

Exploring Self-Compassion and Eudaimonic Well-Being in Young Women Athletes

Leah J. Ferguson,¹ Kent C. Kowalski,¹ Diane E. Mack,² and Catherine M. Sabiston³

¹University of Saskatchewan; ²Brock University; ³University of Toronto

Using a mixed methods research design, we explored self-compassion and eudaimonic well-being in young women athletes. In a quantitative study ($n = 83$), we found that self-compassion and eudaimonic well-being were positively related ($r = .76, p < .01$). A model of multiple mediation was proposed, with self-compassion, passivity, responsibility, initiative, and self-determination accounting for 83% of the variance in eudaimonic well-being. In a qualitative study ($n = 11$), we explored when and how self-compassion might be useful in striving to reach one's potential in sport. Self-compassion was described as advantageous in difficult sport-specific situations by increasing positivity, perseverance, and responsibility, as well as decreasing rumination. Apprehensions about fully embracing a self-compassionate mindset in sport warrant additional research to explore the seemingly paradoxical role of self-compassion in eudaimonic well-being.

Keywords: self-compassion, psychological well-being, sport, mixed methods

Young women have reported a variety of goals and motives for competing in sport, such as autonomy, skill development, expression of creativity, fostering meaningful relationships, and continued growth and development (Chatzisarantis & Hagger, 2007; Kilpatrick, Hebert, & Bartholomew, 2005). These underlying goals and motives may be linked to optimal development, flourishing, and human potential consistent with Carol Ryff's (1989, 1995) model of eudaimonic well-being. More specifically, Ryff identified six dimensions that represent what it means to psychologically flourish at one's maximum potential: (1) to be autonomous and independent, (2) have mastery and control over one's environment and activities, (3) have continued feelings of personal growth and development, (4) have positive and quality relationships with others, (5) have purpose and meaning in life, and (6) acceptance of oneself. However, it is important to recognize that reaching one's potential in sport is not a given, as young women can face many challenges in their sport experiences (e.g., self-evaluations, evaluations by others, and social comparisons; Fraser-Thomas, Côté, & Deakin, 2005; Mosewich, Vangool, Kowalski, & McHugh, 2009) that are linked to negative physical outcomes and unhealthy behaviors (e.g., disordered eating, obsessive concerns over body weight, excessive exercis-

ing, and training through injuries; Beals & Manore, 1994; Krane, Waldron, Stiles-Shiple, & Michalenok, 2001). One potential resource for young women to deal with their challenging sport experiences is self-compassion, which requires an emotionally positive, understanding, and nonjudgmental self-attitude.

As outlined by Kristin Neff (2003a, 2003b, 2009), self-compassion consists of three key components that combine and mutually interact to create a self-compassionate frame of mind: (1) self-kindness (i.e., offering oneself warmth and nonjudgmental understanding), (2) common humanity (i.e., recognizing that being imperfect and encountering life difficulties are part of the shared human experience), and (3) mindfulness (i.e., taking a balanced approach so that painful feelings are neither suppressed nor exaggerated). Self-compassion is particularly relevant when one fails or feels inadequate and can be an important tool for dealing with challenging or difficult times (Neff, 2003a, 2003b, 2009; Neff & Vonk, 2009). Thus, self-compassion may be useful for young women athletes due to the potential for negative physical, emotional, psychological, and social outcomes in sport (Fraser-Thomas et al., 2005).

Self-compassion presents a healthy way of relating to the self that is not dependent upon positive self-evaluations (Neff & Vonk, 2009). Treating oneself with compassion involves accepting all aspects of one's experiences, regardless of how painful or difficult they may be (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff, Kirkpatrick, & Rude, 2007; Neff & Vonk, 2009). Preliminary research with young women athletes suggests that self-compassion might act as a buffer against outcomes that rely on self-

Leah J. Ferguson and Kent C. Kowalski are with the College of Kinesiology, University of Saskatchewan, Saskatoon, SK, Canada. Diane E. Mack is with the Department of Kinesiology, Brock University, St. Catharines, ON, Canada. Catherine M. Sabiston is with the Faculty of Kinesiology & Physical Education, University of Toronto, Toronto, ON, Canada.

evaluations and social comparisons (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). Specifically, Mosewich et al. (2011) found that self-compassion was linked with lower body shame, body surveillance, fear of failure, fear of negative evaluation, objectified body self-consciousness, and social physique anxiety. Research has yet to explore whether treating oneself with compassion supports or thwarts athletes' striving for human potential consistent with Ryff's (1989, 1995) conceptualization of eudaimonic well-being.

Previous research has found self-compassion to be (1) negatively related to a range of psychological health indices that reflect ill-being (e.g., less anxiety and depression), and (2) positively linked to hedonic forms of well-being characterized by subjective happiness, positive affect, and life satisfaction (Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007). However, self-compassion has largely been overlooked within the eudaimonic tradition whereby well-being is explicitly concerned with individuals' development and self-realization (Ryan, Huta, & Deci, 2008). Given that treating oneself with compassion has potential to contribute to positive well-being (Neff, 2003b), it is important to consider the relationship between self-compassion and forms of well-being that represent flourishing and optimal development as opposed to those grounded in ill-being or the hedonic tradition.

There is theoretical and empirical support for a relationship between self-compassion and eudaimonic well-being. Theoretically, acting self-compassionately gives rise to proactive behaviors aimed at promoting or maintaining well-being (Neff, 2003b). Treating oneself with compassion allows for clarity of one's limitations and recognition of unhealthy behaviors, which enables action for growth and encourages change to improve well-being (Berry, Kowalski, Ferguson, & McHugh, 2010); hence, self-compassion may be a viable resource for achieving human potential. In addition, some researchers have found self-compassion to be positively related to indices of psychological strength (e.g., competence, exploration; Neff, Hsieh, & Dejitterat, 2005; Neff, Rude, et al., 2007), which are similar to dimensions of eudaimonic well-being advanced by Ryff (1989, 1995; e.g., exploration and personal growth). As a resource that encourages kindness and caring toward the self and promotes psychological well-being, self-compassion might be particularly useful for young women athletes due to the difficult, challenging, and evaluative experiences routinely presented in sport environments that might jeopardize participation and flourishing in sport. Research is needed to explore self-compassion and eudaimonic well-being with young women athletes to gain insight into the potential usefulness of self-compassion as a tool toward their positive development. As such, we used a mixed methods design to explore the role of self-compassion in eudaimonic well-being for young women athletes.

Mixed methods research designs combine the strengths of quantitative and qualitative strategies of inquiry, and are a practical way to explore complex research questions (Creswell, 2014; Heyvaert, Maes, &

Onghena, 2013). To that end, we employed an explanatory sequential mixed methods design (Creswell, 2014) as it facilitated initial examination of relationships between self-compassion and eudaimonic well-being, followed by deeper exploration with young women athletes to gain a better understanding about these constructs in their sport experiences.

Quantitative Study

The purpose of the quantitative study was twofold. First, we explored the relationship between self-compassion and eudaimonic well-being in young women athletes. Second, based on theoretical and empirical evidence, passivity, responsibility, initiative, and self-determination were explored as potential mechanisms that might account for the self-compassion–eudaimonic well-being relationship. A point that is commonly discussed in the literature is whether self-compassion promotes complacency, inaction, and passivity (Neff, 2003b, 2009; Neff, Kirkpatrick, et al., 2007), which runs counter to the deliberate action, self-responsibility, initiative, and intrinsic pursuit of human potential that is needed to be eudaimonically well (Robitschek & Keyes, 2009; Ryff & Singer, 2008). As Neff (2003b) explains, however, treating oneself with compassion includes the emotional safety to perceive one's inadequacies without self-condemnation and to take action toward growth and well-being. Researchers have found self-compassion to be positively related to emotion-focused coping and negatively related to avoidance-oriented coping, suggesting that self-compassion includes a mindset of confronting negative outcomes rather than avoiding them (Neff et al., 2005). Moreover, previous research suggests that self-compassion has inherent motivating forces (Breines & Chen, 2012; Magnus, Kowalski, & McHugh, 2010; Neff, 2003a; Neff et al., 2005), and that acting compassionately toward the self includes acknowledging areas of weakness that need changing and taking responsibility (Berry et al., 2010) to be actively involved in pursuing a more productive and fulfilling life (Neff, Rude, et al., 2007).

