

MEN ATHLETES' SELF-COMPASSION

AND MASCULINITIES

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By

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*\*Note:* Chapters 2 (i.e., APA 6<sup>th</sup> edition) and 3 (i.e., Chicago) are formatted in their published form, aside from Headings/Subheadings in Chapter 3, which are presented in 7<sup>th</sup> edition APA format for parsimony, and to match the Table of Contents. Chapters 1, 4-5 are formatted in adherence with APA 7<sup>th</sup> edition.

### Dedications

It is an honour to be writing this Dedications section of my PhD dissertation. There are so many incredible people to thank, all of whom have helped me get to this point in one way or another. I want to thank all of you. But, for this section, I will focus on those who I believe have helped me the most and/or those who mean the most to me.

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To my perfect little girl, who I love more than anyone else in the whole world, I dedicate my dissertation to you. You amaze me almost every day. Your resilience, perseverance, adaptability, and uncanny ability to connect with people, despite the communication challenges you face, are all truly remarkable qualities. It is difficult to pinpoint exactly what makes you as incredible as you are, but everyone who is privileged enough to know you – *really* know you – falls unconditionally in love with you. There may be no greater joy than seeing you smile and laugh, while sharing an experience with you. It is impossible to not feel uplifted and happier, no matter how difficult a day I might be having, when I see you your face light up. And, while the ways in which you’ve helped me get to this point in my academic journey might not be as obvious as those of a handful of others, you inspire me and make me better, even if you don’t know it. On days when I don’t want to get out of bed in the morning, you are my motivation. The times when I have had the thought that maybe I didn’t *need* to work on my dissertation, I would often think of you and how I do need to reach the finish line so I can better provide for you, and so that you can be proud of me. I have dragged you with me to Vancouver, uprooting your world and everything you are/were comfortable with, and you have taken it in stride as well as could possibly be imagined. You have even made friends already, which makes me so, so happy for



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Mom, there is no one more proud of me than you, regardless of my successes and failures. But now, as I finish my PhD, I know your pride is at an all-time high, and it makes me so genuinely happy. Without you and all that you have done (and continue to do) for me, I would have had no chance at reaching this monumental milestone. Your support has been unwavering throughout my entire life, and all I can say is thank you...thank you...thank you! I love you more than I can say, and I so greatly admire your resilience. You are a role model for me, as you are someone who puts family above all else. Like Mya, you have a presence that draws people to you. I have been amazed by the support/social network you have in Prince Albert, and that has been a major source of comfort for me, especially now that I am no longer a 1.5 hour drive away. Having such wonderful people in your corner is a testament to the person you are. Your guidance, love, and compassion throughout my childhood and into my adult years has shaped me as a person, and I try to uphold the values you instilled in me from a young age. You and dad have been my greatest influences in life, and I will always need you.

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Dad, I miss you every single day. I still can't believe you're gone. You were the best person that I have ever known. Like mom, you believed in family above all else, showing as much with your actions, and I admire you. You were respected and appreciated by everyone that was fortunate enough to know you, and your legacy is that of a kind, caring, and authentic person. I wish I could be more like you in many ways, but I will continue to work at being a better man so I can be closer to the person you were and all that you stood for. What makes me the most sad about you not being with us anymore is how special your relationship with Mya was. Sometimes she talks about Grandpa Reis, and it is both beautifully touching and incredibly heartwrenching. But, she will never forget you and all the experiences you and her shared. She could do no wrong in your eyes. Like her, I have so many amazing memories of the times we had together. A friend of mine, who also lost his dad, offered perhaps the best perspective I've heard, saying that he is so grateful to have had an incredible dad for many years, when most people never have that at all. In addition to all the other ways I look up to you, your willingness and commitment to continually grow and evolve as a person is something I am truly inspired by, and have attempted to incorporate into my approach to life. I love you always, dad, and without your love, direction, and support throughout my life, I am certain that I would never have accomplished the completion of a PhD. I know how proud you'd be of me right now, and it means everything to me. You are my role model, my inspiration.

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### Abstract

Self-compassion, a kind and understanding way of treating oneself, has gained traction as a useful resource for helping individuals adaptively deal with and manage the difficult or challenging situations they encounter (Neff, 2003a). However, despite a number of studies focused on ways that women athletes can benefit from self-compassion (e.g., Ferguson et al., 2014; Ingstrup et al., 2017; Mosewich et al., 2011), little research has been done with samples of exclusively men<sup>1</sup> athletes. One unique consideration of men athletes' self-compassion, due to its pivotal role in the sport-specific difficult experiences of men athletes, is masculinity. Thus, the overlying purpose of my dissertation research was to explore and better understand the potential role(s) of self-compassion as a resource for men athletes, with masculinity being an important consideration. To accomplish this goal, three studies were conducted that complement and build on one another.

Study 1 was a quantitative study, with a focus placed on identifying key variables relevant to men athletes' self-compassion, and exploring the role, if any, that masculinity plays in men athletes' self-compassion and difficult experiences in sport. In sampling 172 men athletes (via an online survey) between 16 and 35 years of age from a variety of sports, we found that self-compassion was related to all variables but one (i.e., attitudes towards gay men) in hypothesized, healthy directions. Also, it appears that men athletes' individual representations of masculinity (i.e., traditional or hegemonic masculinity; inclusive masculinity) may impact their likelihood of embracing and/or practicing self-compassion when they encounter challenges in sport.

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<sup>1</sup> Language throughout my dissertation is intentionally consistent with gendered terminology (i.e., men, women) rather than biological terminology (i.e., male, female), given the importance of gender in my research, and to ensure that participants who identified as men could participate, regardless of their biological sex.

Study 2 was a qualitative study, looking at men athletes' self-compassion through the lens of masculinity, with a focus on how self-compassion might be perceived, interpreted, and experienced by men athletes, with an in-depth exploration of the interplay between self-compassion and masculinity in the challenges that men encounter in sport. After interviewing 16 men athletes between 16 and 35 years of age at two time points, with a reflexive photography task (i.e., a qualitative research technique that enables participants to depict their environmental interactions and interpretations through reflection on images they captured; Amerson & Livingston, 2014) in between interviews, the findings suggest that self-compassion does appear to be a viable resource for the majority of our participants, though potential barriers to self-compassion may be rooted in representations of masculinity and include the language of self-compassion.

Study 3 featured the examination of the feasibility of a previously administered athlete oriented one-week self-compassion intervention (i.e., Mosewich et al.'s 2013 self-compassion intervention, which featured a series of modules designed to enhance self-compassion levels, while providing sport-specific context to athletes), delivered to competitive men athletes between 16 and 35 years of age. Of the 83 men athletes that completed the Time 1, baseline measures, 43 started the intervention, and 38 finished the intervention. The men athletes completed the same series of online measures at two time points (i.e., pre intervention, one-week post intervention), with the one-week self-compassion intervention in between. After finishing the one-week post intervention survey, they engaged in a follow-up one-on-one semi-structured interview with myself. Our findings are encouraging for the self-compassion intervention's feasibility in our sample of men athletes. While we did not include a control group, and thus cannot make any causal claims about intervention efficacy, the majority of outcome measures, including self-

compassion, changed in conceptually healthy ways from pre-intervention to post-intervention, as did the outcome measures as a collective whole. In their follow-up interviews, the men athletes generally viewed the self-compassion intervention in a positive way, and suggested minor changes to the intervention (e.g., inclusion of an online small group session with other participants and the lead researcher) when asked how it could be improved. Additional analyses revealed that men athletes representing body-contact confrontational sports (e.g., football) had lower self-compassion levels than men athletes representing non body-contact confrontational sports (e.g., soccer), along with generally less healthy responses at baseline, so we encourage future researchers to further explore this trend. Importantly, we also encourage future researchers that plan to deliver the self-compassion intervention to men athletes to include an attention control group and a four-week follow-up test of measures, which would align with Mosewich et al.'s (2013) original approach. Ultimately, our findings are encouraging for the feasibility of a fully online one-week self-compassion intervention delivered to competitive men athletes.

