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Men's Self-Compassion and Self-Esteem: The Moderating Roles of Shame and Masculine Norm Adherence

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Self-compassion, a relatively new but increasingly popular alternative to self-esteem, has been found to vary by gender, with men reporting greater levels than women. The current study furthers this emerging area of inquiry by addressing the relationships among conformity to masculine norms, trait shame, self-esteem, and self-compassion for 145 heterosexual men. Results demonstrated that higher levels of self-compassion were related to lower masculine norm adherence, lower trait shame, and higher self-esteem. In addition, 2 significant interactions emerged, with shame moderating the relation between masculine norm adherence and both self-esteem and self-compassion. These findings highlight the complex interdependence between emotional disposition and gender orientation in men's self-concepts.

Keywords: self-compassion, self-esteem, shame, masculinity, mental health

Male socialization patterns emphasizing emotional restrictiveness and stoicism have been commonly theorized to limit men's access to vulnerable feelings and heighten psychological distress (Levant, 2011). Researchers have argued that boys are embedded in cultural ideals of masculinity that have limited and stigmatized their emotional expression and willingness to respond to or acknowledge feelings (Pederson & Vogel, 2007). As a result, there has been increasing evidence suggesting male gender conformity is a significant factor in predicting psychological well-being (Mahalik et al., 2003).

Expressing vulnerability in times of distress may be particularly antithetical to men's self-conceptualizations of masculinity, especially in regards to shame. The experience of shame may become both a vehicle of gender socialization and an internalized product of it, as male gender role socialization promotes a "shame phobic" male experience (Wright, 1987). It has thus been suggested that men have been socialized to deny and avoid self-conscious emotions, including shame, yet regularly have their behavior policed by others in a deeply shameful manner (Kindlon & Thompson, 2000).

Over the past few decades, research on self-conscious emotions, such as shame, guilt, and pride, has expanded considerably (Stoeber, Kempe, & Keogh, 2008; Tracy, Robins, & Tangney, 2007). Internalized shame, or trait shame, is often experienced as a debilitating inner-experience that involves a global sense of the self as defective, lacking, and unworthy of kindness (Lewis, 1992; Tilghman-Osborne, Cole, & Felton, 2010). Not surprisingly, trait shame is associated with mental health issues across the life span

such as suicide, depression, and anxiety (Lester, 1998; Orth, Robins, & Soto, 2010).

Research further suggests that gender role stress and shame are linked, and contribute to men's externalizing behaviors (Efthim, Kenny, & Mahalik, 2001). For example, Jakupcak, Tull, and Roemer (2005) found that masculinity, shame-proneness, and men's fear of emotions predict overt hostility and anger in men. Recognizing the connection between men's shame and externalizing behaviors, Sabatino (1999) highlighted therapeutic techniques particularly valuable for men with intense shame. Despite these notable theories, there has been limited empirical research investigating this relationship. Given the often cited finding that men most in need of help often avoid seeking out services (Addis & Mahalik, 2003; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011), more research is needed on the informal coping methods men may utilize to manage emotional distress.

Self-Compassion and Self-Esteem

One potential avenue for contributing to such research is integrating approaches and methods from the burgeoning field of positive psychology. This perspective argues that understanding the individual attitudes that help people thrive when distressed can contribute to an increased understanding of optimal well-being (Seligman & Csikszentmihalyi, 2000). Currently, studies on men's adaptive responses to negative life experiences have been increasing but are still underexplored in the literature (Hammer & Good, 2010; Kiselica & Englar-Carlson, 2010). Research investigating men's positive responses to distress may help inform interventions for men experiencing distress but unlikely to seek formal help.

