guilt-free shame proneness, shame-free guilt proneness, objectified body consciousness, fear of failure, and fear of negative evaluation. Results suggest that, in addition to self-esteem promotion, self-compassion development may be beneficial in cultivating positive sport experiences for young women.

Keywords: self-esteem, self-evaluation, sport, adolescent, self-conscious emotion

Despite the many benefits of sport, young women athletes have attested that social comparison and evaluation is a common experience in their lives (Mosewich, Vangool, Kowalski, & McHugh, 2009). These evaluative experiences are frequently intensified for women athletes who often have to negotiate the complex relation between the body required for performance and the body desired for appearance (Krane, Stiles-Shiple, Waldron, & Michalenok, 2001; Mosewich et al., 2009). Comparisons and competing ideals can create a difficult context for the self—

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especially during adolescence, a stage of development that often involves continual comparison and self-evaluation as well as establishing identity (Harter, 1990). The prevalence of evaluation and comparison in sport suggests a need for effective and appropriate resources to help young women athletes to manage evaluative processes.

The Concept and Potential of Self-Compassion

The psychological construct of self-compassion has shown much promise as a tool for dampening the harmful effects of negative self-evaluation (see Neff, 2009 for a review). Self-compassion is similar to having compassion for others; however, feelings of kindness are extended to oneself (Neff, 2003b). Neff has suggested three domains of self-compassion: self-kindness, common humanity, and mindfulness (Neff, 2003a). Self-kindness involves being kind and understanding toward oneself in instances of pain or failure, as opposed to being overly self-critical. Common humanity refers to perceiving oneself as not alone in one's own experiences. Finally, mindfulness involves keeping painful thoughts and feelings in a "balanced awareness" (p. 85) rather than over-identifying with them.

Self-compassion has recently received increased consideration in the general psychology literature. However, few studies have examined self-compassion in an adolescent population. Neff and McGeehee (2010) found that self-compassion was strongly associated with well-being for both adolescents and young adults. More specifically, self-compassion was negatively related to depression and anxiety and positively related to feelings of social connectedness (Neff & McGeehee, 2010). Despite this potential, self-compassion has not been explored as a potential resource for young women athletes. A foundation for this endeavor is set by the current study, which focuses on the link between self-compassion and self-esteem, as well as self-compassion and a variety of constructs associated with evaluation, which, to our knowledge, has not been explored in this population.

The Previous Focus: Self-Esteem Promotion

Whereas research on self-compassion has only recently gained momentum, self-esteem has long been recognized as a potentially useful and important resource for young women. Self-esteem is based on the extent that the self is evaluated as competent in important areas of life (James, 1890). Research over the last two decades has focused on identifying sport environments and instructional strategies that foster positive self-esteem (Patterson, 1999; Weiss, 1993). Furthermore, organizations around the world (e.g., Esteem Through Sport, 2008; The Canadian Association for the Advancement of Women and Sport and Physical Activity, 2003) target the development of self-esteem through sport and physical activity.

Despite its benefits, and the attention it has been given in both research and public domains, there are limitations to focusing solely on self-esteem in the development of a healthy self. While it is acknowledged that low self-esteem can be related to negative psychological outcomes such as lack of motivation and depression (Harter, 1999), seeking to increase self-esteem is not only difficult, but may not result in the expected or anticipated outcomes (Neff, 2003b). For example, self-esteem has been shown to be highly resistant to change, and therefore might be difficult to increase (Swann, 1996). Attempts to foster high self-esteem can also lead

to narcissism, self-absorption, self-centeredness, and a lack of concern for others (Damon, 1995; Seligman, 1995). In addition, “. . . encouraging adolescents to have positive self-esteem may simply reinforce their tendency toward self-evaluation” (Neff, 2003a, p. 95); self-esteem is contingent on self-evaluations, judgments, and comparisons to determine self-worth (Coopersmith, 1967; Harter, 1999) and also takes into account other’s evaluations of the self (Cooley, 1902; Mead, 1934). However, Pyszczynski, Greenberg, Solomon, Arndt, and Schimel (2004) suggested that the pursuit of self-esteem need not be viewed as either positive or negative, but rather as a way to regulate behavior and cope with life events. Therefore, resources that complement self-esteem in the maintenance and/or development of a healthy self-perspective may be of merit, particularly for young women athletes managing self-evaluation in sport.

Self-Compassion and Self-Esteem: Complementary Roles

Self-compassion and self-esteem tend to be positively correlated (e.g., Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a, Neff, 2003b; Neff, 2009) and show similar relations to psychological variables such as life satisfaction, elements of a meaningful life, happiness, optimism, personal initiative, and positive affect (Neff, 2003a, 2009; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007). Thus, self-compassion and self-esteem are perhaps best viewed as complementary—a conceptualization recognized by Magnus, Kowalski, and McHugh (2010) based, in part, on Leary et al.’s (2007) suggestion that self-compassion might be especially useful for those with low self-esteem or when self-esteem is threatened by the aversiveness of negative events. Nonetheless, there are some key differences between self-compassion and self-esteem that are likely important in the context of evaluation and performance standards in sport. Self-compassion is less contingent on outcomes (e.g., performance evaluations) than self-esteem (Neff, Kirkpatrick, et al., 2007; Neff & Vonk, 2009). In addition, self-compassion is not based on comparisons of the self to others; and as such, self-compassion does not require individuals to adopt an unrealistic view of themselves to feel as though they stand out in comparison with others (Neff, 2004). Self-compassion can provide a way for individuals to feel positively about themselves without having to partake in self-judgment and evaluation (Neff & Vonk, 2009). Therefore, as Neff (2004) argued, self-compassion should be easier to develop than self-esteem.