**Chapter 1 – General Introduction**



## General Introduction

Sport is widely regarded in a positive light, with ample benefits and growing opportunities for those who participate. Aside from its commonly cited physiological benefits (e.g., increased levels of physical functioning, strength, cardiorespiratory endurance, cardiovascular endurance, and lean muscle mass; decreased levels of cardiovascular disease, diabetes, coronary heart disease, hypertension, obesity, osteoporosis, colon and prostate cancer, and premature death; Gettman & Pollock, 1981; Hands et al., 2016; Malm et al., 2019; McKay et al., 2019; Oja et al., 2015; Riddell & Iscoe, 2006; Warburton et al., 2006), sport is also associated with many psychosocial and psychological benefits (e.g., increased levels of mental health, life satisfaction, self-esteem, positive affect, confidence, competence, psychosocial functioning, and emotional, psychological, and behavioural well-being; decreased levels of depression, stress, anxiety, social anxiety, shyness, and suicidal ideation and behaviour; Asztalos et al., 2012; Boone & Leadbeater, 2006; Donaldson & Ronan, 2006; Eime et al., 2013; Findlay & Coplan, 2008; Malm et al., 2019; McKay et al., 2019; Snyder et al., 2010; Taliaferro et al., 2011; Valois et al., 2004; Zarrett et al., 2009). Thus, the societal promotion of sport participation (e.g., SIRCuit; visit the link for a “knowledge translation” article on self-compassion, on which I was first author - <https://sirc.ca/blog/self-compassion-in-sport-101/> – or see Appendix A) is on the upswing, largely for the variety of positives sport can offer. Alternatively, sport presents psychological challenges to athletes (e.g., negative evaluations, self-conscious emotions, emotional pain; Krane et al., 2001; Magnus et al., 2010; Malm et al., 2019; McKay et al., 2019; Mosewich, Ferguson, et al., 2019; Mosewich et al., 2009) that can lead to dropout, which limits the realization of sport-related benefits for many (Mesagno et al., 2012). Therefore, resources

that help athletes handle the challenges of sport, making sport a more positive overall experience and potentially increasing the likelihood of keeping athletes in sport, are valuable.

Perhaps the most frequently discussed challenge in sport-based literature is evaluation, specifically negative evaluation (Filaire et al., 2007; Killham et al., 2018; Krane et al., 2001; Mosewich et al., 2009). Evaluation in sport can come in different forms, including both performance-based and appearance-based evaluations by others (e.g., peers, parents, and coaches), as well as self-evaluations and comparisons of oneself to others (Brustad, 1988; Eke et al., 2020; Killham et al., 2018; Krane et al., 2001; Martin & Mack, 1996; Mesagno et al., 2012; Mosewich et al., 2009; Tarasoff et al., 2017). The results of negative evaluations (e.g., coach provides negative, maladaptive feedback on performance of a sport-specific skill; self-evaluation of not “measuring up” to peers) in sport can lead to a number of difficult experiences, such as certain types of anxiety (e.g., social appearance anxiety, social physique anxiety; Craft et al., 2003; DeFreese & Smith, 2014; Levinson et al., 2013), negative social interactions (e.g., unwanted, intrusive, unhelpful, unsympathetic or insensitive, or rejecting or neglecting behaviours; Newsom et al., 2005), and decreased cognitive-affective experiences, which can lead to diminished psychological health and well-being of competitive athletes (DeFreese & Smith, 2014). Furthermore, a *fear* of negative evaluations can also have an impact on athletes, including an increased likelihood of “choking” or underperforming when faced with a high-pressure situation in sport (e.g., the final few seconds of a tied basketball game), often leading to increased social anxiety, diminished enjoyment, and increased dropout from sport (Correia & Rosado, 2018; Mesagno et al., 2012).

Aside from the negative associations with evaluation in sport described above, a particular set of emotions, labeled as the self-conscious emotions (e.g., shame, guilt, pride,

embarrassment, humiliation; Harter, 2012), stem from self-evaluations (Tracy & Robins, 2004). These self-conscious emotions can also have negative consequences (e.g., depression, anxiety, suicide; Lester, 1998; Orth et al., 2010). Self-conscious emotions have evolved in response to concern with what others think of us, and particularly to a fear of interpersonal rejection (Leary et al., 2001). Athletes (and general populations) will experience self-conscious emotions when, and only when, they become aware that they have lived up to, or failed to live up to, some expectation that they perceive has been placed upon them in the form of self-representation (i.e., mental representations of one's own identity; Tracy & Robins, 2004). Given the prevalence of evaluation in sport, and the tendency of athletes to internalize evaluations, it is no surprise that athletes often experience self-conscious emotions (Mosewich, 2020; Mosewich et al., 2011; Mosewich et al., 2009). Thus, it seems evident that evaluations can have a negative impact on athletes in a variety of ways, and they are one of the overlying challenges that athletes regularly encounter in sport.

One construct that might be particularly well-suited for helping athletes deal with sport-based challenges, like negative evaluations and self-conscious emotions that arise from evaluations, is self-compassion (Mosewich et al., 2011; Mosewich et al., 2009), given its utility for easing the pain of difficult experiences (Eke et al., 2020; Ferguson et al., 2014; Killham et al., 2018; Leary et al., 2007; Magnus et al., 2010; Neff et al., 2007; Reilly et al., 2014; Reis et al., 2015). Introduced to Western research nearly two decades ago (Neff, 2003a, 2003b), self-compassion initially took a backseat to its more well-known cousin, self-esteem (i.e., “how much one likes or values the self, based on congruence with personal standards or comparisons with others”; Neff, 2008, p. 3). However, self-compassion's effectiveness as a coping resource, particularly when individuals face challenging, difficult, or negative life experiences, may extend

beyond that of self-esteem (Leary et al., 2007; Moffit et al., 2018; Mosewich et al., 2009; Reis et al., 2015). Specifically, self-esteem requires evaluating oneself favourably against others or internal standards, whereas self-compassion does not (Neff, 2008). And, since many of the challenges that athletes encounter stem from evaluations (Eke et al., 2020; Mosewich, Ferguson, et al., 2019; Mosewich et al., 2011; Mosewich et al., 2009), it appears counterintuitive to solely rely upon a construct rooted in evaluations to alleviate sport-based challenges. Alternatively, self-compassion, which is premised on acceptance rather than evaluation, has been shown to help individuals effectively buffer some of the challenges that can stem from negative evaluations (e.g., anxiety, fear of failure, negative affect; Huysmans & Clement, 2017; Killham et al., 2018; Leary et al., 2007; Reis et al., 2015; Wilson et al., 2019). Accordingly, self-compassion might be particularly useful for athletes, since they are frequently evaluated in comparison to other athletes, by both external sources (e.g., coaches, peers, and parents) and from within (Filaire et al., 2007; Greenleaf, 2002; Killham et al., 2018; Krane et al., 2001; Mosewich et al., 2009; Wilson et al., 2019). However, prior to exploring the potential of self-compassion as a resource for athletes, a more thorough description of self-compassion and general findings pertaining to the construct is needed.

Self-compassion is comprised of three basic components, which are self-kindness, common humanity, and mindfulness (Neff, 2003b). Self-kindness refers to treating oneself with warmth and understanding, rather than harsh criticisms and judgments (Neff, 2003b). Common humanity can be thought of as the recognition that we are all part of the larger human experience, and that everyone endures challenges and difficult times (Neff, 2003b). Finally, mindfulness is described as an awareness of and openness towards one's thoughts and feelings, without suppressing them or overidentifying with them (Neff, 2003b). Taken together, self-kindness,

common humanity, and mindfulness make up the essential components of self-compassion, which Neff (2003b) describes as being “open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s own experience is part of the common human experience” (p. 224).

According to Neff (2003a), compassion can be extended to oneself when dealing with external circumstances that are difficult to bear, but also when one experiences suffering from their own foolish actions, failures, or personal inadequacies. As noted by Reilly et al. (2014), self-compassion is often viewed within the context of “positive psychology” (i.e., the scientific study of what makes life worth living, with an equal focus on the positive parts of life as the negative; Snyder & Lopez, 2009), and it has been consistently related to increased levels of happiness, optimism, wisdom, curiosity, exploration, personal initiative, and positive affect (Neff & Costigan, 2014; Neff et al., 2007). Similarly, self-compassion has been linked to increased feelings of social connectedness and life satisfaction (Neff, 2003a), as well as feelings of autonomy, competence, and relatedness (Neff, 2003a).