Frequently placed within the context of a positive framework, research on self-compassion has received significant attention as a potentially helpful coping strategy. Self-compassion involves having a forgiving attitude toward oneself in the face of hardship, acknowledging that suffering and inadequacies are part of the human condition, and believing that the self and others are worthy of understanding and compassion (Neff, 2003a). Research suggests that individuals with higher self-compassion are less likely to

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experience negative psychological outcomes (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff, 2003a). In addition, Neff, Kirkpatrick, and Rude (2007) found that self-compassion was a significant predictor of happiness, hopefulness, and positive affect. Though there is natural variation in self-compassion, the ability seems particularly amendable to interventions. Various protocols and exercises based on self-compassion techniques have led to increases in this positive ability in individuals (Gilbert & Procter, 2006; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011).

Self-compassion has been theorized as an alternative to the widely studied construct of self-esteem (Neff, 2011). Self-compassion involves three main components: *self-kindness* (extending understanding to oneself, rather than harsh criticism), *common humanity* (recognizing that one's difficulties are part of the common human experience), and *mindfulness* (holding thoughts and feelings in balanced awareness, rather than overidentifying with them; Neff, 2003b). Research has suggested a similarity between the two constructs, with notable differences as well. In particular, self-esteem involves self-evaluations based on external indicators of success and social appropriateness and can be related to unhealthy outcomes such as narcissism, a disregard of weaknesses, and a lack of empathy (Seligman, 1995). In addition, self-esteem requires one to make self-evaluations based on comparisons with others and an ability to possess certain culturally valued traits (Harter, 1999). Self-compassion, however, is less dependent on external circumstances and focuses more on valuing the self while still acknowledging subjective imperfections (Neff, 2011). As an internally validating self-concept, self-compassion has been theorized to allow for healthier coping that benefits oneself and others during times of sadness and disappointment (Baker & McNulty, 2011; Neff & Vonk, 2009).

Though research has revealed potential positive mental health outcomes associated with self-compassion, data suggest that these benefits might not be experienced equally for men and women. Multiple studies on self-compassion have found that men tend to have consistently higher levels of self-compassion than women (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005). Thus, self-compassion represents a constructive coping technique that many men may already be informally using. However, researchers have drawn attention to the fact that gender-difference findings may mask more telling, within-group differences that better contextualize psychological outcomes (Kilmartin, 2010; Wong & Rochlen, 2005). Currently, no research has specifically addressed whether self-compassion or self-esteem might fluctuate among individual men as a function of emotional socialization patterns and masculine adherence.

Masculinity, Shame, and a Healthy Self-Concept

Traditional masculine norms appear incompatible with a self-compassionate attitude. A strict adherence to masculine norms might make some men less likely to use self-compassion, as this coping strategy inherently entails acknowledging vulnerable emotions during times of hardship. Hegemonic masculine norms encourage men faced with failure or difficulties to engage in criticism and self-comparisons, use self-reliance, and discount their emotions (Mahalik et al., 2003). In contrast, self-compassionate individuals treat themselves kindly, acknowledge humans' interconnectedness, and maintain a balanced perspective on their emo-

tional states to cope with hardship (Neff, 2003a). Consequently, the ability to sustain a self-compassionate attitude while adhering to masculine norms might be difficult, as the two constructs appear essentially incongruous.

Given the literature emphasizing shame as an important emotional process for men, it is possible that internalized shame might be associated with masculine norm adherence and a healthy self-concept (Addis & Cohane, 2005). Kindlon and Thompson (2000) suggested that shame, anger, and sadness can become the most commonly felt—yet least regulated—emotions in boys' lives. Both trait shame and traditional masculinity appear antithetical to self-compassion yet are deeply involved in male socialization (Krugman, 1995). Young men may learn to fear tender or vulnerable emotional states due to a masculine gender socialization that uses this emotion to encourage masculine norm adoption (Jakupcak et al., 2005). Men may come to associate their masculine identity with an aversion to the experience of shame, which may lower their ability to negotiate vulnerable emotions promoting understanding, sympathy, and self-kindness (Korobov, 2010; Sabatino, 1999).