The benefits of self-compassion promotion over and above self-esteem are supported by Neff and Vonk (2009), who found that self-compassion predicts significant additional variance beyond self-esteem in terms of less self-esteem instability, contingent self-worth, social comparison, public self-consciousness, self-rumination, anger, and need for cognitive disclosure. Self-compassion also predicts unique variance in anxiety and depression (Neff, 2003a, Neff, Kirkpatrick, et al., 2007) and resilient reactions to negative events (Leary et al., 2007). As well, self-compassion is linked to more positive emotions—Neff and Vonk (2009) showed that self-compassion accounted for additional unique variance in happiness, optimism, and positive affect. In the exercise domain, Magnus et al. (2010) focused on the potential benefits of self-compassion for physical activity motivation and self-evaluative thoughts and behaviors among women exercisers. They showed that self-compassion was positively related to intrinsic motivation (e.g., exercising

because it is fun) and negatively related to external and introjected motivation (e.g., exercising because of being told to do so by others or out of feelings of guilt), ego goal orientation (e.g., feeling more capable than other exercisers), social physique anxiety (e.g., feeling apprehensive about one's physique or figure in the presence of others), and obligatory exercise behavior (e.g., exercising even when advised against such activities). Self-compassion also explained unique variance beyond self-esteem on introjected motivation, ego goal orientation, social physique anxiety, and obligatory exercise, suggesting that self-compassion may play an important role beyond self-esteem in the lives of women who exercise (Magnus et al., 2010). These results highlight the importance of looking beyond self-esteem and considering the influence of constructs like self-compassion, but, to our knowledge, this has not been studied in the sport domain.

Self-Conscious Emotions: Self-Compassion as a Resource for Adaptive Emotion

One way that self-compassion might be relevant to young women athletes is as an emotional regulation strategy that neutralizes negative emotional patterns and promotes positive states of mind (Neff, Hsieh, & DeJitterat, 2005). The self-evaluative process critical to the experience of self-conscious emotions, such as guilt, shame, and pride, is a large part of what distinguishes these emotions from the more basic emotions (Tangney & Dearing, 2002; Tracy & Robins, 2004). The self-evaluative foundation of self-conscious emotions also makes them particularly relevant to the study of self-compassion; however, relations between these constructs have not previously been explored. Examining self-conscious emotions in young women athletes is of particular importance, as women tend to report stronger feelings of guilt and shame in adolescence and adulthood than men (Bybee, 1998). Negative self-conscious emotions (e.g., shame and guilt) are a form of internal feedback that a specific goal, expectation, or standard has been violated (Leary & Tangney, 2003).

Shame can be especially devastating, as it arises from a negative evaluation of the entire self (Tangney, 1990, 2003). Guilt, on the other hand, is focused on negative aspects of behavior (Tangney & Dearing, 2002). Along with having different attributional focuses, shame and guilt have different implications for motivation and adjustment; experiencing guilt has been linked to more prosocial and reparative behaviors than shame, and has been shown to have correlations opposite to shame across multiple domains (Tangney & Dearing, 2002).

It is important to recognize the distinction between shame or guilt experiences and shame proneness or guilt proneness (Anolli & Pascucci, 2005). Shame proneness or guilt proneness corresponds to individual differences in affective style and predispositions to respond in a certain way (i.e., the tendency for an individual to experience shame or guilt; Tangney, Wagner, & Gramzow, 1992). Regardless of the circumstance, a shame-prone individual tends to attribute events to internal, global, uncontrollable, and stable causes or attributions, whereas guilt-prone individuals have a tendency to make internal, specific, controllable, and unstable attributions (Anolli & Pascucci, 2005; Tracy & Robins, 2006). Emotional experiences can be transient and varied, but still depend on the attributions assigned to the experience. To understand an emotional experience, one needs to know the situation and the attributions connected to it. For example, a poor sport performance attributed to

ability would likely result in an experience of shame, whereas a poor performance attributed to effort would result in an experience of guilt (Tracy & Robins, 2006).

Due to the distinctions between the concepts of shame and guilt, because of its role in protecting the self from berating evaluation, self-compassion should exhibit the strongest negative relation with guilt-free shame proneness, which is the shame component that is likely connected with problematic psychological symptoms (Tangney & Dearing, 2002). Self-compassion may not be as strongly linked to guilt proneness and shame-free guilt proneness as it is to shame proneness, and there may even be a positive association, especially with shame-free guilt proneness, which is considered to be adaptive (Tangney & Dearing, 2002). Individuals high in guilt proneness also tend to be high in shame proneness (typical correlations, $r_s = .40-.60$), likely due, in part, to both being negative emotions (Paulhus, Robins, Trzesniewski, & Tracy, 2004; Smith & Ellsworth, 1985; Tangney & Dearing, 2002). As a result, researchers typically explore both shame-free guilt and guilt-free shame (controlling shame proneness for shared variance in guilt proneness, and vice versa), to acquire a more nuanced understanding of the correlates of each specific emotional disposition (Paulhus et al., 2004; Tangney & Dearing, 2002).

Pride is a positive emotion that reflects a dichotomy similar to shame and guilt. Tracy and Robins (2007) suggested, and empirically demonstrated, “pride that results from a specific achievement or prosocial behavior might be distinct from pride in one’s global self” (p. 507). They used the terms *authentic* and *hubristic pride* (respectively) to characterize this distinction. These facets of pride appear to be empirically and conceptually distinct and demonstrate unique associations to negative self-conscious emotions and self-esteem. Specifically, authentic pride is negatively, and hubristic pride positively, associated with shame; and authentic pride is positively related to self-esteem, while hubristic pride is negatively related to self-esteem (Tracy & Robins, 2007). Authentic pride results from attributions to causes that are internal, unstable, and controllable, whereas hubristic pride is more associated with causal attributions that are internal, stable, and uncontrollable (Tracy & Robins, 2007). Within our study, authentic pride was expected to be positively related to self-compassion given that both reflect healthy conceptualizations of the self. The conceptual and empirically verified links between hubristic pride and narcissism (Tracy & Robins, 2007; Tracy, Cheng, Robins, & Trzesniewski, 2009) suggest that hubristic pride may be an emotional disposition underlying narcissism. The null relation between self-compassion and narcissism shown in the literature (Neff, 2003a) leads to the expectation that hubristic pride and self-compassion may display the same null relation.