One of the most consistent findings in the self-compassion literature to date is its negative relation to anxiety, depression, psychopathology, and neuroticism (Bakker et al., 2019; Neff, 2003a; Neff et al., 2008; Yarnell et al., 2015). People with high levels of self-compassion have also been shown to have less negative reactions, thoughts, and emotions in response to difficult life events (Reis et al., 2015), such as getting a poor grade on an important test (Leary et al., 2007). Further, people with higher self-compassion levels have fewer emotional overreactions to personal weaknesses and life challenges, while also being more likely to report ability to repair negative emotional states, greater emotional coping skills, and clarity of feelings (Neff, 2003a).

Self-compassion has also been linked to positive health motivations (e.g., greater personal initiative to make needed changes in one's life; Neff et al., 2007), interpersonal functioning (e.g., more emotionally connected in relationships; Neff & Pommier, 2013) and overall emotional well-being (Kotera et al., 2019; Neff, 2009). Finally, self-compassion might be useful in helping individuals to hold negative emotions in cognizant awareness, without judging, suppressing, or denying negative aspects of a trying experience (Leary & Hoyle, 2009). In short, self-compassion has been frequently linked to enhanced overall well-being (Zessin et al., 2015).

While general findings of self-compassion can provide informative background perspective, athletes face unique challenges (e.g., the sometimes paradoxical combination of appearance-based evaluations and performance-based evaluations in sports like women's shot put), which may require specific strategies of coping (Mosewich et al., 2013). Therefore, it should not be assumed that the encouraging findings of self-compassion in general populations (e.g., men and women between 18 and 83 years of age; Neff & Vonk, 2009) necessarily apply to populations of athletes. Accordingly, the body of literature on self-compassion and athletes has grown considerably in the past decade, with much of the research to date pertaining specifically to *women* athletes (e.g., Adam et al., 2021; Eke et al., 2020; Ferguson et al., 2014, 2015; Ingstrup et al., 2017; Killham et al., 2018; Mosewich et al., 2013; Mosewich et al., 2011; Mosewich, Sabiston, et al., 2019; Mosewich et al., 2009; Reis et al., 2015; Sutherland et al., 2014; Wilson et al., 2019).

In samples of women athletes, self-compassion has been found to lessen the pain associated with sport-related challenges, including those that stem from evaluations (Ferguson et al., 2014, 2015; Killham et al., 2018; Magnus et al., 2010; Mosewich et al., 2013; Mosewich et al., 2011; Mosewich et al., 2009; Reis et al., 2015; Sereda et al., 2021; Wilson et al., 2019).

Specifically, self-compassion has been negatively related to shame proneness, body shame, social physique anxiety, objectified body consciousness, fear of failure, fear of negative evaluation, self-critical thoughts, ruminative thoughts, catastrophizing thoughts, personalizing thoughts, concern over mistakes, body surveillance, negative affect, and “destructive reactions” to hypothetical, emotionally difficult sport scenarios (i.e., ruminative, passive, self-critical; Ferguson et al., 2015) in women athletes (Ferguson et al., 2014; Mosewich et al., 2013; Mosewich et al., 2011; Reis et al., 2015). Also in samples of women athletes, self-compassion has been related to positive or “healthy” variables, including eudaimonic well-being (i.e., a form of well-being rooted in meaning and self-realization, and tied to optimal human functioning; Ryan & Deci, 2001), self-determination, responsibility, initiative, self-esteem, equanimous<sup>2</sup> thoughts, behavioural equanimity, authentic pride, autonomy, personal growth, purpose in life, self-acceptance (Ferguson et al., 2014; Mosewich et al., 2011; Reis et al., 2015), and “constructive reactions” to hypothetical, emotionally difficult sport scenarios (i.e., positive, perseverant, responsible; Ferguson et al., 2015). Hence, the growing body of literature on women athletes and self-compassion seems to support self-compassion as a helpful resource for women athletes.

In addition to correlations between self-compassion and the variables listed above, self-compassion has been found to be a stronger predictor than self-esteem across a number of variables related to healthy ways of handling challenges for women athletes (Mosewich et al., 2011; Reis et al., 2015). For instance, self-compassion has shown unique variance beyond self-esteem in samples of women athletes for predicting shame proneness, guilt-free shame

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<sup>2</sup> Equanimity is characterized by an even-tempered calmness, regardless of the situational context. Equanimous thoughts, then, represent calm or unclouded ways of thinking, while behavioural equanimity represents calm, even-keeled behaviours (e.g., reactions to stressful circumstances; Weber, 2017).

proneness, shame-free guilt proneness, objectified body consciousness, fear of failure, fear of negative evaluation, body shame, body surveillance, catastrophizing thoughts, personalizing thoughts, behavioural equanimity, and negative affect (Mosewich et al., 2011; Reis et al., 2015). Thus, it seems that self-compassion has a high level of utility in populations of women athletes, and its benefits for dealing with challenging scenarios in sport likely exceed those of self-esteem.

Recent additions to the literature focused on women athletes' self-compassion offer further, yet unique (e.g., connection between self-compassion and sport performance; Adam et al., 2021), support for self-compassion as a helpful resource to women athletes. Wilson et al. (2019) interviewed seven women athletes, and their findings indicate that not only do women athletes view self-compassion and mental toughness as compatible constructs, but also that self-compassion plays a critical role in the process of developing mental toughness. Other research indicates that self-compassion helps women athletes navigate unexpected stressors in sport in adaptive ways, and that self-compassionate women athletes have heightened emotional self-awareness that can help them cope with sport-based stressors (Sereda et al., 2021). Additionally, Adam et al.'s study featuring interviews with nine women athletes provides support that self-compassion is linked to sport performance, though the relationship appears complex (Adam et al., 2021). Notably, some of the women expressed that self-compassion can promote positive perceptions of their sport performance and well-being, which they believed could ultimately lead to enhanced sport performance (Adam et al., 2021).

Other recent work in the field of women athletes' self-compassion includes highlighting the role of important others in enhancing self-compassion (Ingstrup et al., 2017). For example, women athletes identified parents, peers, siblings, coaches, and even sport psychologists as crucial influences on their development and practice of self-compassion (Ingstrup et al., 2017).



As well, body self-compassion (i.e., a kind, non-judgmental view or attitude to one's body, despite perceived physical imperfections) has been identified as a way of helping women athletes respect their own bodies, which in turn can lead to enhanced positive or adaptive emotions and the perception of improved sport performance (Eke et al., 2020). In short, self-compassion continues to be studied as a useful resource to help women athletes in a variety of ways (e.g., promotion of healthy emotions, increased sport performance; Adam et al., 2021; Eke et al., 2020).

While the results of research on self-compassion in populations of women athletes are encouraging, it is difficult to predict whether a similar number and extent of self-compassion's benefits will apply to populations of men athletes, due to limited studies in the field. Perhaps women athletes' more frequent exposure to appearance-based evaluations (Greenleaf, 2002; Mosewich et al., 2009), which self-compassion might be well-suited as a coping resource for (e.g., self-compassion is negatively related to social physique anxiety, objectified body consciousness, body shame, and body surveillance; Mosewich et al., 2011), or findings indicating women have lower levels of self-compassion than men (Neff, 2003a; Neff & McGehee, 2010; Reilly et al., 2014; Yarnell et al., 2015), have led to a discrepancy in the amount of self-compassion literature focused on women athletes compared to men athletes. Regardless, the field of self-compassion and men athletes is currently understudied. Perhaps self-compassion can provide benefits for men athletes in the face of sport-specific hardships, whether in similar or distinct ways, from those found in populations of women athletes. But, while self-compassion appears to be a resource that can help women athletes deal with the sport-specific difficult experiences they endure, it is unclear whether it will be an effective tool for men athletes, since

men and women face different and unique challenges from one another in sport (Haase et al., 2011).

One of the more common challenges experienced by both men athletes and women athletes is negative evaluations, whether by others or of oneself (Amemiya & Sakairi, 2020; Connell & Messerschmidt, 2005; Mosewich et al., 2009). And, while negative evaluations are commonly experienced by both men and women athletes, it seems that the most prominent source of evaluation in sport, and the majority of sport-based challenges for men, are rooted in masculinity (Anderson, 2011; Anderson & McGuire, 2010; Connell, 1995; Connell & Messerschmidt, 2005; English, 2017; Hawkes, 2018; Tischler & McCaughtry, 2011). Thus, to understand men athletes' experiences of self-compassion, it is imperative to also explore the role of masculinity in those experiences.