Given theoretical and empirical support, we hypothesized that (1) there would be a positive relationship between self-compassion and eudaimonic well-being; (2a) both self-compassion and eudaimonic well-being would be negatively related to passivity, and positively related to responsibility, initiative, and self-determination; and (2b) the data would be consistent with a model of multiple mediation suggesting that passivity, responsibility, initiative, and self-determination mediate the relationship between self-compassion and eudaimonic well-being.

Method

Participants and Procedure

Following institutional ethical approval as well as approval from the public school board, the first author

visited university and high school classes to invite women athletes between the ages of 16 and 25 to participate in the study. Participants were 83 young women athletes representing 21 different sports (e.g., basketball, track and field, wrestling), ranging from local (50% of participants) to international (3% of participants) competition levels. The majority of participants (59%) reported participating in sport between 1 and 4 times in the previous week. Mean age of participants was 18.70 years ($SD = 2.14$), mean height was 167.03 cm ($SD = 7.38$), and mean weight was 62.16 kg ($SD = 10.48$). The majority of participants self-identified as Caucasian (92.77%) and single (95.18%). Participants were emailed a secure link to an online web-based survey that contained the questionnaire package, including informed consent.

Measures

Self-Compassion. The 26-item Self-Compassion Scale (SCS; Neff, 2003a) is a 5-point scale ranging from 1 (*almost never*) to 5 (*almost always*). Six subscales (i.e., self-judgment, self-kindness, isolation, common humanity, over-identification, and mindfulness) measure the three main components of self-compassion, which taken together represent the overall level of self-compassion. Items from negatively phrased subscales were reverse scored before computing a total mean. Past research has found that SCS scores demonstrate internal consistency 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) and sport samples (Mosewich et al., 2011).

Eudaimonic Well-Being. The Scales of Psychological Well-Being (SPWB; Ryff & Keyes, 1995) is an 84-item, 6-point scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The scale consists of six 14-item subscales assessing autonomy, environmental mastery, personal growth, positive relatedness, purpose in life, and self-acceptance. After reverse scoring negatively phrased items, a single composite score was calculated by taking the mean across all subscales. Past research has found that the SPWB scores demonstrate internal consistency reliability, factorial validity, convergent validity, and discriminant validity (Nave, Sherman, & Funder, 2008; Ryff, 1989; Ryff & Keyes, 1995). The scale has demonstrated broad applicability in terms of use with samples of various ages (Nave et al., 2008; Ryff, 1989), as well as an athlete sample (Edwards & Steyn, 2008).

Passivity. The Cognitive-Behavioral Avoidance Scale (CBAS; Ottenbreit & Dobson, 2004) measured passivity, as “avoidance is generally a passive strategy whereby a person fails to invoke a course of action in which the problem is dealt with directly” (Ottenbreit & Dobson, 2004, p. 308). Thirty-one items assessed four factors on a 5-point scale ranging from 1 (*not at all true for me*) to 5 (*extremely true for me*); behavioral-social, behavioral-nonsocial, cognitive-social, cognitive-nonsocial. After

reverse scoring negatively phrased items, a composite was calculated by taking the mean across the four factors, which has demonstrated internal consistency reliability ($\alpha = .91$; Ottenbreit & Dobson, 2004). The scale has been associated with other measures of avoidance (e.g., Coping Responses Inventory) as well as with higher levels of depression and anxiety (Ottenbreit & Dobson, 2004).

Responsibility. The Personal Responsibility Questionnaire (PRQ; Mergler, Spencer, & Patton, 2007) is a 30-item, 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The PRQ consists of two factors: responsible control of behavior and responsible control of emotions and thoughts. After reverse scoring negatively phrased items, a composite score was computed by summing all responses, with higher scores indicating higher personal responsibility. Scores on the PRQ factors have demonstrated evidence of reliability ($\alpha = .77-.82$) and are associated with greater emotional intelligence and self-esteem (Mergler et al., 2007).

Initiative. The Personal Growth Initiative Scale (PGIS; Robitschek, 1998) is a nine-item, 6-point scale ranging from 1 (*definitely disagree*) to 6 (*definitely agree*) that measures intentional involvement in changing and developing as a person. Responses to scale items were summed, with higher scores indicative of higher levels of initiative. Internal consistency estimates have ranged from .78 to .90 (Robitschek, 1998, 1999; Robitschek & Keyes, 2009). The PGIS has been positively correlated with instrumentality, internal locus of control, and negatively correlated with chance locus of control (Robitschek, 1998, 1999; Robitschek & Keyes, 2009).

Self-Determination. The Self-Determination Scale (SDS; Sheldon & Deci, 1996) is a 10-item measure that assesses the extent to which individuals tend to function in a self-determined way. The scale consists of two subscales: Awareness of Oneself, which reflects being aware of one’s feelings and sense of self, and Perceived Choice in One’s Actions, which reflects a sense of choice with respect to behavior. For each scale item, participants indicate which of two statements feels most true of them on a 5-point scale ranging from 1 (*only A feels true*) to 5 (*only B feels true*). Negatively phrased items were reverse scored and a composite score was computed by summing all scale items, which has demonstrated internal consistency ranging from .86 to .92 (Sheldon, 1995). The SDS has been associated with self-actualization, life satisfaction, creativity, and resistance to peer pressure (Grow, Sheldon, & Ryan, 1994; Sheldon, 1995; Sheldon & Deci, 1996).

Data Analysis

Before conducting data analyses, normality of the data were assessed by examining histograms of the standardized residuals. Linearity and homoscedasticity were examined through scatterplots of the residuals. Statistical significance was set at $p < .05$ for all analyses.

Pearson bivariate correlations were used to examine the relationship between self-compassion and eudaimonic well-being (Hypothesis 1), as well as to explore associations with the hypothesized mechanism variables (i.e., passivity, responsibility, initiative, and self-determination; Hypothesis 2a).

Preacher and Hayes's (2008) SPSS macro was used to explore the mediating associations of the hypothesized mechanism variables in the relationship between self-compassion and eudaimonic well-being (Hypothesis 2b).¹ The model tested the indirect effects of self-compassion on eudaimonic well-being through multiple mediators. The analysis involved two parts: (1) exploring the total indirect effect and (2) exploring individual mediating effects of each mechanism variable above and beyond the other mechanism variables in the model. For the analysis, 5000 bootstrap samples with replacement were requested. The macro produces unstandardized path coefficients, and significance tests for all mediated effects are provided by 95% bias-corrected (BC) bootstrapped confidence intervals (CIs). The analysis also provides regression coefficients for the normal theory approach.

Results

Missing Data

Before statistical analysis, participants with one (20 participants) or two (4 participants) missing data points (a total of 0.14% of the data) that were not from the same subscale were retained and within-person mean substitution was used to estimate the missing value (Tabachnick & Fidell, 2007).

Descriptive Statistics, Scale Reliabilities, and Correlations

Descriptive statistics and internal consistency scale reliabilities are reported in Table 1.

Hypothesis Testing

Correlations. In support of Hypothesis 1, self-compassion and eudaimonic well-being were positively cor-

related ($r = .76, p < .01$). As was predicted in Hypothesis 2a, both self-compassion and eudaimonic well-being were negatively related to passivity, and positively related to responsibility, initiative, and self-determination. Correlations among all variables are presented in Table 1.