Unlike self-compassion, however, self-esteem is a self-concept more intimately linked to aligning one's behaviors with cultural values (Fulmer et al., 2010). Some research suggests that cisgender norm conformity might actually increase self-esteem, especially for those struggling with life difficulties, by involving individuals in a socially desired activity (Guerrero Witt & Wood, 2010). Engaging in traditional masculine behavior may thus be related to greater self-esteem for men struggling with issues like trait shame. Consequently, the effect of trait shame, in conjunction with high masculine norm adherence, might lessen men's predisposition for self-compassion but may not have the same association with men's self-esteem.

Research Questions

To contribute to this area of research, the present study investigated the relationship that masculinity and trait shame have on self-compassion and self-esteem in heterosexual men. Consistent with prior theory, we hypothesized that self-compassion would be negatively correlated with both adherence to masculine norms and trait shame but would replicate a positive but modest correlation with self-esteem. We also hypothesized an interaction, such that the relationship between masculine norms and self-compassion would be moderated by the internalized experience of shame. Specifically, the negative association between masculine norm adherence and self-compassion would be stronger at low levels of trait shame but weaker at high levels of trait shame. In addition, we hypothesized that this interaction pattern between masculine norm adherence and trait shame would not hold for self-esteem, a related though distinct self-concept. We hypothesized, instead, that the association between masculine norm adherence and self-esteem would be stronger and positive at higher levels of trait shame, as conforming to masculine norms would boost these men's self-esteem.

Methods

Participants

Participants included 145 heterosexual men from two separate data sources. These data sources included students at a large

Southwest institution (53.8%) and a community sample (46.2%). Student participants were recruited through their department's subject pool and received course credit for contributing to the study. Community participants were recruited by online and real-life advertisements throughout different large cities in the United States. All participants were entered into a raffle for four gift certificates. The mean age for participants was 26.01 years old ($SD = 9.31$). Data collected on ethnicity indicated that 61.4% of the sample identified as Caucasian/White, 15.2% as Asian or Pacific Islander, 10.3% as African American/Black, and 7.6% as Hispanic/Latino. In terms of highest level of education obtained, 16.6% had a high school diploma, 29% had some college, 9.7% had a 2-year college degree(AA), 36.6% had a 4-year college degree (BA or BS), and 7.6% had a MA/PhD. The mean annual income for this sample was \$25,000–\$49,999.

Measures

For all surveys, items were averaged and computed, with higher scores denoting higher levels of the measured construct. The Self-Compassion Scale Short Form (SCS-SF; Raes, Pommier, Neff & Van Gucht, 2011) assessed individuals' levels of self-compassion, which involves the following components: (a) self-kindness, (b) common humanity, and (c) mindfulness. The SCS-SF was created by selecting items from the full 26-item Self-Compassion Survey that best mirrored the scope of the original content. The SCS-SF has demonstrated adequate scale score reliability (Cronbach's $\alpha \geq .86$ in all samples) and is strongly correlated with the original long-form SCS ($r \geq .97$ all samples). The SCS-SF is scored on a 5-point Likert Scale from 1 (*almost never*) to 5 (*almost always*) with higher scores indicating higher levels of self-compassion. Mean scores were computed for the total self-compassion score, and range from 1 to 5. Reliability estimates for this study revealed a Cronbach's α of .77, 95% CI (.71–.82).

The Conformity to Masculine Norms Inventory 22 Item Short Form (CMNI-22; Hamilton & Mahalik, 2009) measured participants' behaviors, attitudes, and conformity to an assortment of dominant masculine norms in the United States. The CMNI-22 was created using the two highest-loading items for each of the 11 subscales found in the original CMNI-94 item validation study. The CMNI-22 yields a total masculinity score and correlates with the original CMNI-94 item scale at .92. The CMNI-22 is scored on a 4-point Likert Scale from 1 (*strongly disagree*) to 4 (*strongly agree*) Scores on this scale were transformed into mean scores and range from 1 to 4, with higher scores indicating higher levels of adherence to masculine norms. Cronbach's α for this measure was .73, 95% CI (.66–.78).