Masculinity is a socially constructed phenomenon, based on boys' and men's interactions and experiences, and perceived expectations to fulfill certain roles within their respective cultures (Bastug, 2011; Harrison & Lynch, 2005). In other words, each man's experience of masculinity is unique, and his version of masculinity will shape his thoughts, opinions, and views on life and specific facets of life, including sport and the challenges within sport (Connell, 1987; Harrison & Lynch, 2005). Despite the overlapping presence of evaluation in men and women athletes' challenges in sport, the element of masculinity might impact the underpinnings of sport-based evaluations and cause unique challenges for men athletes (e.g., subordination due to failing to meet performance-based expectations in sport; Alsarve, 2021; Anderson & McGuire, 2010; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011).

The most commonly discussed theory of masculinity, particularly with respect to sport, appears to be the theory of hegemonic masculinity, which coincides with many of the

masculinity-based challenges that arise in sport (Adams et al., 2010; Alsarve, 2021; Connell, 1987, 1995; Connell & Messerschmidt, 2005; Martin & Govender, 2011; Tischler & McCaughtry, 2011). Hegemonic masculinity, formulated as a theory in the 1980s (Connell, 1982, 1983; Kessler et al., 1982), has its theoretical roots in the relationship between men, gender, and social hierarchy (Connell & Messerschmidt, 2005). The origins of hegemonic masculinity theory stem from a model proposed on multiple masculinities and power relations, which was ultimately integrated into a “systematic sociological theory of gender” (Connell & Messerschmidt, 2005, p. 830), constructed by Connell (1987), leading to the version that remains frequently cited in masculinity literature (e.g., Alsarve, 2021; Connell, 1995; Connell & Messerschmidt, 2005; English, 2017; Tischler & McCaughtry, 2011).

The theory of hegemonic masculinity is based on a number of key premises that provide a rather comprehensive overview of its underpinnings. Tischler and McCaughtry (2011) describe five core ideas that outline hegemonic masculinity theory. First, there is no singular masculinity (Tischler & McCaughtry, 2011), which aligns with viewpoints within other prevailing research on masculinity (Connell, 1995; Connell & Messerschmidt, 2005). Instead, it would appear that for the concept of a hegemonic masculinity to exist, there is an implication that other masculinities must also exist, which the hegemonic masculinity can assert its dominance over (i.e., the idea of multiple masculinities; Connell, 1995; Connell & Messerschmidt, 2005; Gard, 2006; Parker, 1996). Additionally, subordinated or marginalized masculinities (e.g., homosexual men) must not only exist to make a social hierarchy of masculinities possible, but they also must believe in the right for those at the top of the hierarchy (i.e., the men of privilege and status who occupy the hegemonic masculinity) to rule (Anderson, 2011; Connell, 1995; Connell & Messerschmidt, 2005). In other words, members of the subordinated groups must essentially

believe that the hegemonic group is appropriately placed at the top of the hierarchy (Anderson, 2011).

Second, it is through social practice that hierarchies of masculinities are developed and established (Tischler & McCaughtry, 2011). Dominant masculinities are not a natural phenomenon, but rather they occur through collective social practices; and the more a boy's or man's masculine embodiment aligns with the most valued and supported versions of masculinity, the more likely his masculinities will be privileged (Tischler & McCaughtry, 2011).

Third, the social setting will determine qualities that define the hegemonic masculinity in a specific context, implying that characteristics making a particular form of masculinity hegemonic in one social setting may not apply to other social settings (Tischler & McCaughtry, 2011). For example, speed and strength may align with the dominant masculine ideologies in a sporting context, whereas savvy and assertiveness may align with the dominant or hegemonic masculine ideologies in a business setting.

Fourth, hegemonic status is attained by dominant masculinities, in the sense that these masculinities are normalized or naturalized (Tischler & McCaughtry, 2011). Despite only a small percentage of men actually being able to measure up to a hegemonic version of masculinity (Connell, 1993), hegemonic masculinity still refers to the presumed normal, and all other masculinities are considered abnormal or deviant (Tischler & McCaughtry, 2011). This point is particularly important, when considering the effects that failure to reach hegemonic status has on men athletes.

Finally, boys' and men's bodies, through bodily performance, are used to represent hegemonic masculinities, which is enacted in social practice (Tischler & McCaughtry, 2011). According to Connell (1987, 1995), hegemonic masculinities transform men's bodies into

symbolic tools, such that the individual man's body operates as the primary agent of hegemonic masculinity (Martin & Govender, 2011). Particularly in youth, displays of skilled bodily performance are valued as an indicator of masculinity (Connell & Messerschmidt, 2005), which is highly relevant in the context of sport and masculinity.

Since hegemonic masculinity theorists suggest that boys' and men's bodily performance is not only important for their experience of masculinity, at least in the hegemonic form, and that skilled bodily performance is a valued part of a man's ascension to "hegemonic" or dominant status (Tischler & McCaughy, 2011), it is unsurprising that hegemonic masculinity is commonly discussed within a sporting context (e.g., Alsarve, 2021; Connell, 1995; Connell & Messerschmidt, 2005; English, 2017; Klomsten et al., 2005). Certainly, in a more general sense, men athletes' overall experiences of masculinity are also influenced by sport, and vice-versa. However, the connection between sport and hegemonic masculinity appears to be particularly salient, with men athletes more strongly adhering to the traditional masculine norms of hegemonic masculinity than non-athletes (Vogel et al., 2011; Wasylykiw & Clair, 2018). Trujillo (1991) suggests that sport may be the single most influential institution on our sense of masculinity in American culture. Perhaps even bolder, Lucyk (2011) contends that the very *intention of sport* is to produce hegemonic, masculine males, and that sport exemplifies hegemonic masculinity by allowing men to be competitive and exert their dominance over other men. Especially sports deemed as "body-contact confrontational" (e.g., hockey, football, rugby) are said to function as continually renewed symbols of hegemonic masculinity, though the relationship between sport and hegemonic masculinity is not exclusive to these types of sports (Messner & Sabo, 1990).

But how is hegemonic masculinity specifically enacted in sport, and what are the challenges that coincide with the enactment of, or belief in the value of hegemonic masculinity? Much of the answer lies in the subordination or marginalization of “lesser” groups by the dominant group, as is generally the case in any situation where hegemonic masculinity exists (Alsarve, 2021; Anderson, 2011; Connell, 1995; Connell & Messerschmidt, 2005; English, 2017; Lucyk, 2011; Tischler & McCaughtry, 2011). While women are often subjected to subordination by hegemonic men athletes in the form of marginalization and exclusion (Kidd, 2013), the focus of this discussion is primarily directed towards subordinated groups of men, and how they are affected. Specifically, as noted above, men who represent masculinities other than the dominant or hegemonic form are regularly subordinated, and the sporting world provides no exception (Kidd, 2013; Lavelle, 2020). In fact, due to the proverbial “pedestal” that men who obtain hegemonic masculinity status in sport are placed upon (e.g., awarded privilege and esteem), there is arguably additional motivation for men athletes to not only strive to embody traditional masculine ideals, but also to ensure that other groups of men do not challenge their dominant status (Kidd, 2013). Thus, men who partake in sport are likely more inclined to differentiate the status of other men athletes in a hierarchical manner than general populations of men (Kidd, 2013).

While there may not always be clearly defined or labeled “groups” of subordinated men in sport, through a hegemonic hierarchy (i.e., not all men who are subordinated in sport fall within a specific category; rather, some might simply not meet hegemonic or dominant standards by lacking skill or muscle, for example), one subordinated group that seems to be particularly subjugated in the sport-specific context of hegemonic masculinity is homosexual men (Anderson, 2011; Kossakowski et al., 2020; Lucyk, 2011). Homosexual men are often

considered to be at the bottom of the masculinity hierarchy in sporting culture (Anderson, 2011; Anderson & McGuire, 2010; Connell, 1995; Kossakowski et al., 2020). For example, to maintain perceived distinctions between masculinity and femininity in sport, heterosexual men often stigmatize homosexual men as weak, soft, unathletic, and feminine (Lucyk, 2011).