Mediation Analysis. Figure 1 illustrates the full mediational model and includes the unstandardized coefficients for all paths in the model. The proposed multiple mediation model explained 83% of the variance in eudaimonic well-being. The total (path c) and direct effects (path c') of self-compassion on eudaimonic well-being were $B = 0.72, p < .001$, and $B = 0.35, p < .01$, respectively. The total indirect effect of self-compassion on eudaimonic well-being through the four mediators had a point estimate of 0.37 with a 95% BC bootstrapped CI of 0.23–0.53. Therefore, the data were consistent with a model of multiple mediation whereby, as a set, passivity, responsibility, initiative, and self-determination mediated the self-compassion–eudaimonic well-being relationship. The only specific indirect effects (paths $a \times b$) were through passivity (0.11, $p < .01$) and initiative (0.10, $p < .01$). Neither responsibility nor self-determination contributed to the indirect effect above and beyond passivity and initiative. None of the contrasted specific indirect effects were significantly different from each other. A summary of the estimates, standard errors, and 95% BC bootstrapped CIs for the multiple mediation model are reported in Table 2.

Discussion

In addition to being related to each other, the hypothesized relationships between self-compassion and eudaimonic well-being with postulated mechanisms were supported. These findings are consistent with previous research, such as Neff, Rude, et al. (2007), who found a positive relationship between self-compassion and initiative, and Robitschek and Keyes (2009), who found eudaimonic well-being to be positively related to initiative. Other research has found self-compassionate individuals to be more intrinsically motivated and self-determined (Magnus et al., 2010; Neff et al., 2005). Therefore, many of the findings from the current study coincide with what

Table 1 Descriptive Statistics, Scale Reliabilities, and Pearson Product–Moment Correlations for Self-Compassion, Eudaimonic Well-Being, Passivity, Responsibility, Initiative, and Self-Determination

Variable (Measure)	Range	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1 Self-compassion (SCS)	1.77–4.77	3.29	0.66	.85					
2 Eudaimonic well-being (SPWB)	2.75–5.77	4.77	0.63	.76**	.89				
3 Passivity (CBAS)	1.06–3.26	1.69	0.48	–.50**	–.75**	.81			
4 Responsibility (PRQ)	71.00–115.00	96.91	9.75	.62**	.75**	–.66**	.87		
5 Initiative (PGIS)	22.00–54.00	40.79	6.78	.42**	.71**	–.67**	.58**	.87	
6 Self-determination (SDS)	21.00–50.00	39.82	6.06	.58**	.71**	–.60**	.64**	.57**	.77

Note. SCS = Self-Compassion Scale. SPWB = Scales of Psychological Well-Being. CBAS = Cognitive-Behavioral Avoidance Scale. PRQ = Personal Responsibility Questionnaire. PGIS = Personal Growth Initiative Scale. SDS = Self-Determination Scale. Reliability α (Cronbach, 1951) on diagonal.

** $p < .01$.

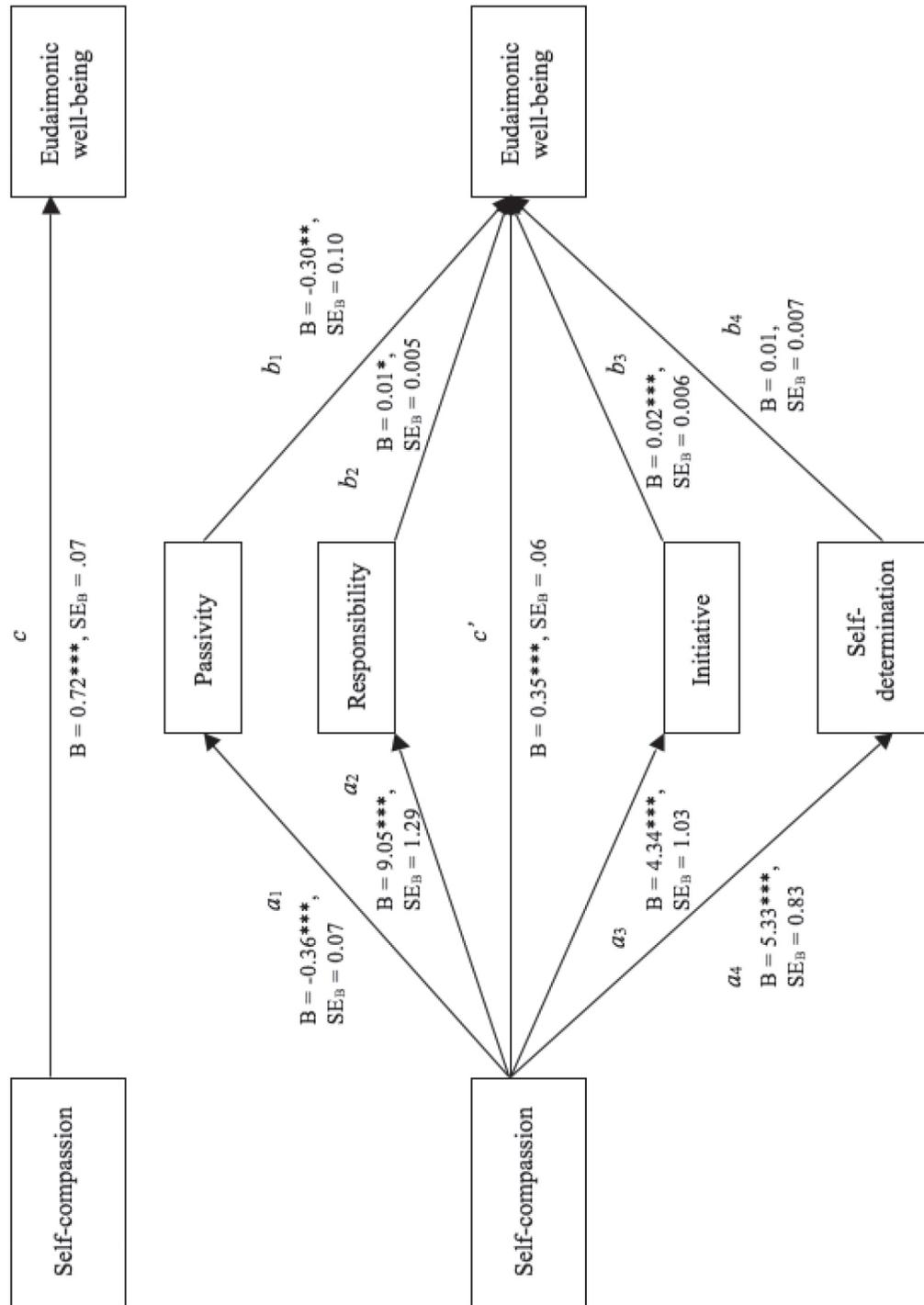


Figure 1 — The path model for multiple mediation analysis in the quantitative study. *Note.* The *c* coefficient represents the total relationship between self-compassion and eudaimonic well-being. The *c'* coefficient represents the strength of the association between self-compassion and eudaimonic well-being after controlling for the four mediated paths. The *a* and *b* paths represent the mediated or specific indirect paths involving the hypothesized mediators. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2 Summary of the Multiple Mediation Analysis Examining the Relationship Between Self-Compassion and Eudaimonic Well-Being Through Passivity, Responsibility, Initiative, and Self-Determination

	Bootstrapping Product of Coefficients		BC Bootstrapped 95% CI ^a	
	Point Estimate	SE	Lower	Upper
Indirect Effects				
Passivity	.11	.05	.03	.22
Responsibility	.09	.05	-.004	.18
Initiative	.10	.05	.03	.21
Self-determination	.07	.04	-.003	.16
Total indirect	.37	.07	.23	.53
Contrasts				
Passivity vs. responsibility	.02	.08	-.12	.18
Passivity vs. initiative	.01	.06	-.11	.14
Passivity vs. self-determination	.04	.07	-.08	.17
Responsibility vs. initiative	-.003	.07	-.17	.11
Responsibility vs. self-determination	.02	.06	-.11	.14
Initiative vs. self-determination	.02	.07	-.09	.17
Fit Statistics	$R^2 = .83; F(5, 77) = 72.77, p < .001$			

Note. SE = standard error. BC = bias corrected. CI = confidence interval.