The Internalized Shame Scale (ISS; Cook, 1987) investigates global negative evaluations of the self, and rates the frequency with which respondents experience particular thoughts or feelings related to shame. The ISS is a 30-item self-report questionnaire, with 24 items forming the trait shame scale and 6 items forming the self-esteem measure. Both scales have previously exhibited high-scale score reliability, with a Cronbach's α of 0.96 and 0.95 for shame and self-esteem, respectively. Items are scored on a scale of 1 (*never*) to 5 (*almost always*). Scores were transformed into mean scores, and range from 1 to 5 for both subscales, with higher scores indicating greater levels of shame or self-esteem.

Cronbach's α for this the sample was .88, 95% CI (.85–.91) for the self-esteem scale and .96, 95% CI (.95–.97) for the shame scale.

Results

Preliminary comparison tests for these variables were run to investigate possible difference by sample and demographics. The two samples differed significantly on masculine norm conformity and trait shame, but not on self-compassion or self-esteem, with the student sample having significantly higher levels of masculine norm adherence ($p < .01$) and lower trait shame ($p < .001$) than the community sample. Age, race, and income were not significantly related to any variables; however, level of education was significantly correlated with conformity to masculine norms ($r = -.19, p < .05$), with higher levels of education being related to lesser conformity to masculine norms. Consequently, level of education and sample were both controlled for when running the subsequent hierarchical multiple regression to explain the variance in self-compassion.

To analyze the hypothesis that self-compassion would be negatively correlated with adherence to masculine norms and trait shame but positively correlated with self-esteem, Pearson Product correlations were conducted. As described in Table 1, self-compassion was positively correlated with self-esteem but negatively correlated with masculine norm conformity and trait shame. In addition, trait shame was negatively correlated with self-esteem, indicating that greater trait shame was related to lower levels of self-esteem.

To investigate the hypothesis that the relationship between masculine norms and self-compassion would be moderated by the internalized experience of shame, several hierarchical multiple regressions were run and are presented in Table 2. Preliminary data analyses were conducted and assured that key assumptions for multiple regression analysis were met. Neither education level nor sample were significant predictors in this model and were thus removed in subsequent analyses. The interaction between conformity to masculine norms and trait shame emerged as a significant predictor of self-compassion ($\beta = -.22, p < .001$). At high levels of trait shame (1 SD above the mean), conformity to masculine norms was not significantly related to self-compassion ($B = .07, \beta = .04, SE = .17, p = .68$); however, at low levels of trait shame (1 SD below the mean), conformity to masculine norms was significantly and negatively related to self-compassion ($B = -.66, \beta = -.34, SE = .16, p < .001$; see Figure 1). This indicates that masculine norm adherence was a strong predictor for self-

Table 1
Correlations Between Self-Compassion, Adherence to Masculine Norms, Trait Shame, and Self-Esteem

Measure	<i>M</i>	<i>SD</i>	1	2	3
1. Self-compassion	3.05	0.57			
2. Conformity to masculine norms	2.47	0.29	-.24*		
3. Trait Shame	2.55	0.80	-.58**	.12	
4. Self-Esteem	3.56	0.76	.51**	.07	-.55**

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

Table 2
Hierarchical Multiple Regression Analyses Testing Interaction Models

Step and predictors	Self-compassion					Self-esteem				
	ΔR^2	β	<i>B</i>	<i>SE B</i>	95% CI	ΔR^2	β	<i>B</i>	<i>SE B</i>	95% CI
Step 1	.36					.32				
Masculine norm adherence		-.17*	-.33	.13	-.58(-.07)		.14	.35	.18	-.01(-.71)
Trait shame		-.56***	-.40	.05	-.49(-.31)		-.57***	-.54	.07	-.68(-.41)
Step 2	.05					.04				
Masculine norm adherence		-.15*	-.30	.13	-.55(-.05)		.15*	.38	.18	.04-.73
Trait shame		-.58***	-.42	.05	-.51(-.32)		-.59***	-.56	.07	-.69(-.43)
Trait Shame \times Masculine Norm Adherence		.22***	.46	.13	.20-.72		.19**	.51	.19	.15-.88

Note. 95% CI = 95% confidence interval.