Also falling under the theme of homosexual subordination, homophobia (i.e., fear and perhaps even hatred of homosexuality; Herek, 2004) is considered a staple element of hegemonic masculinity, and the exclusion and marginalization of homosexual men has been a common thread throughout sport culture for an extended period of time (Anderson, 2011; Kossakowski et al., 2020; Lucyk, 2011). Through hegemonic oriented practices in sport, including hazing (i.e., initiation through ritual practices related to aggression, dominance, and leadership, often in an overtly homoerotic way; Lucyk, 2011), homophobia is consistently reinforced and enacted (Kossakowski, 2020; Lucyk, 2011; Messner & Sabo, 1990). Homophobia appears to be such an integral component of hegemonic masculinity in sport that some scholars believe where homophobia fails to exist, so too does hegemonic masculinity (Anderson, 2011; Anderson & McGuire, 2010). While that notion is debatable, it is difficult to argue that homophobia is highly prevalent in sporting cultures, or that it does play a substantial role in hegemonic masculinity.

Despite homosexual men being faced with arguably the greatest amounts of ostracism in sport, any men representing alternative masculinities are susceptible to bullying and oppression (Tischler & McCaughtry, 2011). Whether men athletes are homosexuals or representative of other masculinities in sport that are not hegemonic (e.g., different races, such as Indigenous peoples; Evans et al., 2011), they have to deal with a number of challenges, including emotional and physical damage (e.g., shame, resulting from their respective subordination; Connell & Messerschmidt, 2005). However, even the small percentage of men who do reach hegemonic

status in the sporting realm, and are awarded privilege and esteem as a result, are not exempt from negative or difficult experiences. As previously discussed, men who achieve hegemonic status tend to abide by traditional masculine norms in sport, since sport is aligned with traditional masculine dominance (Martin & Govender, 2011), and certain problems can arise, accordingly.

One of the defining features of traditional hegemonic masculinities is muscularity, and men who strive to attain status atop the masculinity hierarchy will continually work to “sculpt” their bodies, attempting to develop muscle (Anderson, 2011; Pope et al., 2000). Moreover, the pursuit of muscularity, the belief that possession of large musculature is associated with enhanced self-worth, and amount of time worrying about appearance of musculature are all linked to traditional masculine norms (Martin & Govender, 2011). In turn, this desire to continually improve one’s muscularity leads men to have high rates of body dissatisfaction and a desire for potentially unattainable muscle mass (Lynch & Zellner, 1999; Tager et al., 2006). Greater belief in traditional masculine norms has also been associated with higher levels of anxiety and distress about muscle appearance, and decreased psychological well-being (Mahalik et al., 2003; Martin & Govender, 2011). Also, there appear to be negative correlations between body image discrepancy and self-esteem, as the more muscular a man’s body ideal is, the lower his self-esteem; and the lower his self-esteem, the greater his drive for enhancing muscularity, in general (Martin & Govender, 2011). Finally, the self-conscious emotion of shame, which is considered highly maladaptive since it can lead to hostility, aggression, and suicide, particularly in men (Reilly et al., 2014), has been related to adherence to traditional masculine norms (Reilly et al., 2014). So, while men athletes who fall at the bottom of the masculinity hierarchy are faced with negative psychological and physical experiences through subordination and marginalization, even men who achieve hegemonic status atop the hierarchy are susceptible to



their own set of challenges, both psychologically and physically (Connell & Messerschmidt, 2005). Thus, it might simply be a man's desire to conform to hegemonic masculine norms, perhaps more importantly than where he falls on the hypothetical spectrum of masculine hegemony, which can present challenges (Emslie et al., 2006).

Arguably the most important takeaway from the above section on hegemonic masculinity, and its role in sport, is that it causes men to compare and evaluate themselves against one another—it pits groups of men against one another in a seemingly harmful way (Alsarve, 2021; Kossakowski et al., 2020). Regardless of their status within the hierarchy of masculinity, men can be negatively affected by the presence of hegemonic masculinity in sport (e.g., experience of shame, body dissatisfaction, subordination; Alsarve, 2021; Connell & Messerschmidt, 2005; Martin & Govender, 2011; Tischler & McCaughtry, 2011). Thus, while the evaluations that men athletes encounter in sport might have different roots (i.e., hegemonic masculinity) than those of women athletes, it appears that evaluations are nonetheless at the forefront of sport-based challenges for men. Accordingly, self-compassion might be a useful resource for men athletes, as it is for women athletes.

Unfortunately, masculinity might present another unique challenge for men athletes, perhaps making self-compassion less accessible to those who strongly adhere to traditional masculine norms, like those of hegemonic masculinity (Reilly et al., 2014; Wasylkiw & Clairo, 2018). Specifically, self-compassion has been negatively related to masculine norm adherence and specific aspects of masculinity, suggesting that men who strongly value traditional masculine norms have lower levels of self-compassion (Heath et al., 2017; Reilly et al., 2014). And, since men athletes generally have higher levels of masculine norm adherence than general populations of men (Vogel et al., 2011; Wasylkiw & Clairo, 2018), men athletes might have

lower levels of self-compassion, potentially limiting their ability to access self-compassion when they encounter difficult experiences in sport. However, there appears to be a lack of clarity on whether men athletes have higher or lower levels of self-compassion than general populations of men, with Wasylkiw and Clairo (2018) finding that men athletes have higher levels of self-compassion than non-athletes, despite more strongly valuing adherence to masculine norms.

Although some confusion remains as to whether men athletes have higher or lower levels of self-compassion, compared to general populations of men, it does seem clear that certain foundational elements of self-compassion and masculinity might be fundamentally contradictory with one another (Reilly et al., 2014; Wasylkiw & Clairo, 2018). For example, a forgiving attitude toward oneself in the face of failure is a staple component of self-compassion, which seems counterintuitive to some of the core principles of masculinity, such as winning and success (Heath et al., 2017; Reilly et al., 2014; Wasylkiw & Clairo, 2018). As well, hegemonic masculinity is based largely on encouraging men to engage in criticism, self-reliance, self-comparisons, and discount their emotions, while self-compassion is premised on kind treatment of oneself, interconnectedness to others, and a balanced perspective of one's emotions (Kossakowski, 2021; Mahalik et al., 2003; Neff, 2003a; Reilly et al., 2014). Additionally, in samples of men, self-compassion has been positively related to help-seeking behaviour, while masculine norm adherence has been negatively related to help-seeking behaviour (i.e., masculine norm adherence positively related to help-seeking self-stigma and self-disclosure risks; Heath et al., 2017).

Based on the above review, it is certainly possible, if not probable, that men athletes who strongly align with traditional or hegemonic masculinity, might find it difficult to access self-compassion when they face challenges in sport. If men athletes who value traditional masculine

norms and abide by a hegemonic version of masculinity have diminished levels of self-compassion, it would seem particularly unfortunate, since they likely face challenges in sport that self-compassion might be best suited for buffering (e.g., emotional restrictiveness, violence, aggression, shame, anxiety, body dissatisfaction, depression, and emotional and physical damage; Connell & Messerschmidt, 2005; Emslie et al., 2006; Lucyk, 2011; Martin & Govender, 2011; Reilly et al., 2014). Thus, perhaps a different type of masculinity, one premised on a more accepting nature, might be more compatible with self-compassion.