^a5000 bootstrap sample.

would be expected based on previous research; however, one contribution of the current study is examining these relationships—especially the self-compassion–eudaimonic well-being relationship—in young women athletes.

This is also the first study (to our knowledge) that has begun to consider *how* self-compassion may be related to reaching human potential for young women athletes. Interpretation of the mediation analysis should be done within the confines of a cross-sectional design, providing suggestive rather than definitive results. Findings from the mediation model suggest that self-compassionate athletes are actively engaged; take initiative; assume responsibility for their actions, emotions, and thoughts; and act of their own volition. There were specific indirect effects of self-compassion on eudaimonic well-being through passivity and initiative, which suggests that taking action and being intentionally involved in changing and developing as a person are potential processes that contribute to explaining how self-compassion is related to eudaimonic well-being. These findings are particularly important because they contribute to ongoing discussions in the literature about whether self-compassion promotes passivity. In particular, the indirect effect of self-compassion on eudaimonic well-being through reduced passivity supports Neff's (2003a, 2003b) conception of self-compassion as a powerful motivating force promoting action toward growth and well-being. Although responsibility

and self-determination did not individually mediate the self-compassion–eudaimonic well-being relationship, it may be premature to abandon these variables as potential mediators as they were part of the overall indirect effect. Interpretation of pairwise contrasts does not suggest that the coefficients for self-determination and responsibility differ from those for passivity and initiative and therefore warrant further investigation.

Qualitative Study

The quantitative study provided evidence for the relevance of and link between self-compassion and eudaimonic well-being in young women athletes. An important step in building upon this trait-level association is contextualizing our understanding of these constructs to the sport domain. Therefore, a qualitative study was conducted to explore young women athletes' perspectives on *if* and *when* self-compassion might be useful in sport, as well as what role self-compassion might play in psychological flourishing in sport.

To begin to contextualize our understanding of self-compassion and eudaimonic well-being to sport, three objectives guided our study. First, given the difficult experiences that young women can face in sport and the support for self-compassion being particularly useful during times of suffering or failure (Neff, 2003a, 2003b; Neff & Vonk, 2009), we explored whether self-compassion is

useful in the context of sport, and if so, specifically when self-compassion might be helpful. Second, given the lack of a conceptual model of eudaimonic well-being in sport (Lundqvist, 2011), we explored whether Ryff's (1989, 1995) model of eudaimonic well-being is relevant to sport-specific psychological flourishing. Third, to address the potential role of self-compassion in eudaimonic well-being for young women athletes, we explored *how* or *why* self-compassion might contribute to eudaimonic well-being in sport.

Method

Participants

After obtaining institutional ethical approval, 11 young women athletes ($M_{\text{age}} = 19.72$ years, $SD = 2.20$) were recruited by means of purposeful (Creswell, 2014; Marshall, 1996) and snowball sampling (Biernacki & Waldorf, 1981). Participants were selected based on their ability to provide in-depth, relevant information. In particular, athletes who had participated in an individual or team competitive sport in the past year were invited to participate in the study, as recollection of their sport experiences would be readily available. Ten of the athletes self-identified as Caucasian. The participants reported involvement in a variety of sports, including basketball, hockey, pole vault, power lifting, rugby, softball, and volleyball. Level of competition included local, provincial, regional, national, and international.

Design and Procedure

Collective case study (Stake, 1995) was employed as the strategy of inquiry. Data collection consisted of one-on-one semistructured interviews (Patton, 2002) with the first author followed by small focus group discussions ($n = 2-4$ per group). Interviews began with the athletes describing personal challenging or difficult times in sport. This was followed by introducing the concept of self-compassion, which included presenting a short self-compassion video produced by Kristin Neff (<http://www.self-compassion.org/>). Questions were then asked to explore if and when the participants had ever been self-compassionate in sport (e.g., "Can you describe a situation in sport, if ever, when you were self-compassionate?"), as well as addressing whether self-compassion would have been helpful during their previously identified difficult experiences (e.g., "Could self-compassion have been a tool for you to use when you were confronted with your challenging experiences? Why/why not?"). Interviews then shifted to eudaimonic well-being, with the participants asked to share what it means to reach their potential in sport (e.g., "What thoughts and feelings contribute to achieving your potential in sport?"). Ryff's (1989, 1995) model of eudaimonia was then outlined, and the athletes were invited to discuss the relevance of each dimension to reaching their potential in sport. Participants were provided with

reference sheets that defined self-compassion and eudaimonic well-being for the remainder of the interview.

Next, the role of self-compassion in eudaimonic well-being via sport was considered, with the participants asked to consider how self-compassion might help or detract from reaching their potential (e.g., "What might be the reasons why self-compassion contributes to reaching your potential in sport? What is it about self-compassion that might prevent you from reaching your potential in sport?"). Variables supported as plausible mechanisms in the quantitative study, namely passivity, responsibility, initiative, and self-determination, were then introduced and participants were invited to discuss their relevance to self-compassion and reaching their potential in sport. The interviews were audio-recorded and lasted between 45–75 min. One pilot interview was conducted to ensure questions were appropriate and clear. The interview guide, which was reviewed by a self-compassion researcher familiar with qualitative research with young women athletes, is available upon request from the first author.

Interviews were transcribed verbatim, resulting in 172 pages of single-spaced text. Each participant had the opportunity to member check her transcript. To gain an initial general and holistic sense of the text, interviews were read and reread to reflect on their meaning (Creswell, 2014). Following Stake's (1995) guidelines for analyzing case studies, primary analysis of the interview data included the following: categorical aggregation of impressions to search for meaning; formation of themes to identify instances of correspondence and important patterns; and production of naturalistic generalizations (i.e., conclusions arrived at through personal engagement) to make the case understandable. Negative or discrepant information was also located to identify instances that ran counter to emergent themes (Creswell, 2014). All transcripts were reread to ensure that the themes were reflected in the text. The first author conducted the primary analysis while the second author took part in peer debriefing to enhance the trustworthiness of the themes and interpretation (Creswell, 2014).

Following primary analysis, the main themes were presented to the athletes during focus groups. The focus groups were intended to member-check our proposed themes, allowing participants to confirm/disconfirm the themes and therefore enhance the trustworthiness of the data. Focus groups also provided an avenue to generate additional insight that might not have emerged in a one-on-one interview setting, as the athletes interacted with one another in the context of a dynamic small group setting. Participants were presented with two primary tasks related to each theme: (1) Explain how being self-compassionate in sport might, if at all, contribute to this theme, and (2) discuss how this theme might, if at all, facilitate reaching their potential in sport. The focus group discussions were audio-recorded and lasted between 40 and 60 min. Direct quotes are provided to illustrate a rich description of themes. All names used are pseudonyms, which were selected by the participants.

Results

Self-Compassion in Sport: A Personal Resource

The athletes acknowledged that treating themselves with compassion could be helpful in a variety of difficult sport experiences. For example, when failing to meet personal goals or expectations, such as when they do not place as well as expected in a competition or do not score a certain number of points. Almost all of the athletes explained that treating themselves with compassion could also be helpful in the immediacy of a competition when they make mistakes during their sport, “. . . in the moment when you are beating yourself up so bad” (Carmen). For Rebecca, it would be “. . . in a football game. You drop a pass, or you miss a block.” Carly shared that treating herself with kindness and understanding could have been useful in past mistakes she made in hockey.