Self-Evaluative Thoughts and Behaviors: Self-Compassion as a Resource for Self-Evaluation

In addition to the potential for self-compassion as a tool to help young women athletes manage self-conscious emotions, self-compassion also may reduce self-evaluation and/or change the experience of, or the attributions involved in, self-evaluation in sport. Both performance-related (e.g., obligatory exercise, fear of failure, fear of negative evaluation) and body image-related (e.g., social physique anxiety, objectified body consciousness) thoughts and behaviors can emerge from the self-evaluation process and may be reduced by self-compassion. Therefore,

measures of these constructs have been included in our research and will collectively be referred to, for purposes of this study, as *self-evaluative thoughts and behaviors*. This collective term to describe thoughts and behaviors that involve self-evaluation is admittedly strong, but more succinct than referring to each of these variables separately each time they are discussed. Rationale for the specific relevance of the self-evaluative thoughts and behaviors to self-compassion is as follows. Two of the components of obligatory exercise—exercise frequency/intensity and preoccupied thoughts about exercise—also involve self-evaluation. The construct of fear of failure is also conceptualized within a self-evaluative framework, which defines how an individual identifies and experiences failure in achievement situations (Heckhausen, 1991). Fear of failure has also demonstrated a negative relation with self-compassion in adults (Neff et al., 2005), but this relation has not yet been explored among adolescents. Given that reflection on others' evaluations of oneself is an antecedent of self-conscious emotions (Leary, 2004), fear of negative evaluation is also likely to have a particular link with evaluation and hence self-compassion. Social physique anxiety involves an evaluative component (Hart, Leary, & Rejeski, 1989) through a focus on the body. Body surveillance, a component of objectified body consciousness, involves self-evaluation through body monitoring (Lindberg, Hyde, & McKinley, 2006). Taken together, all involve self-evaluation, which is precisely when the buffering effects of self-compassion should be of most benefit.

Aims and Hypotheses

Ultimately, we are interested in exploring the potential of self-compassion as a resource for young women athletes. As a key first step toward this objective, the specific goals of the current study were to examine (1) the relations among self-compassion, proneness to self-conscious emotions (i.e., shame, guilt-free shame, guilt, shame-free guilt, authentic pride, and hubristic pride) and self-evaluative thoughts and behaviors (i.e., social physique anxiety, obligatory exercise, objectified body consciousness, fear of failure, and fear of negative evaluation) for young women involved in high school sport and (2) whether self-compassion would predict unique variance beyond self-esteem for self-conscious emotions and self-evaluative thoughts and behaviors. Self-esteem is an important resource for young women, and, as outlined above, might be complemented by self-compassion. However, it is important to determine if self-compassion provides additional benefit beyond self-esteem. If it does not, the merit of promoting self-compassion in conjunction with self-esteem is more questionable.

We had two main hypotheses. First (Hypothesis 1), owing to our theoretical expectation that self-compassion might serve as a buffer against self-evaluation, self-compassion was hypothesized to be negatively related to shame proneness, guilt-free shame proneness, and self-evaluative thoughts and behaviors, and positively related to authentic pride. Self-compassion was also hypothesized to have a positive relation with shame-free guilt, given previous findings that shame-free guilt is an adaptive emotional disposition positively related to a number of prosocial and mentally healthy traits (Tangney & Dearing, 2002). In addition, due to the similarities between hubristic pride and narcissism and the null relation found between self-compassion and narcissism in previous research (Neff, 2003a), self-compassion was

not expected to show a significant relation to hubristic pride. Second (Hypothesis 2), self-compassion was expected to explain significant unique variance beyond self-esteem in self-conscious emotions and self-evaluative thoughts and behaviors.

Method

Participants

Participants were 151 young women athletes ($M_{\text{age}} = 15.1$ years, $SD = 1.2$ years) who had been involved in at least one sport in the last 12 months. Self-reported height in centimeters and weight in kilograms ranged from 149.9 to 185.4 cm ($M_{\text{height}} = 167.3$ cm, $SD = 6.4$ cm) and from 42.4 to 82.6 kg ($M_{\text{weight}} = 58.5$ kg, $SD = 7.5$ kg). Two participants (1.3%) did not report height, and five participants (3.3%) did not report weight. The majority of participants (69.5%, $n = 105$) reported being active in sport more than five times during the week when the questionnaire was administered. Participants reported involvement in a wide variety of high school and club-level sports, ranging from recreational to international levels. The majority of participants (94.7%, $n = 143$) reported being involved in more than one sport and/or level of participation.

Measures

Self-Compassion. Self-compassion was measured using the 26-item Self-Compassion Scale (SCS; Neff, 2003a). The SCS consists of six subscales. Three represent the components of self-compassion (Self-Kindness [5 items, e.g., “I try to be understanding and patient toward aspects of my personality I don’t like.”], Common Humanity [4 items, e.g., “I try to see my failings as part of the human condition.”], Mindfulness [4 items, e.g., “When something painful happens I try to take a balanced view of the situation.”]), and the other three are constructs in opposition to the three components of self-compassion (Self-Judgment [5 items, e.g., “I’m disapproving and judgmental about my own flaws and inadequacies.”], Isolation [4 items, e.g., “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world.”], and Over-Identification [4 items, e.g., “When I’m feelings down I tend to obsess and fixate on everything that’s wrong.”]). Responses are made on a 5-point scale ranging from 1 (*almost never*) to 5 (*almost always*). Mean scores on the subscales were summed after negative items were reverse coded, resulting in an overall self-compassion score (Neff, 2003a). In the present sample, the overall mean self-compassion score was 17.82 ($SD = 3.14$; $\alpha = .87$). Past research has found that the SCS demonstrates good internal consistency reliability, test–retest reliability, discriminant validity, and concurrent validity in university student samples (Leary et al., 2007; Neff, 2003a; Neff et al., 2005). The SCS has also been found to be reliable for use with adolescents (Neff & McGeehee, 2010).