A contemporary theory of masculinity that conceptually aligns with some of the central components of self-compassion (e.g., accepting nature; diminished evaluations), and one that may represent a future direction of masculinity in sport and sport literature, is inclusive masculinity (Anderson, 2011; Anderson & McGuire, 2010). Originally developed in opposition to orthodox masculinity (i.e., a version of masculinity similar in nature to hegemonic masculinity, but specifically premised on extreme expressions of homophobia and misogyny; Anderson, 2005), the theory of inclusive masculinity is rooted in the rejection of patriarchy, sexism, homophobia, and femphobia (i.e., when gay men fear being perceived as effeminate; Adams, 2011; Hamdi et al., 2017). At its core, inclusive masculinity is a pro-feminist approach to masculinity (Adams, 2011). While the current version of inclusive masculinity theory (i.e., Anderson, 2011; Anderson & McCormack, 2018; Anderson & McGuire, 2010) has been somewhat modified from Anderson's (2005) original version, the core principles have been sustained. Current inclusive masculinity theory does share considerable overlap with the theory of hegemonic masculinity, as it is designed to acknowledge that Connell's (1987) theory of hegemonic masculinity upholds utility in situations where high levels of homophobia are present (e.g., subordination of homosexual men where homophobia levels are high; Anderson, 2011;

Anderson & McGuire, 2010). And while inclusive masculinity as a theory has come under some scrutiny for allegedly offering little beyond hegemonic masculinity theory (e.g., de Boise, 2015), a unique aspect of inclusive masculinity theory is that it succinctly incorporates the theory of hegemonic masculinity *and* expands on it, simultaneously (Anderson & McGuire, 2010). Specifically, inclusive masculinity theory posits that the theory of hegemonic masculinity holds little relevance in a culture with diminishing levels of homophobia, such as modern-day England (Anderson & McGuire, 2010). Accordingly, it is in cultures (e.g., certain sporting cultures, prevailing cultures in certain parts of the world) with low homophobia levels where inclusive masculinity gains traction. Specifically, inclusive masculinity represents a form of masculinity in which men are permitted increased freedom in expression of attitudes and behaviours that were once—and still are, in some cultures—highly stigmatized (Anderson & McGuire, 2010; Roberts et al., 2017).

Inclusive masculinity theory is conceptualized to acknowledge that in times of extreme homophobia, one hegemonic form of masculinity will prevail (Anderson & McGuire, 2010). Contrarily, in circumstances where homophobia levels are diminished, multiple forms of masculinity can exist in a horizontal manner, rather than in a hierarchy, implying that no one dominant masculinity will emerge as superior to others (Anderson & McGuire, 2010). Herein lies the particularly unique component of inclusive masculinity theory, which differentiates it from hegemonic masculinity theory; the theory of inclusive masculinity still works where homophobia is reduced or nonexistent (Anderson & McGuire, 2010). Inclusive masculinity theory incorporates two distinct representations of masculinity, as follows: (a) hegemonic masculinity, where one form of masculinity is dominant over others, and (b) inclusive masculinity, where masculinities are arranged parallel to one another, rather than hierarchically.

It is worth noting that the theory of hegemonic masculinity was founded at a time when homophobia was particularly prevalent (1980s), so the nature of its development was based in a culture that was less accepting of homosexuality than perhaps today's society is (Anderson, 2011; Anderson & McCormack, 2018). Thus, inclusive masculinity theory might have more utility than hegemonic masculinity theory at the present, as well as (optimistically) in the future. After all, as noted by Anderson and McGuire (2010), where hegemony does not exist, neither can hegemonic masculinity; therefore, it is important that any theory pertaining to masculinity can incorporate scenarios where homophobia and hegemony are less prevalent.

When determining whether inclusive masculinity theory might be useful in a sporting context, it is essential to consider that contemporary society has seen a decrease in homophobia in recent times, including within the sporting world (Anderson, 2011; Anderson & McCormack, 2018; Anderson & McGuire, 2010; Roberts et al., 2017). In today's sporting culture, at least in certain parts of the world (e.g., England) and/or in certain sports (e.g., soccer), homophobia seems to no longer be a central component (Adams, 2011; Anderson, 2011). Thus, it is possible that hegemonic masculinity theory might be losing some relevance currently, and perhaps more so in the future, if the trend of decreasing homophobia continues. Inclusive masculinity theory may then provide a particularly useful framework for the future of men's experiences of masculinity in sport. By embracing all forms of masculinity, the enactment of inclusive masculinity permits boys and men to engage in an increasing range of behaviours (e.g., emotional bonding; Adams, 2011) without having their identities challenged (Anderson, 2011).

With an emphasis on horizontal alignment of masculinities, implying that there is no dominant masculinity in times of diminished homophobia, inclusive masculinity has the potential to decrease subordination, marginalization, bullying, and restrictive and/or traditional gender

roles in sport (Anderson & McGuire, 2010). More athletes are feeling comfortable enough to “come out” in recent times, and younger men in sport are part of an improved social and sporting landscape (Anderson & McGuire, 2010; Anderson & McCormack, 2018; Roberts et al., 2017). Inclusive masculinity features a more accepting attitude towards other masculinities (Adams, 2011; Anderson 2010), and it may represent the beginning of a less segregated form of masculinity than that associated with hegemonic masculinity. It appears to be particularly useful in sporting culture, where rejection of alternate masculinities has been highly prevalent (Anderson, 2011; Anderson & McCormack, 2018; Roberts et al., 2017).

Perhaps inclusive masculinity is the future masculinity of sport, which would appear to be a change in the positive direction. And, given the conceptual alignment of self-compassion and the concept of inclusive masculinity, it seems likely that men who have higher levels of inclusive masculinity might also have higher levels of self-compassion, though no studies have assessed this possibility to date. If my hypothesis positing a positive relationship between inclusive masculinity and self-compassion is accurate, perhaps men athletes who align with an inclusive version of masculinity may find self-compassion more accessible for easing challenges in sport, compared to men who align with a hegemonic masculinity. Ironically, self-compassion may be less important for men athletes who adhere to an inclusive masculinity, since some sport-based challenges would likely be diminished for these men (e.g., subordination, marginalization, failure to live up to expectations; Anderson & McGuire, 2010; Connell & Messerschmidt, 2005). Regardless, it is these types of paradoxes that reinforce the need to ensure that masculinity is included as a core component in the study of men athletes’ experiences of self-compassion.

Although the embodiment and enactment of inclusive masculinity might have seen a recent uptick in prevalence, both within and outside of the sporting world (Anderson & McGuire,

2010), and perhaps in place of hegemonic masculinity at times, this is not to say that hegemonic masculinity is no longer relevant. Rather, Canadian and North American sport culture seems to have upheld its stigmatization of homosexuals and alternative masculinities, particularly in body-confrontational sports, like ice hockey (Alsarve, 2021; Connell & Messerschmidt, 2005; MacDonald, 2014). However, what hopefully was made clear in the above section on inclusive masculinity theory is that within the theory's framework, hegemonic masculinity can and does still have a place (Anderson & McCormack, 2018; Anderson & McGuire, 2010). The theory of inclusive masculinity does not suggest that homophobia no longer exists in sport, only that where homophobia is diminished, the concept of inclusive masculinity is more appropriate than the concept of hegemonic masculinity (Anderson, 2011; Anderson & McGuire, 2010). Alternatively, where homophobia remains a dominant part of sport culture, hegemonic masculinity is a more relevant concept than inclusive masculinity (Anderson, 2011; Anderson & McGuire, 2010). While homophobia and hegemonic masculinity have declined in recent years, particularly since the 1980s and 1990s when both were at peak prominence (Anderson & McGuire, 2010), both remain part of men's sport, as do the challenges that accompany them for all men involved (Connell & Messerschmidt, 2005; MacDonald, 2014).

A key conclusion from the above is that it seems imperative that men athletes have a resource to help them adaptively deal or cope with the negative experiences that so often are tied to sport through masculinity, particularly in the hegemonic form. And, given the encouraging results of self-compassion in samples of women athletes, perhaps self-compassion can be the resource that men athletes can use to help them manage their sport-specific pain and suffering. A particular challenge to the implementation of self-compassion with men athletes is that it might prove to be less accessible for men who adhere to traditional masculine norms and align with a

hegemonic masculinity (Heath et al., 2017; Reilly et al., 2014), which is precisely a case when self-compassion interventions might be of most benefit.

Despite much of the athlete-centered self-compassion research to date being focused on women athletes (e.g., Killham et al., 2018; Mosewich et al., 2013; Reis et al., 2015), a number of recent studies have included combined samples of both women athletes *and* men athletes, particularly within the past few years (e.g., Ceccarelli et al., 2019; Walton et al., 2020). Findings of these studies are encouraging to support the potential of self-compassion as a helpful resource for men athletes. For instance, in a study that included both women athletes and men athletes, more self-compassionate athletes were less likely to experience psychological distress (Walton et al., 2020). In another study also featuring both women and men athletes, findings indicate athletes with higher levels of self-compassion are more likely than less self-compassionate athletes to respond adaptively in both physiological (e.g., increased parasympathetic nervous system activity, which can help athletes confront failures and strive to soothe themselves following failures) and psychological (e.g., decreased negative affect, increased equanimous thoughts and actions) ways to a recalled sport failure (Ceccarelli et al., 2019). Additionally, Jeon et al. (2016) found that self-compassion was positively related to subjective well-being, while Hilliard et al. (2019) found self-compassion to be negatively related to public stigma, again with both studies including combined samples of women athletes and men athletes.