Experiencing an injury was another situation identified by the athletes, with self-compassion helping them work through an injury with patience and kindness rather than being overwhelmed with frustration and anger. As explained by Carly who recalled being self-compassionate during an injury, “Being aware that I wasn’t just gonna magically get better, and that I would have to, you know, treat myself, do physio on it, and just take some time off and relax.” Self-compassion could also help the athletes focus on what they *can* do as they recover from an injury, and to take note of the progress they make. Similarly, some of the athletes explained that self-compassion could help them during a plateau by encouraging them to take a step back and perhaps consider strategies (e.g., modify training, nutrition, sleep habits) to move beyond their plateau:

I definitely think that just realizing that, um, you may be at a plateau and that’s okay. And just stepping back and thinking “Okay, I can’t get mad at myself. I *am* trying hard.” Maybe think about what other issues could be preventing you, or just accepting it and trying to just, um, be proud of yourself even though you may not be getting better and better. (Sarah)

Sport-Specific Eudaimonic Well-Being

Athletes’ initial reflections on what it means to reach one’s potential in sport included being confident, pushing oneself to improve, and being goal-oriented, which share similarities with the dimensions in Ryff’s (1989, 1995) model of eudaimonia. After being introduced to Ryff’s model, the athletes explained that it seemed to encompass what it means to reach their potential in sport. For instance, when discussing the relevance of autonomy, Sam noted,

In order to reach your dreams, you have to have some sort of “want.” You need to be determined and independent and be able to set aside things that aren’t important and strive for your goal.

Similarly, Rebecca reflected on personal growth in sport:

You’re always trying to get better. You’re always, like, pushing yourself more. So the more you grow, the stronger you’re gonna be, the faster you’re gonna be, um, the more in tune with yourself you will be. And knowing how far you can push yourself.

The only hesitation with Ryff’s model in the context of sport was in regards to environmental mastery, with some of the athletes noting that they cannot always be in control, “. . . because when you are competing, especially in team sports, you can’t control your environment entirely. You control what *you* do, but not your teammates, not the weather conditions, or the other team” (Rebecca). However, all of the athletes noted that they can always strive for mastery in their sport, especially in regards to their own actions. Upon reflection, all of the athletes concluded that their personal understanding of what it means to reach their potential in sport fits within Ryff’s general model of eudaimonia: “I think I was being more specific and these [Ryff’s six dimensions] are more general. So yeah, this [Ryff’s model] would cover everything” (Sophia).

The Role of Self-Compassion in Eudaimonic Well-Being in Sport: Preventing the Negative Spiral

Four themes emerged when discussing *how* self-compassion might be a resource that contributes to eudaimonic well-being in sport.

Positivity

I think being positive is a lot of what self-compassion does; you’re positive with yourself and the things you’ve accomplished and the things you can do. And I think it’s easier to build on positivity than it is to build on negativity. (Lise)

Almost all of the athletes described self-compassion as a way to garner a positive mind frame, serving as a transformative tool in which they are able to see their difficult experiences in a more positive light. As Sam explained, “If you’re self-compassionate, you pick yourself up. You’re gonna be even better than you are if you’re dragging yourself down in your head and criticizing yourself the whole time.”

The athletes explained the importance of seeing the silver lining in even their most painful sport experiences because otherwise negativity holds them back from reaching their potential. Rose explained the importance of having a positive outlook as athletes journey through sport:

When you are so negative toward yourself and so hard on yourself when you make a mistake, you never see any of the good. . . . That’s holding you back from reaching your potential.

Perseverance. Discussions with the athletes often centered on the sheer quantity of difficult experiences they face in sport, and how self-compassion might help them overcome these inevitable struggles because they would be less likely to “throw in the towel” and give up if they are treating themselves with kindness and understanding. As Rebecca described,

. . . you hit a road block or you’ve plateaued and you don’t feel you’re getting faster or stronger. It’s just thinking, like, being kind to yourself but also knowing that everyone goes through that. Trying to remind yourself, you know, “Don’t get down, don’t quit training just because you’re having one bad day or a bad week or something” . . . it would definitely help. And just, like, keep training. Keep pushing through and eventually you’ll make it past it.

The athletes expressed that self-compassion would help take the focus off their weaknesses and inadequacies and concentrate more so on what they *can* do. In contrast, the athletes shared that if they were not compassionate to themselves during difficult times, they would be more likely to give up:

. . . if I wasn’t showing myself compassion, I’d just give up. Because it’s a pretty big goal [to clear four meters in pole vault] and if you’re not being kind to yourself along the way you’d be like, “Well why am I doing this? It’s too hard. I’m not succeeding so I’m just gonna quit” . . . If you’re not kind to yourself, especially in those low points in your career—which everybody has in sport—you’ll quit. (Carmen)

There were even some athletes, such as Sarah and Sophia, who noted they had quit sports in the past because they were not being self-compassionate, but rather were very hard on themselves.

Responsibility. Almost all of the athletes explained that being self-compassionate would allow them to take responsibility for their difficult sport experiences, especially the mindfulness component, which would enable them to take accountability in sport:

. . . you’re, um, taking time to notice what’s happening—rather than just ignoring your emotions and what’s going on—you know, you can’t blame others . . . only you can really control your own emotions and things. (Sophia)

Along with taking ownership of one’s difficult sport experiences, the women expressed that being self-compassionate would allow them to take responsibility to work toward “fixing” things. As Sarah stated,

I would probably take more responsibility . . . rather than beating yourself up about it, if you are self-compassionate and try and think about, “Okay, what is causing this?” you’ll think, “Okay, maybe I need to start eating better. Maybe I need to train more, or

train less.” Being self-compassionate helps you to think about steps to better that.

Because struggles would be approached with kindness and understanding rather than harsh and judgmental criticism, treating oneself with compassion would encourage athletes to take responsibility to work to remedy the situation.

Rumination. Many of the athletes explained that being self-compassionate would help to keep things in a balanced perspective, so “. . . you won’t get overwhelmed with the challenging times” (Rebecca). There are countless opportunities to be dragged down in sport, but as Kim explained, “To me, self-compassion would help me to keep things in perspective. Knowing that this is just one competition out of how many, and this is just one year out of, like, a long career.”

Although there were a number of conversations that identified self-compassion as a way to take responsibility to rectify situations, there was an understanding that “. . . sometimes it’s better to just recognize it and forget it” (Carly). The women noted that self-compassion would help them recognize their difficult experiences and allow them to respond in a loving manner, which sometimes means moving on:

. . . you made a mistake, you have to realize . . . and then understand that you can’t dwell on it. You have to, like, let it go. . . Having that balanced approach and realizing it’s a shitty situation, but that it’s not gonna happen forever. . . With self-compassion, I would definitely dwell on it less. (Rose)

In this light, the athletes described self-compassion as a counterforce to rumination, whereby they are not consumed or dragged down by the inevitable struggles in sport.

Threats of Self-Compassion

Many of the women were not entirely convinced that treating themselves with compassion in sport would always be in their best interest. The women’s hesitation with fully embracing self-compassion rested on two main concerns. First, that self-criticism may be a necessity in sport because “. . . sometimes it’s better to be critical” (Lise). As Sophia explained,

. . . if you’re just accepting every time you fail at something, and you’re like, “Oh well, it happens to everybody,” then you sometimes just get stuck in that mindset and aren’t caring enough to improve. If you just disregard self-criticism then sometimes it’s hard to improve.

The athletes seemed to rely on self-criticism for improvement and goal attainment. For many of the athletes, criticism is necessary because it motivates them and pushes them further. With self-criticism appearing to play an important role in sport, there might not always be a place

in sport for a more gentle and kind self-attitude granted by self-compassion.