Self-Esteem. Global self-esteem was measured using the 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). Participants respond on a scale from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating higher self-esteem (e.g., “I take a positive attitude toward myself.”). Composite scores

were created by summing the items after negative items were reverse coded. The present study had a mean of 19.82 ($SD = 4.73$) and acceptable internal consistency reliability ($\alpha = .87$). Internal reliability and construct validity have been supported in adolescent samples (Choi, Meining, & Roberts, 2006; Rosenberg, 1965).

Self-Conscious Emotions. The Test of Self-Conscious Affect for Adolescents (TOSCA-A; Tangney, Wagner, Gavlas, & Gramzow, 1991) was used to assess *proneness* to the self-conscious emotions of shame and guilt. The measure also assesses alpha (similar to hubristic pride, and beta (similar to authentic) pride; however, these subscales were not used in the analyses because of questionable reliability ($\alpha = .44$ to $.51$ and $\alpha = .43$ to $.53$, respectively; Tangney & Dearing, 2002; $\alpha = .28$ and $\alpha = .33$, respectively in the current study). The TOSCA-A consists of 10 negative and 5 positive scenarios each with a set of four to five responses reflecting different affective tendencies (guilt, 15 items; shame, 15 items; externalization, 15 items; alpha pride, 5 items; beta pride, 5 items; and detachment, 10 items). The externalization and detachment items were removed, as these constructs were not a focus in the current study. All 40 remaining responses were rated on a 5-point scale from 1 (*not at all likely*) to 5 (*very likely*). Items were summed to create composite scores for shame proneness ($M = 42.81$; $SD = .54$; $\alpha = .83$ in the current study) and guilt proneness ($M = 58.46$; $SD = .46$; $\alpha = .79$ in the current study). For example, one item is “For several days you put off talking to a teacher about a missed assignment. At the last minute you talk to the teacher about it, and all goes well.” The response set is (a) “I would think: ‘I guess I’m more convincing than I thought.’” (alpha/authentic pride), (b) “I would regret that I put it off.” (guilt), (c) “I would feel like a coward.” (shame), (d) “I would think: ‘I handled that well.’” (beta/hubristic pride). Acceptable Cronbach’s alpha values have been reported for the shame ($\alpha = .77$ to $.84$) and guilt subscales ($\alpha = .81$ to $.84$; Tangney & Dearing, 2002; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). Validity support for the TOSCA-A has been evidenced by the measure’s relation to indexes of anger, empathy, and psychological symptoms (Tangney et al., 1996). Consistent with work by Tangney et al. (1992), shame-free guilt proneness and guilt-free shame proneness were calculated using partial correlations.

Due to low reliability on the TOSCA-A pride subscales in previous research, the 7-item Authentic and Hubristic Pride Scales (Tracy & Robins, 2007) were used as measures for pride. Participants are instructed to indicate the extent to which they generally experience a number of feelings and emotions shown to be systematically related to each form of pride. The response format uses a five-point scale ranging from 1 (*not at all*) to 5 (*extremely*). The means of the item responses made up the composites for authentic pride ($M = 3.58$; $SD = .71$; $\alpha = .88$) and hubristic pride ($M = 1.67$, $SD = .66$; $\alpha = .88$). Both the authentic pride scale (7 items, including “accomplished,” “like I am achieving,” “confident,” “fulfilled,” “productive,” “like I have self-worth,” and “successful”; $\alpha = .88$) and hubristic pride scale (7 items, including “arrogant,” “conceited,” “egotistical,” “pompous,” “smug,” “snobbish,” and “stuck-up”; $\alpha = .90$) have demonstrated acceptable alpha levels with an undergraduate student sample (Tracy & Robins, 2007). There is extensive support for convergent validity of the measure (Tracy & Robins, 2007; Tracy et al., 2009).

Social Physique Anxiety. The 9-item Social Physique Anxiety Scale (SPAS; Hart et al., 1989) measures the degree of anxiety one experiences due to the

perception that his or her physique is being evaluated or observed (Hart et al., 1989). Respondents are asked to indicate the degree to which statements are true for them (e.g., “I am comfortable with the appearance of my physique/figure.”). Responses range on a 5-point scale from 1 (*not at all*) to 5 (*extremely*). Item responses were summed after reverse coding negative items to create a composite score ($M = 27.73$; $SD = 7.93$; $\alpha = .89$ in the present sample).

Obligatory Exercise. The Obligatory Exercise Questionnaire (OEQ; Pasman & Thompson, 1988) is a 20-item scale and was used to measure attitudes and activities related to personal exercise. Responses regarding how often the statements reflect participants’ exercise behaviors are indicated on a 4-point scale ranging from 1 (*never*) to 4 (*always*). Item responses were summed after negative items were reverse coded to obtain a composite score. Higher scores on the OEQ indicate a stronger sense of obligation to exercise (in this sample, $M = 50.00$, $SD = 9.64$, $\alpha = .87$). Research by Steffen and Brehm (1999) explored the multidimensionality of the OEQ and found that 10 of the items formed three unique subscales: emotional element of exercise (e.g., “When I miss a scheduled exercise session I may feel tense, irritable, or depressed.”; OEQ emotional; $M = 9.21$; $SD = 3.00$; $\alpha = .77$), exercise frequency and intensity (e.g., “I frequently ‘push myself to the limits’.”; OEQ frequency/intensity; $M = 12.19$; $SD = 2.23$; $\alpha = .68$), and exercise preoccupation (e.g., “I have had daydreams about exercise.”; OEQ preoccupation; $M = 4.07$; $SD = 1.80$; $\alpha = .88$). The 20-item scale was used in the composite score for the OEQ; however, the subscales were also explored using the 10 specific items highlighted by Steffen and Brehm (1999). The same summing procedure of relevant items resulted in subscale scores. One minor modification to the scale instructions was made to make the scale more appropriate for athletes. To ensure clarity, participants were instructed that exercise includes their physical sport training.