Notably, in each of the studies discussed above (i.e., Ceccarelli et al., 2019; Hilliard et al., 2019; Jeon et al., 2016; Walton et al., 2020), analyses were conducted to detect the potential presence of gender differences between women and men athletes; however, no gender differences were found. More specifically, there were no differences found in self-compassion levels of the women and men athletes, and the same trends were present in how self-compassion



was related to other variables (e.g., self-compassion negatively related to negative affect; Ceccarelli et al., 2019) in both groups of athletes. Moreover, in another study that included both women and men athletes that also examined for potential gender differences, findings indicate that self-compassion levels of athletes were related to their perceptions of teammates' self-compassion levels, such that athletes were more likely to be self-compassionate if they believed their teammates were also self-compassionate (Crozier et al., 2019). Importantly, no gender discrepancies were found, and gender did not moderate relationships between self-compassion and other variables (e.g., descriptive norms). Thus, it seems likely that self-compassion can not only help men athletes in similar ways to women athletes (e.g., decreased negative affect; Ceccarelli et al., 2019), but also that self-compassion operates in similar ways in both women and men athletes (e.g., self-compassion levels positively related to perceived self-compassion levels of teammates across genders; Crozier et al., 2019).

One study that included both women and men athletes involved the break-down of self-compassion into positive components (i.e., self-kindness, mindfulness, common humanity) and negative components (i.e., self-judgment, over-identification, isolation) for the analysis (Jansen, 2021). Regardless of gender, findings indicate that positive self-compassion was negatively related to rumination, worry, and competition anxiety, while negative self-compassion was positively related to all (Jansen, 2021). Interestingly, women athletes were found to have higher levels of *negative* self-compassion than men athletes (Jansen, 2021). Another athlete-focused study featured the examination of self-compassion as a potential mediating variable between burnout and mindfulness (i.e., Amemiya & Sakairi, 2020), while also testing for gender discrepancies. Although self-compassion and mindfulness levels were higher in men athletes than in women athletes, self-compassion mediated only the relationship between mindfulness

and burnout in women athletes. Accordingly, despite evidence indicating self-compassion shares at least some overlap in the ways it benefits women and men athletes, respectively (e.g., self-compassion negatively related to rumination in separate samples of women and men athletes; Mosewich et al., 2013; Reis et al., 2019), it appears much is left to learn about potential gender differences in athletes' self-compassion.

A number of other studies on self-compassion that feature combined samples of women and men athletes have also shown promising results for the potential of self-compassion to help men athletes, despite not including specific tests for gender discrepancies (e.g., Huysmans & Clement, 2017). Findings of these studies provide support that higher levels of self-compassion generally relate to variables in "healthy" ways. For example, self-compassion was found to be positively related to adaptive coping and perfectionist strivings, while negatively related to social physique anxiety, sport anxiety, and perfectionist concerns (Fontana et al., 2017; Huysmans & Clement, 2017; Lizmore et al., 2017), to name a few.

Still, despite encouraging findings of self-compassion research in combined samples of women and men athletes, there remains minimal research focused exclusively on men athletes' self-compassion. And, as previously discussed, masculinity likely plays at least some role in men athletes' experiences of self-compassion, including how men athletes perceive, embrace, and/or practice (or do not practice) self-compassion. To my knowledge, none of the studies featuring both women and men athletes have included masculinity (or masculinities) as a variable(s). However, one key study not only focused specifically on men athletes' self-compassion (i.e., Wasylkiw & Clairo, 2018), but also included masculinity (i.e., traditional masculinity) as a prominent variable (i.e., Wasylkiw & Clairo, 2018). The overlying research objective was to examine the respective roles of traditional masculine norms and self-compassion in men's help-

seeking for mental health (Wasylikiw & Clairo, 2018). Wasylikiw and Clairo (2018) hypothesized that men athletes (i.e., intercollegiate men athletes) would have higher adherence to traditional masculine norms than non-athletes, which would theoretically make them *less* likely to seek help, according to past research (Vogel et al., 2011). Interestingly, Wasylikiw and Clairo (2018) also predicted that men athletes would have higher levels of self-compassion than non-athletes, which could potentially lead to *more* help-seeking behaviour. Thus, the authors predicted that self-compassion would moderate the impact of masculinity and sport on help-seeking, such that self-compassion would be particularly beneficial for men athletes, since they were expected to have higher levels of both self-compassion and traditional masculine norms.

As they hypothesized, Wasylikiw and Clairo (2018) found that men athletes had greater levels of self-compassion and adherence to traditional masculine norms, and that adherence to masculine norms predicted less help-seeking. As well, their findings provide support that men with higher levels of self-compassion are less likely to experience depression and self-stigma (i.e., stigma towards seeking professional help; Wasylikiw & Clairo, 2018). Perhaps more noteworthy is that a multiple regression analysis, which included all possible interaction terms (i.e., Self-Compassion X Group; Self-Compassion X Masculinity; and Group X Masculinity), showed that self-compassion predicted more positive attitudes toward help-seeking in men athletes, but not in the comparison group of non-athletes, regardless of masculinity levels (Wasylikiw & Clairo, 2018). Specifically, an interaction between self-compassion and group (i.e., men athletes and non-athletes) indicates that self-compassion can promote help-seeking in men athletes, whether they strongly adhere to traditional masculine norms or not (Wasylikiw & Clairo, 2018). These findings are particularly important for the potential of self-compassion in populations of men athletes, as self-compassion might trump the influence of traditional

masculine norm adherence in men athletes, making them more likely to engage in adaptive, healthy behaviours like help-seeking.

While Wasylkiw and Clairo's (2018) findings are encouraging for self-compassion's utility in men athletes, limitations of their study are evident. Perhaps most relevant to my research is that the authors did not focus on sport-specific difficult experiences, which is where self-compassion might be particularly helpful, based on findings in samples of women athletes (Mosewich et al., 2011; Reis et al., 2015). As previously discussed, self-compassion has been associated with "healthy" ways of dealing with challenges in sport (e.g., increased eudaimonic well-being; decreased shame proneness and self-critical thoughts), including negative evaluations, in women athletes (Ferguson et al., 2014, 2015; Mosewich et al., 2011; Reis et al., 2015). In several studies on self-compassion and women athletes, sport-specific difficult experiences (i.e., hypothetical and/or self-recalled) have been presented (e.g., "being responsible for losing an athletic competition for your team") or prompted for self-recall (e.g., "describe in two or fewer sentences the worst thing that has happened to you in sport during the past year that was or was not your fault"), so authors can examine whether women athletes with higher levels of self-compassion handle the situation(s) more adaptively (Ferguson et al., 2014, 2015; Mosewich et al., 2013; Reis et al., 2015). However, in the Wasylkiw and Clairo (2018) study, there are no sport-specific challenges discussed. And, while the finding that more self-compassionate men athletes are more likely to seek help is noteworthy, it appears that their help-seeking is in relation to general mental health concerns, as opposed to sport-specific hardships (Wasylkiw & Clairo, 2018). Thus, it might be useful to present men athletes with the same challenging hypothetical scenario that women athletes have been provided (i.e., "being responsible for losing an athletic competition for your team") and assess their responses to the

situation. Thereafter, it would be possible to determine whether more self-compassionate men athletes deal with sport-specific challenges more adaptively and healthily than less self-compassion men athletes.

Perhaps not a limitation, but certainly a finding of the Wasytkiw and Clairo (2018) study that likely warrants further examination, is that masculinity was not identified as a moderator between self-compassion and other variables (e.g., help-seeking; self-stigma). Since masculinity appears to be at the core of most sport-specific challenges for men athletes (Anderson & McGuire, 2010; Connell & Messerschmidt, 2005), it is possible, if not likely, that a man athletes' tendency to adhere to traditional masculine norms could influence his experience of self-compassion and how other variables are related to self-compassion. While masculinity did not moderate relationships between self-compassion and other variables in the Wasytkiw and Clairo (2018) study, it is possible that the inclusion of variables particularly relevant to men athletes might lead to a different result (i.e., masculinity as a moderator between self-compassion and other variables).