Second, the women were concerned with becoming complacent if they are *too* self-compassionate. In other words, being too kind and too loving toward oneself might result in mediocrity or passivity in sport; “Self-compassion . . . you’re kind of being like, it’s okay if you don’t do the best” (Kim). Concerns with self-compassion leading to passivity has clear connections with the emphasis on self-criticism in sport, with the underlying message being that it is sometimes important to be hard on oneself. The athletes explained that being too kind toward oneself would be like letting yourself off the hook. As Sarah noted, “it seems like you’re being lenient and like you’re not pushing yourself enough.” Sasha elaborated:

It’s [self-compassion] giving yourself a break when you shouldn’t be . . . most people who are like that don’t go as far in sports because they’re too easy on themselves . . . they just accept what they’re doing and that’s that and that’s all they expect from themselves because they think it’s good enough.

Discussion

Eleven women athletes provided insight into the role of self-compassion in striving to reach their potential in sport. In doing so, the women identified four situations in which self-compassion might be advantageous in sport: when failing to meet personal goals or expectations, making mistakes during competition, plateauing, and suffering from injuries. These identified situations contribute to the literature, as little is known about *when* self-compassion might be useful in sport.

The themes that emerged when considering how self-compassion might contribute to reaching one’s potential in sport suggest that acting self-compassionately might prevent athletes from being dragged downward into a debilitating spiral of negativity during their struggles in sport, thus allowing them to continue to pursue their potential. Our themes support links found in past research between self-compassion and positivity, perseverance, responsibility, and rumination. For example, self-compassion has been found to lead to a positive emotional response (Reyes, 2011), being related to happiness and optimism (Neff, Rude, et al., 2007). Researchers have also found self-compassion to be associated with mastery goal orientation (i.e., having greater effort and persistence at tasks) as well as viewing failure as a learning opportunity (Neff et al., 2005), supporting the women’s position that self-compassion would make them more perseverant. Self-compassionate individuals take more responsibility for their role in negative events (Leary et al., 2007) and are less likely to ruminate on life challenges (Neff, 2003a; Neff, Kirkpatrick, et al., 2007), suggesting that self-compassionate individuals take accountability for personal weaknesses and life challenges with fewer emotional overreactions (Neff, 2009). Evidence for the

healing qualities associated with self-compassion (Neff, 2009) coupled with the insight shared by the athletes in the current study suggests that self-compassion may serve as a useful resource in striving to reach one’s potential in sport. However, with many athletes describing the need for self-criticism in sport and a concern over the threat of complacency if being too self-compassionate, there might be substantial challenges with applying self-compassion in the context of competitive sport.

General Discussion

The purpose of our research was to explore the role of self-compassion in young women athletes’ eudaimonic well-being. After finding a positive relationship between self-compassion and eudaimonic well-being in the quantitative study, the qualitative study further explored when self-compassion might be useful and how it might contribute to eudaimonic well-being specifically within sport. Thus, this study represented a sequential explanatory design, with the qualitative findings intended to expand on initial quantitative results (Creswell, 2014).

Both studies provided insight into processes that may further our understanding of the role of self-compassion in reaching human potential in sport. There was some overlap between mechanisms examined in the quantitative study and discussions with the women in the qualitative study. For example, the women in the qualitative study spoke to the responsibility-promoting attributes of self-compassion by explaining that treating themselves compassionately would allow them to take accountability for their role in difficult sport situations, which includes working to rectify the situation. The women’s explanations are important for two key reasons in that they support (1) our recommendation to further consider the potential importance of responsibility despite not finding a specific indirect effect for responsibility in our multiple mediation analysis, and (2) a growing body of research suggesting that self-compassionate individuals are more likely to assume personal responsibility for negative life experiences (Leary et al., 2007) and that having self-compassion encourages change to rectify harmful or unproductive patterns of behavior (Berry et al., 2010; Breines & Chen, 2012; Magnus et al., 2010). Thus, as the women explained, being self-compassionate may foster personal responsibility to reach human potential in sport.

The qualitative findings provided additional insight into the role of self-compassion in young women athletes’ psychological flourishing by identifying novel concepts that might serve as processes in the self-compassion–eudaimonic well-being relationship. Although two concepts that emerged from our qualitative data—positivity and rumination—have previously been examined within the self-compassion literature (e.g., Neff, 2003a; Neff, Kirkpatrick, et al., 2007; Neff, Rude, et al., 2007; Neff & Vonk, 2009), to the best of our knowledge this is the first study to consider perseverance

within the self-compassion literature. Given the difficult experiences that are frequent in sport (Fraser-Thomas et al., 2005; Mosewich et al., 2009), extending compassion toward the self might be one way that young women athletes can persevere through those difficulties, and do so in a loving, kind, and constructive manner. Moreover, identifying that self-compassion might promote perseverance in sport is an important finding as effort and discipline are needed to psychologically flourish (Ryff & Keyes, 1995). Taken together, findings from our quantitative and qualitative research provide insight as to how self-compassion might help athletes flourish in sport; extending compassion toward the self might help athletes to not be overwhelmed by their hardships but rather view their difficult experiences in an optimistic manner that allows them to take initiative and persevere through their difficult experiences toward reaching their potential.

A notion that resonated with the athletes in our qualitative study that was also considered in the quantitative study was the link between self-compassion and passivity. Interestingly, results from the two studies conflicted in regards to passivity. Findings from the quantitative study reflect the view that self-compassion includes an inherent desire to take action to care for oneself, and support previous associations between self-compassion and indicators of psychological strengths (e.g., coping skills, emotional intelligence; Neff, 2003a; Neff et al., 2005). In the qualitative study the women expressed hesitations about being self-compassionate in sport, disclosing their concern that having too much self-compassion might result in complacency and passivity. The women explained that being too self-compassionate might make them lenient and content with “good enough” in their sport, which would ultimately obstruct reaching their potential. In contrast, many of the athletes described being hard on themselves as a way to stay motivated and reach their goals, suggesting that self-criticism might be a necessity in sport that self-compassion could not offer due to its distinguishing feature of a lack of self-criticism (Neff, Kirkpatrick, et al., 2007). This finding supports a recent study by Mosewich, Crocker, and Kowalski (2013), who found that elite women athletes are often self-critical when managing setbacks in sport. However, previous research by Powers, Koestner, Lacaille, Kwan, and Zuroff (2009) found that self-criticism was associated with lower goal progress in athletes.

Despite reservations about being too self-compassionate, the women in the qualitative study identified instances when self-compassion might be useful in sport, which is significant for at least three reasons. First, the identified instances support the claim made by Neff (Neff, 2003a, 2003b; Neff & Vonk, 2009) that self-compassion might be particularly useful during times of struggle, as well as Reyes’s (2011) explanation of suffering as an antecedent of self-compassion. Second, identifying when self-compassion might be useful speaks to the potential utility of self-compassion as a personal resource—providing protective and reparative functions that originate from within oneself (Leary et al., 2007;

Neff, 2003b). Third, given that self-compassion research in the sport context is in its infancy, having participant-generated instances as to when it might be helpful is a significant contribution to the literature. The instances identified align with previous research that has explored common setbacks in sport (e.g., poor performance, performance plateau, injury; Mosewich et al., 2013). Given that self-compassion might be more useful in certain situations than others, the instances identified by the athletes can inform future research that continues to explore self-compassion in the context of sport.