Objectified Body Consciousness. Objectified body consciousness (McKinley & Hyde, 1996) was assessed using the Objectified Body Consciousness Scale for Youth (OBC-Youth; Lindberg et al., 2006). The OBC-Youth consists of three subscales that measure the three components of objectified body consciousness: body surveillance (4 items; e.g., “During the day, I think about how I look many times.”), body shame (5 items; e.g., “When I’m not the size I think I should be, I feel ashamed.”), and appearance control beliefs (5 items, e.g., “I think I could look as good as I wanted to if I worked at it.”). Participants indicate their agreement with the item stems on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The composite score and each of the subscale scores are reflected as mean scores of response items (OBC composite: $M = 3.81$, $SD = 1.29$, $\alpha = .88$; body surveillance: $M = 4.70$, $SD = 1.49$, $\alpha = .87$; body shame: $M = 3.10$, $SD = .1.43$, $\alpha = .83$ in the current study). The appearance control beliefs subscale was not used in the current study, because the scale’s authors have recommended that this subscale may not be suitable for preadolescent and young adolescent participants (Lindberg et al., 2006).

Fear of Failure. The 5-item form of the Performance Failure Appraisal Inventory (PFAI-S; Conroy, Willow, & Metzler, 2002) measured fear of failure. Items assess fear of experiencing shame and embarrassment (i.e., “When I am failing, I worry about what others think about me.”); fear of devaluing one’s self-estimate (i.e.,

“When I am failing, I am afraid that I might not have enough talent.”); fear of having an uncertain future (i.e., “When I am failing, it upsets my “plan” for the future.”); fear of important others losing interest (i.e., “When I am not succeeding, people are less interested in me.”); and fear of upsetting important others (i.e., “When I am failing, important others are disappointed.”). Participants rate whether each statement is true for them on a scale ranging from -2 (do not believe at all) to $+2$ (believe 100% of the time). The mean of item responses constitutes the fear of failure score. The present study had a mean of 0.06 ($SD = .84$) and an internal consistency of $\alpha = .81$.

Fear of Negative Evaluation. The 12-item Fear of Negative Evaluation Scale (FNE; Leary, 1983) was used to measure the degree to which an individual experiences apprehension at the prospect of being negatively evaluated (e.g., “I worry about what other people will think of me even when I know it doesn’t make any difference.”). Participants rate the degree to which each item applies to them on a 5-point scale ranging from 1 (*not at all characteristic of me*) to 5 (*extremely characteristic of me*). The composite score was calculated using the mean of item responses ($M = 37.77$; $SD = 10.22$). Internal consistency was $\alpha = .93$. It has been recommended by Carleton, McCreary, Norton, and Asmundson (2006) that replacing negatively worded items on the brief FNE results in a higher internal consistency ($\alpha = .95$) when compared with the original version ($\alpha = .89$), a recommendation followed in the current study.

Procedure

After obtaining ethical approval from our University Behavioral Research Ethics Board, a pilot study was conducted with three adolescent women athletes (aged 14, 15, and 16) to ensure the clarity of the questionnaire. Subsequently, following permission from the school boards, school principals, and coaches, participants were recruited from high school sports teams during the fall and winter sport seasons (September 2007 to March 2008). After obtaining parental consent and participant assent, athletes completed the questionnaire anonymously at a time convenient for the team. Following completion of the questionnaire, as a thank you for participating, the team had the opportunity to participate in a group session on mental skills training.

Data Analysis

Before running statistical analyses, the data were screened for missing responses and outliers and examined to test the assumptions of normality, linearity, and homoscedasticity of multiple regression (Tabachnick & Fidell, 2001). Variables with skewness or kurtosis values of greater than 2.5 (shame proneness, authentic pride, hubristic pride, obligatory exercise, exercise preoccupation, and body shame) were transformed and all analyses were rerun. As none of the conclusions changed, the variables were left untransformed. Of the initial sample of 154, three participants had two or more missing data points from at least two of the measures and were eliminated from the analysis. Seven participants with one missing data point were retained, with the missing value estimated by mean replacement (Tabachnick & Fidell, 2001).

Internal consistency reliabilities of the measures were examined using Cronbach's alpha. Pearson product-moment correlations were used to test Hypothesis 1, that self-compassion would relate negatively to shame proneness, guilt-free shame proneness, and to the self-evaluative thoughts and behaviors (social physique anxiety, obligatory exercise, objectified body consciousness, fear of failure, and fear of negative evaluation); positively to authentic pride and shame-free guilt proneness; and have no relation to hubristic pride. Separate hierarchical regression analyses were used to test Hypothesis 2—that self-compassion was expected to explain significant unique variance beyond self-esteem on the self-conscious emotions and the self-evaluative thoughts and behaviors. For Hypothesis 2, self-esteem was entered in Step 1 and self-compassion in Step 2, with each of the self-conscious emotions/self-evaluative thoughts and behaviors as criterion variables.