* $p < .05$. ** $p < .01$. *** $p < .001$.

compassion for men with low shame, but not for men with high shame. These data suggest that high levels of trait shame not only reduce self-compassion in high-conformity men, but also in low-conformity men, with the overall model explaining 41% of the variance in self-compassion, adjusted total $R^2 = .41$, $F(3, 141) = 33.36$, $p < .001$.

We also hypothesized that the pattern of interaction found for self-compassion would not hold for self-esteem. The interaction between conformity to masculine norms and trait shame emerged as a significant predictor of self-esteem ($\beta = .19$, $p < .01$); however, the pattern of the interaction differed. At high levels of trait shame (1 *SD* above the mean), conformity to masculine norms was significantly and positively related to self-esteem ($B = .79$, $\beta = .31$, $SE = .24$, $p < .001$); however, at low levels of trait shame (1 *SD* below the mean), conformity to masculine norms was not significantly related to self-compassion, ($B = -.02$, $\beta = -.01$, $SE = .22$, $p = .92$; see Figure 2). This suggests that, unlike self-compassion, masculine norm adherence was a strong positive predictor for self-esteem for men with high shame, but not for men with low shame. Overall, the regression model accounted for a significant amount of variance in self-esteem, adjusted total $R^2 = .36$, $F(3, 139) = 26.12$, $p < .001$.

Discussion

Past research suggests that masculine norm conformity might be associated with men's difficulty negotiating vulnerable emotions

and forming a healthy self-concept. More generally, the results of this study extend previous theory by emphasizing the importance of shame in men's lives. Our data further suggest that two increasingly researched self-concepts, self-compassion and self-esteem, are positively correlated but distinct constructs, replicating previous research suggesting a moderate correlation between the two constructs (Deniz, Kesici, & Sümer, 2008; Neff, 2003a). These data suggest that men who are compassionate and balanced in their self and emotional-perspective have a higher sense of self-confidence than men who are unforgiving of their faults. This is consistent with research reporting that people with high self-esteem feel deserving of happiness, and thus tend to work harder to manage their negative emotions (Wood, Heimpel, Manwell, & Whittington, 2009). General compassion training has also been shown to modestly improve self-esteem, which suggests that engaging in compassionate behaviors or thoughts might create a favorable view of the self as possessing socially valued traits (Mongrain, Chin, & Shapira, 2011).

Previous theory further suggests that internalized shame creates an emotional disposition characterized by an inability to self-soothe, emotionally regulate, and be compassionate to oneself in the face of a perceived threat (Gilbert, 2005; Mikulincer & Shaver, 2004). As predicted, higher levels of trait shame were associated with lower levels of self-compassion. Recently, therapists have recognized the lack of overall compassion in high shame individuals, and created "compassionate mind training" to generate the

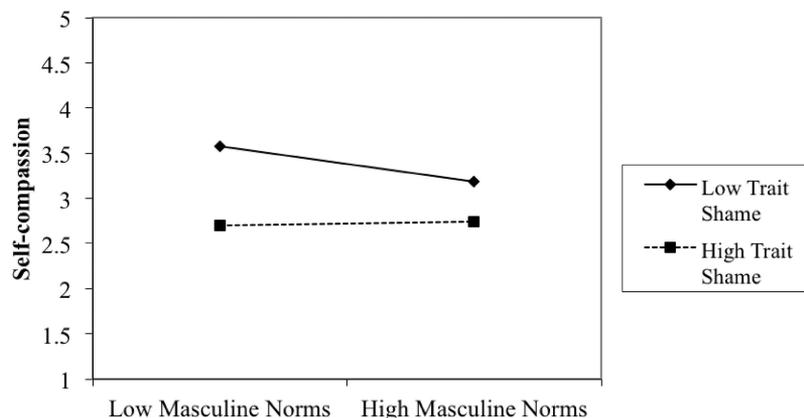


Figure 1. Interaction of trait shame and masculine role adherence on self-compassion.