Collectively, findings from our research point to an interesting paradox: although self-compassion shows promise as an advantageous resource, there are likely challenges when it comes to applying self-compassion in the context of sport. Perhaps the greatest contribution to the literature provided by our research is identifying implications with trying to apply self-compassion in sport. Findings advanced by the qualitative study in particular point to significant challenges that might translate into barriers with endorsing self-compassion in sport, with the athletes expressing apprehensiveness about embracing a self-compassionate mindset. Athletes’ resistance of self-compassion may have theoretical ramifications on the self-compassion construct, as the advantages of self-compassion are of little use if there is resistance or refusal by athletes to extend compassion toward the self. Moreover, the challenges to using self-compassion are amplified if other resources or self-attitudes (e.g., self-criticism) are more highly endorsed in sport. Future research that works to understand athletes’ fear of self-compassion (Gilbert, McEwan, Matos, & Ravis, 2011) may be one way to explore athletes’ reliance on self-criticism and apprehension with extending compassion toward the self.

Our research is not without its limitations. The confines of a cross-sectional design in our quantitative study preclude conclusions of directionality, causality, or definitive mediation. Instead, the mediation analysis was exploratory and the data were consistent with one model of mediation. Models of mediation other than the one proposed in the quantitative study are plausible (e.g., Neff & McGeehee, 2010) and should be explored. Moreover, testing a model of multiple mediation would ideally be accomplished through structural equation modeling, which allows for testing of competing hypotheses regarding directionality; however, significance testing based on smaller sample size, in tandem with deviations from normality noted for many study variables, precluded this approach in our quantitative study. Findings from our mediation analysis could potentially serve as a framework for future research by generating hypotheses about causal relationships and plausible mediators (Bauman, Sallis, Dziewaltowski, & Owen, 2002). As with other researchers who have explored mediation within cross-sectional designs (e.g., Curran, Hill, & Niemiec, 2013; Felton & Jowett, 2013), we recognize the importance for future research to examine mediation models using longitudinal and experimental methods.

Another challenge with our research pertains to the amount of shared variance among study variables, as reflected in our quantitative results. One possible explanation for the amount of shared variance between self-compassion and eudaimonic well-being (i.e., over 50%) might be conceptual similarities between select dimensions of the two constructs.² Both self-compassion and eudaimonic well-being fall within the larger sphere of positive psychology (Seligman & Csikszentmihalyi, 2000) that focuses on psychological strengths, fulfillment, and growth. Looking at each construct, connections can be made between having a positive attitude toward the self—an inherent feature of self-compassion—and the self-acceptance element of eudaimonia. However, it is important to note that Ryff's (1989, 1995) model of eudaimonic well-being cannot be reduced to self-acceptance, as it is a multidimensional theory-based formulation of well-being that consists of multiple aspects of positive functioning (Ryff & Keyes, 1995). Moreover, self-compassion is theoretically viewed as a way to enhance well-being (Neff & Vonk, 2009), whereas Ryff's model identifies the dimensions that comprise eudaimonic well-being. Research supports these conceptual distinctions, with self-compassion appearing to have more malleable qualities (e.g., self-compassion inductions, self-compassion states; Breines & Chen, 2012; Leary et al., 2007) than enduring attributes of eudaimonia (Schmutte & Ryff, 1997).

The shared variance between self-compassion and eudaimonic well-being underscores the necessity for future research to work to better understand the differences between these constructs. With self-compassion originally conceptualized as trait-like (Neff, 2003a, 2003b) and recent research showcasing its state-like qualities (e.g., Breines & Chen, 2012), there is much more to investigate in terms of both the stability of self-compassion and how it differs from more enduring indices of well-being. Research by Steger and Kashdan (2007) provides guidance as how to investigate two highly correlated variables, as they tracked meaning in life and life satisfaction over a 1-year period to examine the stability and specificity of each construct. Examining self-compassion and eudaimonic well-being over an extended period of time would (1) provide further insight about the stability of self-compassion and eudaimonic well-being; (2) provide greater clarity about the specificity of self-compassion and eudaimonic well-being (i.e., if each changes independent of the other over time); and (3) allow for examination into the long-term longitudinal relations among these variables.

Findings from our mixed methods research point to a complex and paradoxical relationship between self-compassion and eudaimonic well-being in young women athletes. Links between self-compassion and variables such as initiative, responsibility, and rumination suggest that treating oneself compassionately may play a role in eudaimonic well-being in sport. However, concerns over the potential threat of complacency as a result of treating

oneself compassionately run counter to psychological flourishing. Additional research is needed to disentangle whether treating oneself with kindness and understanding enables or thwarts young women athletes from reaching their potential in sport.

Notes

1. Multiple mediation was the appropriate analytic strategy because it is precise and parsimonious to include all potential mediators in the same model. Moreover, testing a single multiple mediation model was preferred over separate simple mediation models for several reasons: (1) the proposed mediators were moderately to strongly associated with one another and should not be treated as separate individual mediators; (2) it is important to consider the role of each variable within the context of additional proposed mediators, as it is unlikely that an X–Y relationship is transmitted by only one variable; (3) considering multiple mediators simultaneously decreases the likelihood of the omitted variable problem that can lead to biased parameter estimates when using multiple simple mediation models; and (4) including multiple mediators in a single model allows for competing ideas or theories to be pitted against each other (Preacher & Hayes, 2008).

2. In addition to considering conceptual similarities between self-compassion and eudaimonic well-being, we attempted to gain empirical insight into similarities between the two constructs by exploring relationships between the SCS and subscales from the SPWB. The SCS was positively correlated (all $p < .01$) with all SPWB subscales: Autonomy ($r = .47$), Environmental Mastery ($r = .68$), Personal Growth ($r = .55$), Positive Relations with Others ($r = .58$), Purpose in Life ($r = .63$), and Self-Acceptance ($r = .74$). Two important conclusions can be drawn from these results. First, all subscale relationships were smaller than the original association between the SCS and SPWB composite. The magnitude of relationships mirrors associations, and in some instances is lower, documented in previous research between self-compassion and indices of well-being (e.g., anxiety, optimism; r s = .62–.73; Neff, 2003a; Neff & McGeehee, 2010; Neff, Rude, et al., 2007). Second, there is variability in the extent to which self-compassion and eudaimonic well-being overlap, with self-compassion sharing considerable variance with some dimensions of psychological flourishing (i.e., Self-Acceptance; over 50%), and little variance with other dimensions (e.g., Autonomy; 22%). Thus, as might be expected, the overlap between self-compassion and eudaimonic well-being can largely be attributed to the amount of shared variance between self-compassion and self-acceptance.

Acknowledgments

This research was supported by the Social Sciences and Humanities Research Council. We would like to thank the participating school boards and the many athletes, teachers, and principals who made this research possible.