Results

Tests of Hypotheses

Consistent with Hypothesis 1, we found a negative relation between self-compassion and shame proneness ($r = -.32, p < .01$); a negative relation between self-compassion and guilt-free shame proneness ($r = -.39, p < .01$); a positive relation between self-compassion and authentic pride ($r = .42, p < .01$); and no relation between self-compassion and hubristic pride ($r = .09, n.s.$; see Table 1). Also as predicted, shame-free guilt proneness displayed a significant positive relation with self-compassion ($r = .26, p < .01$; see Table 1). Further supporting the hypothesis, self-compassion was negatively related to all of the self-evaluative thoughts and behaviors [social physique anxiety ($r = -.37, p < .01$), objectified body consciousness ($r = -.54, p < .01$), body surveillance ($r = -.50, p < .01$), body shame ($r = -.46, p < .01$), fear of failure ($r = -.48, p < .01$), and fear of negative evaluation ($r = -.48, p < .01$)] except for obligatory exercise ($r = .04, n.s.$) and its components ($r = -.16, .10, .16, n.s.$; see Table 1).

There was also partial support for Hypothesis 2, in that self-compassion accounted for significant variance beyond self-esteem on shame proneness ($R^2 = .12$; $\Delta R^2 = .03$; $p < .05$), shame-free guilt proneness ($R^2 = .17$; $\Delta R^2 = .05$; $p < .05$), guilt-free shame proneness ($R^2 = .07$; $\Delta R^2 = .03$; $p < .05$), objectified body consciousness ($R^2 = .36$; $\Delta R^2 = .07$; $p < .01$), body surveillance ($R^2 = .27$; $\Delta R^2 = .09$; $p < .01$), body shame ($R^2 = .31$; $\Delta R^2 = .03$; $p < .05$), fear of failure ($R^2 = .37$; $\Delta R^2 = .11$; $p < .01$), and fear of negative evaluation ($R^2 = .28$; $\Delta R^2 = .06$; $p < .01$; see Table 2). Self-compassion was related to these dependent variables even after controlling for self-esteem. Guilt proneness, authentic pride, hubristic-pride, social physique anxiety, obligatory exercise, emotional element of exercise, frequency and intensity of exercise, and preoccupation with exercise were not significant at Step 2.

Discussion

The present study provides evidence that self-compassion is related to constructs that rely heavily on self-evaluative processes—which, conceptually, is precisely where the development of self-compassion should be most beneficial. Self-compassion

Table 1 Pearson Product–Moment Correlations for Self-Compassion, Self-Esteem, the Self-Conscious Emotions, and the Self-Evaluative Thoughts and Behaviors

Variable	1	2	3a	3b
1 Self-compassion	—			
2 Self-esteem	.60**	—		
3a Shame proneness (guilt-free shame)	-.32**(-.39**)	-.29**(-.34**)	—	
3b Guilt proneness (shame-free guilt)	.15(.26**)	.11(.21*)	.32**(.00)	—
4a Authentic pride	.42**	.72**	-.10(-.16)	.15(.19*)
4b Hubristic pride	.09	-.24**	-.02(.10)	-.36**(-.37**)
5 Social physique anxiety	-.37**	-.52**	.14(.16)	-.02(-.07)
6a Obligatory exercise	.04	.05	.14(.09)	.16(.12)
6b Emotional element	-.16	-.25**	.22**(.19*)	.15(.08)
6c Frequency / Intensity	.10	.22**	-.01(-.01)	.17*(.18*)
6d Preoccupation	.16	.10	.22**(.18*)	.16(.09)
7a Objectified body consciousness	-.54**	-.54**	.14(.22*)	-.20*(-.25**)
7b Body surveillance	-.50**	-.42**	.13(.18*)	-.13(-.18*)
7c Body shame	-.46**	-.53**	.12(.20*)	-.21*(-.26**)
8 Fear of failure	-.57**	-.51**	.26**(.34**)	-.16(-.25**)
9 Fear of negative evaluation	-.48**	-.47**	.21**(.25**)	-.07(-.15)

Note. The values in parentheses represent partial correlations for the relations between the study variables and proneness to guilt-free shame / shame-free guilt.

* $p < .05$, ** $p < .01$.

was found to be negatively related to shame proneness, guilt-free shame proneness, social physique anxiety, objectified body consciousness, fear of failure, and fear of negative evaluation. Self-compassion was also positively related to two emotions that can be considered adaptive—shame-free guilt proneness and authentic pride. Self-compassion also explained unique variance beyond self-esteem on shame proneness, guilt-free shame proneness, shame-free guilt proneness, objectified body consciousness, fear of failure, and fear of negative evaluation. These results

4a	4b	5	6a	6b	6c	6d	7a	7b	7c	8	9
—											
-.21*	—										
-.39**	.04	—									
.12	.01	.18*	—								
-.05	.10	.40**	.76**	—							
.23**	-.12	.01	.75**	.39**	—						
.09	.09	.12	.74**	.50**	.41**	—					
-.34**	.32**	.58**	.21**	.46**	.01	.14	—				
-.29**	.23**	.45**	.22**	.37**	.11	.15	.86**	—			
-.31**	.32**	.56**	.17*	.44**	-.08	.11	.90**	.56**	—		
-.38**	.20**	.45**	.09	.31**	-.03	.08	.59**	.55**	.50**	—	
-.37**	.21**	.61**	.17*	.36**	.06	.12	.68**	.66**	.54**	.56**	—

are illustrative of the potential of self-compassion as a resource for young women athletes—particularly as a complement to self-esteem.