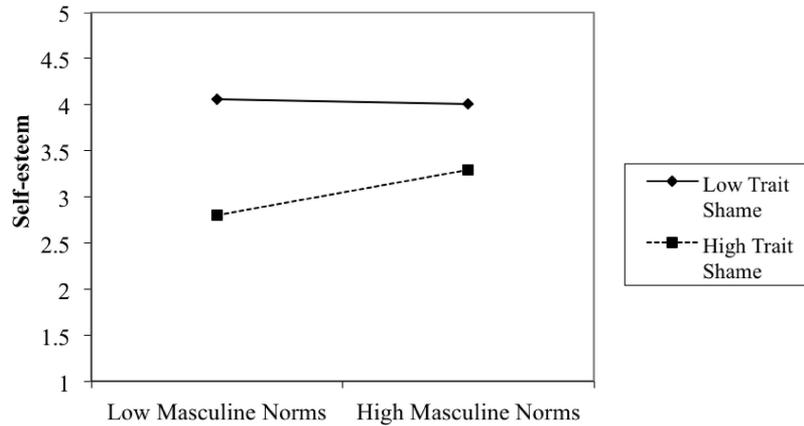


Figure 2. Interaction of trait shame and masculine role adherence on self-esteem.

confidence, warmth, and self-soothing that can reduce negative mood (Gilbert & Proctor, 2006). The current study further illustrates that feelings of inadequacy, emotional restrictiveness, and critical self-judgment are incompatible with self-compassion for many men.

These findings also emphasize the significance of gender orientation in understanding levels of self-compassion in men. Data revealed that conformity to masculine norms was negatively correlated with self-compassion, which aligns with previous research suggesting that men adhering to traditional masculine norms tend to avoid or inhibit vulnerable feelings and intimacy with others (Levant & Pollack, 1995; O'Neil, 2008). However, consistent with our second hypothesis, the data further suggest that the relationship between masculine norm adherence on self-compassion levels in men varies considerably depending on trait shame. For men with lower trait shame, lower masculine norm conformity was strongly related to higher self-compassion. Conversely, men with higher levels of trait shame had significantly lower self-compassion levels, regardless of their masculine norm adherence. These data indicate that, when trait-shame is high, it may impair men's ability to be self-compassionate, regardless of their masculine norm adherence. However, when trait shame is low, men with lower masculine norm adherence have significantly greater self-compassion than men who strongly adhere to masculine norms.

These results suggest that severe trait shame may be so overwhelming and incompatible with self-compassion that, at extremely high levels, it "trumps" masculine role adherence in predicting men's potential for self-compassion. Research suggests that men are socialized to avoid and yet deeply internalize shame, leading men in particular to maladaptively negotiate difficult emotions (Wright, 1987). This is a profoundly negative experience that can undermine one's relationships with both self and others (Jakupcak et al., 2005). Consequently, it is not particularly surprising that at higher levels of trait shame men would generally have lower self-compassion levels, regardless of masculine role adherence. The current findings further suggest that shame may be a key component to men's emotional lives and healthy self-concept, and underscores the importance of providing men with informal interventions designed to increase men's acceptance of vulnerable emotion states during times of distress. Further research exploring

these relationships, particularly those focused on using samples of men in treatment, is needed and should provide further clarity.