References

- Bauman, A.E., Sallis, J.F., Dzewaltowski, D.A., & Owen, N. (2002). Toward a better understanding of the influences on physical activity: The role of determinants, correlates, causal variables, mediators, moderators, and confounders. *American Journal of Preventive Medicine*, *23*, 5–14. [PubMed doi:10.1016/S0749-3797\(02\)00469-5](#)
- Beals, K.A., & Manore, M.M. (1994). The prevalence and consequences of subclinical eating disorders in female athletes. *International Journal of Sport Nutrition*, *4*, 175–195. [PubMed](#)
- Berry, K.A., Kowalski, K.C., Ferguson, L.J., & McHugh, T-L.F. (2010). An empirical phenomenology of young adult women exercisers' body self-compassion. *Qualitative Research in Sport and Exercise*, *2*, 293–312. [doi:10.1080/19398441.2010.517035](#)
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research*, *10*, 141–163.
- Breines, J.G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*, *38*, 1133–1143. [PubMed doi:10.1177/0146167212445599](#)
- Chatzisarantis, N.L.D., & Hagger, M.S. (2007). The moral worth of sport reconsidered: Contributions of recreational sport and competitive sport to life aspirations and psychological well-being. *Journal of Sports Sciences*, *25*, 1047–1056. [PubMed doi:10.1080/02640410600959954](#)
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, *16*, 297–334. [doi:10.1007/BF02310555](#)
- Curran, T., Hill, A.P., & Niemiec, P. (2013). A conditional process model of children's behavioral engagement and behavioral disaffection in sport based on self-determination theory. *Journal of Sport & Exercise Psychology*, *35*, 30–43. [PubMed](#)
- Edwards, D.J., & Steyn, B.J.M. (2008). Sport psychological skills training and psychological well-being. *South African Journal of Research in Sport, Physical Education and Recreation*, *30*, 15–28.
- Felton, L., & Jowett, S. (2013). The mediating role of social environmental factors in the associations between attachment styles and basic needs satisfaction. *Journal of Sports Sciences*, *31*, 618–628. [PubMed doi:10.1080/02640414.2012.744078](#)
- Fraser-Thomas, J.L., Côté, J., & Deakin, J. (2005). Youth sport programs: An avenue to foster positive youth development. *Physical Education and Sport Pedagogy*, *10*, 19–40. [doi:10.1080/1740898042000334890](#)
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*, 239–255.
- Grow, V., Sheldon, K., & Ryan, R. (1994). Trait self-determination and resistance to peer pressure. Unpublished manuscript, University of Rochester.
- Heyvaert, M., Maes, B., & Onghena, P. (2013). Mixed methods research synthesis: Definition, framework, and potential. *Quality & Quantity*, *47*, 659–676. [doi:10.1007/s11135-011-9538-6](#)
- Kilpatrick, M., Hebert, E., & Bartholomew, J. (2005). College students' motivation for physical activity: Differentiating men's and women's motives for sport participation and exercise. *Journal of American College Health*, *54*, 87–94. [PubMed doi:10.3200/JACH.54.2.87-94](#)
- Krane, V., Waldron, J., Stiles-Shiple, J.A., & Michalenok, J. (2001). Relationships among body satisfaction, social physique anxiety and eating behaviors in female athletes and exercisers. *Journal of Sport Behavior*, *24*, 247–261.
- Leary, M.R., Tate, E.B., Adams, C.E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*, 887–904. [PubMed doi:10.1037/0022-3514.92.5.887](#)
- Lundqvist, C. (2011). Well-being in competitive sports: The feel-good factor? A review of conceptual considerations of well-being. *International Review of Sport and Exercise Psychology*, 1–19. [doi:10.1080/1750984X.2011.584067](#)
- Magnus, C.M.R., Kowalski, K.C., & McHugh, T-L.F. (2010). The role of self-compassion in women's self-determined motives to exercise and exercise-related outcomes. *Self and Identity*, *9*, 363–382. [doi:10.1080/15298860903135073](#)
- Marshall, M.N. (1996). Sampling for qualitative research. *Family Practice*, *13*, 522–525. [PubMed doi:10.1093/fampra/13.6.522](#)
- Mergler, A., Spencer, F.H., & Patton, W. (2007). Relationships between personal responsibility, emotional intelligence, and self-esteem in adolescents and young adults. *The Australian Educational and Developmental Psychologist*, *24*, 5–18.
- Mosewich, A.D., Crocker, P.R.E., & Kowalski, K.C. (2013). Managing injury and other setbacks in sport: Experiences of (and resources for) high-performance women athletes. *Qualitative Research in Sport, Exercise and Health*. [doi:10.1080/2159676X.2013.766810](#)
- Mosewich, A.D., Kowalski, K.C., Sabiston, C.M., Sedgwick, W.A., & Tracy, J.L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of Sport & Exercise Psychology*, *33*, 103–123. [PubMed](#)
- Mosewich, A.D., Vangool, A.B., Kowalski, K.C., & McHugh, T-L.F. (2009). Exploring track and field athletes' meanings of muscularity. *Journal of Applied Sport Psychology*, *21*, 99–115. [doi:10.1080/10413200802575742](#)
- Nave, C.S., Sherman, R.A., & Funder, D.C. (2008). Beyond self-report in the study of hedonic and eudaimonic well-being: Correlations with acquaintance reports, clinician judgments and directly observable behavior. *Journal of Research in Personality*, *42*, 643–659. [PubMed doi:10.1016/j.jrp.2007.09.001](#)

- Neff, K.D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250. doi:10.1080/15298860309027
- Neff, K. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85–101. doi:10.1080/15298860309032
- Neff, K.D. (2009). Self-compassion. In M.R. Leary & R.H. Hoyle (Eds.), *Handbook of individual differences in social behavior* (pp. 561–573). New York: Guilford Press.
- Neff, K.D., Hsieh, Y.-P., & Dejjitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263–287. doi:10.1080/13576500444000317
- Neff, K.D., Kirkpatrick, K.L., & Rude, S.S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139–154. doi:10.1016/j.jrp.2006.03.004
- Neff, K.D., & McGeehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9, 225–240. doi:10.1080/15298860902979307
- Neff, K.D., Rude, S.S., & Kirkpatrick, K.L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, 41, 908–916. doi:10.1016/j.jrp.2006.08.002
- Neff, K.D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77, 23–50. PubMed doi:10.1111/j.1467-6494.2008.00537.x
- Ottensbreit, N.D., & Dobson, K.S. (2004). Avoidance and depression: The construction of the Cognitive-Behavioral Avoidance Scale. *Behaviour Research and Therapy*, 42, 293–313. PubMed doi:10.1016/S0005-7967(03)00140-2
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Powers, T.A., Koestner, R., Lacaille, N., Kwan, L., & Zuroff, D.C. (2009). Self-criticism, motivation, and goal progress of athletes and musicians: A prospective study. *Personality and Individual Differences*, 47, 279–283. doi:10.1016/j.paid.2009.03.012
- Preacher, K.J., & Hayes, A.F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879–891. PubMed doi:10.3758/BRM.40.3.879
- Reyes, D.M. (2011). Self-compassion: A concept analysis. *Journal of Holistic Nursing*, 30, 81–89. PubMed doi:10.1177/0898010111423421
- Robitschek, C. (1998). Personal growth initiative: The construct and its measure. *Measurement & Evaluation in Counseling & Development*, 30, 183–198.
- Robitschek, C. (1999). Further validation of the Personal Growth Initiative Scale. *Measurement & Evaluation in Counseling & Development*, 31, 197–210.
- Robitschek, C., & Keyes, C.L.M. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, 56, 321–329. doi:10.1037/a0013954
- Ryan, R.M., Huta, V., & Deci, E.L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies*, 9, 139–170. doi:10.1007/s10902-006-9023-4
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. doi:10.1037/0022-3514.57.6.1069
- Ryff, C.D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, 4, 99–104. doi:10.1111/1467-8721.ep10772395
- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727. PubMed doi:10.1037/0022-3514.69.4.719
- Ryff, C.D., & Singer, B.H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13–39. doi:10.1007/s10902-006-9019-0
- Schmutte, P.S., & Ryff, C.D. (1997). Personality and well-being: What is the connection? *Journal of Personality and Social Psychology*, 73, 549–559. PubMed doi:10.1037/0022-3514.73.3.549
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *The American Psychologist*, 55, 5–14. PubMed doi:10.1037/0003-066X.55.1.5
- Sheldon, K. (1995). Creativity and self-determination in personality. *Creativity Research Journal*, 8, 61–72.
- Sheldon, K., & Deci, E. (1996). *The Self-Determination Scale*. Unpublished manuscript, University of Rochester.
- Stake, R.E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Steger, M.F., & Kashdan, T.B. (2007). Stability and specificity of meaning in life and life satisfaction over one year. *Journal of Happiness Studies*, 8, 161–179. doi:10.1007/s10902-006-9011-8
- Tabachnick, B.G., & Fidell, L.S. (2007). *Using multivariate statistics* (5th ed.). Boston, MA: Allyn & Bacon.

Manuscript submitted: May 15, 2013

Revision accepted: January 12, 2014