Theoretically, the negative relations between self-compassion and shame proneness and guilt-free shame proneness make sense for a number of reasons. First, the negative self-evaluative nature of shame (Tangney, 1990, 2003) contrasts with the self-kindness involved in self-compassion, which reflects an understanding toward oneself in instances of pain or failure (Neff, 2003b). Second, the tendency for

Table 2 Summary of Hierarchical Regression Analyses Exploring the Influence of Self-Compassion Beyond Self-Esteem for Shame Proneness, Guilt-free Shame Proneness, Shame-Free Guilt Proneness, OBC-Youth and OBC-Youth subscales, PFAI-S, and FNE

Predictor Variable	B	SE B	β	R^2	Adjusted R^2	ΔR^2
TOSCA-A Shame						
Step 1				.082**	.076	.082**
RSES	-0.493	0.135	-.287**			
Step 2				.114*	.102	.032*
RSES	-0.262	0.166	-.153			
SCS	-0.57	0.250	-.223*			
Guilt-Free Shame						
Step 1				.116**	.110	.116**
RSES	-0.072	0.016	-.340**			
Step 2				.165**	.154	.049*
RSES	-0.037	0.020	-.174			
SCS	-0.088	0.030	-.278**			
Shame-Free Guilt						
Step 1				.046**	.039	.046**
RSES	0.045	0.017	.214**			
Step 2				.073*	.060	.027*
RSES	0.019	0.021	.090			
SCS	0.065	0.031	.206**			
OBC-Youth						
Step 1				.291**	.286	.291**
RSES	-0.147	0.019	-.540**			
Step 2				.362**	.353	.070**
RSES	-0.093	0.022	-.340**			
SCS	-0.136	0.034	-.332**			
OBC-Youth Body Surveillance Subscale						
Step 1				.176**	.170	.176**
RSES	-0.132	0.023	-.419**			
Step 2				.269**	.259	.094**
RSES	-0.060	0.028	-.189*			
SCS	-0.182	0.042	-.383**			

(continued)

Table 2 (continued)

Predictor Variable	B	SE B	β	R^2	Adjusted R^2	ΔR^2
OBC-Youth Body Shame Subscale						
Step 1				.275**	.271	.275**
RSES	-0.159	0.021	-.525**			
Step 2				.306*	.297	.031*
RSES	-0.119	0.026	-.393**			
SCS	-0.100	0.039	-.219*			
PFAI-S						
Step 1				.259**	.254	.259**
RSES	-0.091	0.013	-.509**			
Step 2				.365**	.357	.106**
RSES	-0.047	0.015	-.264**			
SCS	-0.109	0.022	-.407**			
FNE						
Step 1				.221**	.216	.221**
RSES	-1.015	0.156	-.470**			
Step 2				.283**	.273	.062**
RSES	-0.609	0.188	-.282**			
SCS	-1.016	0.283	-.313**			

Note. The acronym *TOSCA-A* refers to the Test of Self-Conscious Affect for Adolescents; *SCS* refers to the Self-Compassion Scale; *RSES* refers to the Rosenberg Self-Esteem Scale; *OBC-Youth* refers to the Objectified Body Consciousness Scale for Youth; *PFAI-S* refers to the Performance Failure Appraisal Inventory (Short Form); and *FNE* refers to the Brief Fear of Negative Evaluation Scale. Shame, guilt-free shame, and shame-free guilt all reflect a *proneness* to the emotions. * $p < .05$, ** $p < .01$.

shame experiences to involve a generalization of a specific failure to the entire self (Tangney, 1990) is inconsistent with the mindfulness component of self-compassion, which involves holding painful thoughts and feelings in a balanced awareness without over-identifying with them (Neff, 2003b). Finally, while individuals may cope with shame by blaming others for failure and hardship (Lewis, 1971), shame is largely focused on the self (Tangney, 1990). This self-focus makes it difficult to maintain an awareness of common humanity, a process that allows individuals to realize that their experiences are not isolated, solitary incidents, but instead are part of the larger human experience that is shared by others (Neff, 2003b). Thus, it is not surprising that shame, often considered maladaptive, would accompany low levels of self-compassion, a construct with great potential for positive well-being (Neff, 2003b). As a result, self-compassion might be a particularly useful resource to help young women manage shame proneness or perhaps even prevent shame experiences in the first place. Longitudinal research on the development of shame and the role of self-compassion in this process would be a useful future direction.

Shame-free guilt proneness, on the other hand, was positively related to self-compassion. This suggests that while self-compassion requires an absence of harsh self-criticism for failing to meet certain standards, it does not mean that one's failures or shortcomings are ignored or left unchanged (Neff, 2003b). Someone with high self-compassion is still likely to experience shame-free guilt, which suggests that this adaptive emotion might be employed in times of difficulty or failure. For example, an athlete high in self-compassion who misses a workout for no reason is likely to acknowledge his or her inadequacy in missing practice and make reparations, such as training on his or her own time. Being self-compassionate provides an individual with "the emotional safety needed to see the self clearly without fear of self-condemnation, allowing the individual to more accurately perceive and rectify maladaptive patterns of thought, feeling, and behavior" (Neff, 2003b, p. 87). Thus, self-compassionate people, including young women involved in sport, should still be able to experience an adaptive emotion such as shame-free guilt when appropriate. However, self-compassion should enable the athlete to experience it without harsh self-criticism.

Given the adaptive nature of authentic pride (Tracy & Robins, 2007; Tracy et al., 2009), it is not surprising that authentic pride was positively related to self-compassion. Past research has shown that authentic pride is related to a variety of other positive well-being indicators, such as self-esteem, interpersonal relationship functioning, and mental health; as well as socially desirable personality traits such as extraversion, agreeableness, conscientiousness, and emotional stability (Tracy et al., 2009; Tracy & Robins, 2007). While authentic pride was positively related to self-compassion, self-compassion did not explain additional variance in authentic pride beyond what was explained by self-esteem. Recall that the Authentic Pride scale reflects the degree to which people feel, for example, "accomplished," "successful," and "confident," which tends toward self-esteem rather than self-compassion. Thus, the nature of the authentic pride measure that was employed in the study may be more reflective of self-esteem than self-compassion. Despite the link with authentic pride, self-compassion did not show a significant relation to hubristic pride. This lack of relationship may be explained by taking the view that individuals with low self-compassion are no more likely to experience hubristic pride than individuals high in self-compassion. This is a similar interpretation to the one given by Neff and Vonk (2009) in explaining the null result between self-compassion and narcissism in their study.