It is also important to note that this pattern of interaction between trait shame and masculine norm conformity did not hold for self-esteem. Our findings suggest that the relationship between adhering to masculine norms and self-esteem was contingent on men's trait shame. Greater masculine norm conformity was associated with higher self-esteem for men with higher levels of trait shame. At low levels of trait shame, masculine norm conformity was not significantly related to self-esteem. One possibility is that the trait shame variable may be tapping into men's perceived ability to live up to traditional masculine ideals. In fact, men experiencing psychological distress may gain personal gratification and confidence by engaging in privileged and socially valued masculine behaviors (Good & Sanchez, 2010). This would be congruent with past research suggesting that individuals who do not conform to gender norms, and see this as a personal failing as a man, may experience greater negative affect and lower self-esteem (Guerrero Witt & Wood, 2010). This finding further emphasizes the differential impact of shame and masculine norm conformity on self-concepts like self-compassion and self-esteem.

Although this study was conducted on a nonclinical sample, some tentative practical and clinical implications can be cautiously outlined. Past research has suggested that conformity to masculine norms is linked to avoidant coping strategies that can lead to increased distress and depression in men (Wilkinson, Walford, & Espenes, 2000). However, when dealing with hardship or failure, individuals with more self-compassion are less likely to use harmful escape/avoidant coping such as substance abuse, disengagement, or denial (Allen & Leary, 2010). Self-compassion practices may assist men's healthier emotion regulation by helping men engage with and process negative feelings. Our findings further suggest, however, that self-compassion might be a challenging concept for men with greater masculine norm conformity or high shame. However, as self-compassion may be congruent with positive outcomes such as lowered harmful externalization, more adaptive coping, and more emotional disclosure (Neff et al., 2007), it would be worth addressing these challenges and perhaps incorporating this concept into work with men.

On the other hand, self-esteem building may be an easier concept to address with men who adhere more strongly to masculine norms. In many ways, self-esteem and masculinity are self-concepts that must be earned and externally validated. In fact, past research suggests that for men who highly value masculine norms, gender conformity may help them align their actual and ideal selves and lead to positive outcomes (Good & Sanchez, 2010). It is possible that self-esteem focused strategies might be more congruent with the worldview of highly conforming masculine men, and thus might be particularly fitting for them. Further research investigating therapeutic interventions focusing on self-esteem and self-compassion is needed.

Limitations

Several limitations and recommendations based on the present study should be noted. Because of this study's correlational nature, results obtained cannot assess causation. Though some scholars have identified a possible causative link between masculine norm adherence, trait shame, and self-compassion because of male socialization, no current research has utilized the methodologies necessary for fully exploring this theory's merit. Experimental and longitudinal designs are thus needed for investigating possible causal and socialization models that explain the effect and internalization of these constructs in men.

Another limitation is the study's reliance on self-report measures administered to participants at a single point in time. This might have been especially problematic given that some of the measures used are considered to be stable and reflective of trait-level constructs. However, current researchers have contended that masculine role adherence in particular is not a stable trait, but rather a contextual and changing construct (Addis, Mansfield, & Syzdek, 2010). In addition, recent work by Owen (2011) suggests that the global masculinity score on the CMNI-22 demonstrates poor fit. Using different measurement techniques and investigating the potentially fluid nature of these variables might alleviate this problem and contribute to further research in this area. Finally, preliminary descriptive statistics revealed differences on some measures of interest, specifically on conformity to masculine norms and trait shame, between the student and community samples. Although these sampling issues were controlled for in subsequent analyses, their existence highlights the inherent problems in generalizing these results to other samples of men.

Despite study limitations, the current research highlights a potentially helpful and already informally used coping mechanism for men's negotiation of vulnerable emotions—self-compassion. However, this beneficial strategy may not be equally used by all men; specifically, greater levels of masculine norm internalization and trait shame may predict men's lowered ability to be self-compassionate. In addition, these results suggest that self-esteem interventions may align better with men who strongly adhere to masculine norms, and thus be more congruent with their values and mental health needs. Future researchers and clinicians should consider both level of shame and masculine norm adherence when focusing on men's expression of vulnerable emotions and ability to form a healthy self-concept when confronting life difficulties.

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