The unique contribution of self-compassion over and above self-esteem in predicting shame proneness, guilt-free shame proneness, shame-free guilt proneness, objectified body consciousness, body surveillance, body shame, fear of failure, and fear of negative evaluation supports our expectation that self-compassion would pick up on an aspect of the self-evaluation process not captured by self-esteem (Neff, 2003b). In fact, Leary et al. (2007) contended that some benefits previously attributed to self-esteem might actually be a function of self-compassion. This overlap is not surprising, as self-compassionate people tend to have high self-esteem (a trend also seen in the current study), likely because reacting kindly toward oneself promotes positive feelings about the self (Leary et al., 2007). While self-esteem and self-compassion are positively correlated, they also have unique benefits, as outlined earlier and shown in the present research. Thus, the promotion of self-compassion may be a useful complement to the promotion of self-esteem when

helping young women involved in sport develop the skills and resources needed to cope with self-evaluation.

We contend that one of the main reasons for the unique variance explained by self-compassion might be the reduced role self-evaluation plays in the self-compassion process, compared with self-esteem. As stated by Neff and Vonk (2009), “self-compassion offers a sense of meaning that does not require puffing the self up or putting others down” (p. 44); although such puffing up is more characteristic of narcissism than self-esteem, standard measures of self-esteem do positively correlate with narcissism, suggesting that the two constructs share variance in self-favorability (Paulhus et al., 2004). In contrast, self-compassion reflects an aspect of self-love that is independent from the favorable self-evaluations involved in narcissism. Neff and Vonk (2009) also showed that self-compassion was related to more stable feelings of self-worth that were less contingent on particular outcomes, which also contrasts with self-esteem, at least when shared variance with narcissism is not statistically removed. The pattern of relations we found for the self-conscious emotion variables were similar to what was hypothesized, such that higher self-compassion was related to lower levels of shame proneness and guilt-free shame proneness and higher levels of shame-free guilt proneness over and above self-esteem. Given that self-compassion was proposed to be most beneficial in times of suffering or personal failure (Neff 2003b), the prediction of unique variance on the negative (i.e., shame and guilt), but not more positive (i.e., pride) emotions is not surprising. However, the mechanisms behind these findings are unknown.

The reasons why self-compassion explained unique variance over and above self-esteem on some of the self-evaluative thoughts and behaviors variables but not others seems less clear. Perhaps the salience or directness of the evaluation of others in a construct is of most importance. For example, an item on the fear of negative evaluation scale is “I’m afraid that others might not approve of me,” which is directly linked to evaluation processes. Similar kinds of items can be found on the fear of failure (e.g., “When I am failing, important others are disappointed.”) and objectified body consciousness (e.g., “I compare how I look with other people.”) scales, all of which had unique variance predicted by self-compassion. However, this rationale makes not finding unique variance on social physique anxiety particularly surprising, given that it has items like, “There are times when I’m bothered by thoughts that other people are evaluating my weight or muscular development negatively.” In addition, self-compassion was found to predict unique variance on social physique anxiety in Magnus et al.’s (2010) study with women exercisers. Perhaps self-compassion is more important, beyond self-esteem, for negative thoughts (e.g., fear of negative evaluation, fear of failure) than negative behaviors (e.g., obligatory exercise). Regardless, the question of which specific self-evaluations are more strongly predicted by self-compassion than self-esteem and how and when self-compassion might be a useful resource for young women athletes remain important directions for research.

It is also important to note that of the dependent variables that were significant in the regression analyses, the self-conscious emotions (shame proneness, guilt-free shame proneness, and shame-free guilt proneness) were related to self-compassion alone once the shared variance from self-esteem was taken into account. However, the self-evaluative thoughts and behaviors (objectified body consciousness, body surveillance, body shame, fear of failure, and fear of negative evaluation) were

related to both self-compassion and self-esteem. It is not clear why the different pattern of common variance between self-compassion and self-esteem emerged across the self-conscious emotions and the self-evaluative thoughts and behaviors. It may be that self-compassion and self-esteem play different roles for the self-evaluative thoughts and behaviors, but more similar roles in emotions. There may be a subtlety as to when and how self-compassion and self-esteem play similar and differing roles across a range of other variables that has not yet been identified.

The present study provided an important first step toward establishing the relevance of self-compassion to young women athletes. Key steps for future research include the examination of the role of self-compassion in sport specific situations (e.g., failure events) and the stability and lability of self-compassion over time. A limitation of the current study was our inability to determine whether the relations found might be causal, due to the correlational, cross-sectional design. The results thus show that self-compassion is related to a variety of self-evaluative thoughts and behaviors, and although we expect self-compassion may have a causal role in these effects, future experimental or longitudinal studies are needed to address this issue. If evidence for causality emerges, it would provide further support for the contention that self-compassion is useful, beyond self-esteem, for young women athletes. It would also provide a foundation for intervention work, and could address critical questions such as testing whether self-compassion moderates the relations between self-conscious emotions (especially guilt-free shame) and harmful outcomes that result from the self-evaluation process. If applicable, it is hoped that future research will move toward the development of a self-compassion intervention program for adolescents geared at providing resources to deal with the challenges in sport, particularly those that stem from self-evaluation. However, the role of self-compassion as a buffer is still unknown and unsupported empirically, and it remains an important future research direction.

Another important question for future research is how best to foster a sense of self-compassion in young women athletes. Research has already provided some direction for intervention work. In Leary et al.'s (2007) self-compassion intervention, which showed benefits of self-compassion beyond those of self-esteem, participants listed ways in which others experience events similar to themselves; to write about how they would express understanding, kindness, and concern to themselves in the same way as to a friend; and to describe their feelings in an objective and unemotional fashion. Gilbert and Irons (2004, 2005) have also outlined various compassionate mind training exercises to help cope with shame and self-criticism, including the use of writing and imagery. These strategies, in addition to the continued focus on the development of self-esteem and a healthy body image, may have great potential for coaches and others working with young women athletes to ensure that sport is a positive emotional experience and fosters a healthy attitude toward the self.

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