However, another challenge is that it is currently unclear which variables might be most relevant in a study on self-compassion and men athletes, since there is so little research in the field. Even in the Wasytkiw and Clairo (2018) study, an overlying reason for including men athletes was the authors' belief that they would exhibit high levels of masculine norm adherence compared to non-athletes, so it would be easier to identify group discrepancies in masculinity levels. So, while the inclusion of men athletes was an important component of Wasytkiw and Clairo's (2018) research, it appears that men athletes were mainly in the study because of characteristics the authors believed they would possess. Accordingly, it could be argued that the only study to date on self-compassion and men athletes was not specifically designed to be a

study on men athletes' experiences of self-compassion. Thus, variables that might be particularly relevant in a self-compassion study focused predominately on men athletes were likely not a primary concern to Wasyliw and Clairo (2018). As well, Wasyliw and Clairo (2018) explored the phenomenon of self-compassion, men athletes, and masculinity through a quantitative lens only, while a qualitative perspective might be particularly useful for gathering deeper, richer information on an understudied topic. Given the limited knowledge on self-compassion, men athletes, and masculinity, perhaps turning to research on self-compassion and general populations of men might lend some insight into the types of variables that might be related to self-compassion in men athletes.

While not specifically looking at men athletes and self-compassion, several other studies have explored potential relationships between self-compassion and a variety of variables in other populations of men (e.g., men college students, gay men, and men military employees; Booth et al., 2019; Heath et al., 2017; Jennings & Tan, 2014; Kim et al., 2021; Mantzios, 2014), including masculinity. Notably, in samples of men, self-compassion has been positively related to “healthy” or adaptive variables, including mindfulness, self-esteem, and satisfaction with life, while negatively related to “unhealthy” or maladaptive variables, like hypersexuality, rumination, shame (and trait shame), disclosure risks, masculine norm adherence (i.e., a common measure of masculinity), specific subscales of masculine norm adherence (e.g., self-reliance, playboy), impulsivity, and worry (Heath et al., 2017; Jennings & Tan, 2014; Mantzios, 2014; Reid et al., 2014; Reilly et al., 2014). Accordingly, it might be useful to examine potential relationships between self-compassion and some of the above-mentioned variables in a sample of men athletes, especially those variables related to self-compassion in more than one study (e.g., self-stigma, shame/trait shame; Heath et al., 2017; Reid et al., 2014; Reilly et al., 2014;

Wasyliw & Clairo, 2018). Other encouraging findings in samples of college men indicate that self-compassion buffers relationships between masculine norm adherence and both help-seeking self-stigma and disclosure risks, and that self-compassion might help men overcome restrictive masculinity-based gender role socialization, which makes it difficult for them to seek help (Booth et al., 2019; Heath et al., 2017; Kim et al., 2021). Thus, self-compassion appears to play an important role in men's masculinity and how masculinity relates to relevant variables (e.g., self-stigma of seeking help), which seems likely to extend to a population of men athletes.

In a self-compassion and masculinity based study that included both women and men military veterans, findings indicate that self-compassion predicted healthier coping (e.g., active coping) and enhanced quality of life, but lower adherence to traditional masculine norms (Ramon et al., 2020). Conversely, masculinity (i.e., adherence to traditional masculine norms) was related to less healthy coping, including decreased active coping and increased avoidant/negative emotionality coping, and decreased mental health-related quality of life (Ramon et al., 2020). Though both women and men were included in the study, findings generally support self-compassion as a coping resource and a predictor of enhanced quality of life (Ramon et al., 2020). Interestingly, despite overall traditional masculinity being negatively related to self-compassion, the Success Dedication Masculinity subscale (i.e., work success) was positively related to self-compassion, which might offer some insight into the seemingly complex relationship between self-compassion and masculinity. Specifically, while adherence to traditional masculine norms (e.g., aggression, violence; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011) seems conceptually counterintuitive to self-compassion and self-compassionate practices (e.g., treating oneself with understanding and kindness when faced with difficult situations; Neff, 2003a), perhaps *certain* traditionally masculine norms or traits, like work success, do align with

self-compassion. If so, this might partially explain the somewhat inconsistent findings to date on how self-compassion is related to masculinity (e.g., self-compassion related in opposite directions to traditional masculine norm adherence; Yarnell et al., 2019). However, further research is needed to explore and identify which traditional masculine norms are related to self-compassion, and how such relationships might impact the overall relationship between self-compassion and traditional masculinity.

Despite the encouraging findings surrounding general samples of men and self-compassion (e.g., Heath et al., 2017; Jennings & Tan, 2014; Reid et al., 2014; Reilly et al., 2014), and Wasyliw and Clairo's (2018) findings pertaining to men athletes and self-compassion, the specific role(s) of self-compassion in samples of exclusively men athletes remains underexplored. Also, the specific challenges that masculinity might bring to men's sport could impact self-compassion's utility in men athletes, since men athletes tend to have higher levels of masculine norm adherence than other populations of men (Vogel et al., 2011; Wasyliw & Clairo, 2018). As previously addressed, a tendency to align with traditional or hegemonic masculinity may lead to men athletes resisting, or even rejecting self-compassion, which is significant, considering the benefits of self-compassion found in women athletes and general populations of men (Adam et al., 2021; Eke et al., 2020; Ferguson et al., 2014, 2015; Heath et al., 2017; Ingstrup et al., 2017; Mosewich et al., 2013; Mosewich et al., 2011; Mosewich et al., 2009; Reid et al., 2014; Reilly et al., 2014; Reis et al., 2015; Sereda et al., 2021; Wilson et al., 2019). These types of barriers might make interventions designed to increase self-compassion in men athletes particularly challenging.

Since self-compassion has been consistently linked to improved well-being, much of the recent literature in the field has been dedicated to developing effective self-compassion



interventions (Yarnell et al., 2015), as a means of increasing self-compassion levels in individuals. A variety of approaches have been utilized for self-compassion interventions, including the therapeutic-oriented Compassion-Focused Therapy (Gilbert, 2009), which aids individuals in developing skills and abilities associated with self-compassionate mindsets. Compassion-Focused Therapy might be particularly useful for individuals who experience shame and negative self-evaluation (Yarnell et al., 2015), both of which seem relevant for athletes. Another type of self-compassion intervention involves an eight-week mindful self-compassion (MSC) program (Neff & Germer, 2013), which has been linked to increased life satisfaction and decreased anxiety, depression, and stress (Yarnell et al., 2015). Again, each of the positive outcomes related to MSC are likely relevant to populations of athletes.

Unfortunately, to my knowledge, there are currently no self-compassion interventions designed specifically for men athletes. And, while self-compassion interventions including general populations of men have effectively increased self-compassion levels in participants (e.g., Leary et al., 2007), the particular challenges that men *athletes* face in sport, largely through masculinity, may require unique intervention components (e.g., psychoeducational video about self-compassion, created by a man athlete, for relatability reasons) catered to their needs. As noted by Robertson et al. (2016), tailoring men's health interventions to specific groups have been shown to be more effective than general interventions, and the same logic should theoretically apply to self-compassion interventions for men athletes. Since so little is currently known about what might be essential in a self-compassion intervention for men athletes, some insight on men's sport-specific challenges—particularly those related to masculinity—and their experiences of self-compassion, would be useful for intervention development. Perhaps gathering a deeper understanding of men athlete's challenges in sport and their experiences of

self-compassion could be best accomplished through qualitative narratives, since research in related areas have effectively used this approach. Specifically, Smith (2013) collected the narratives of men athletes in a study premised on overcoming difficult experiences in men's sport. Likewise, Sutherland et al. (2014) explored women athletes' experiences of self-compassion and emotional pain in sport through qualitative narratives. In addition to the depth of understanding that may be garnered through men athletes' narratives on self-compassion and difficult experiences in sport, replicating previous studies in surrounding areas might also be insightful for the development of a self-compassion intervention for men athletes. Establishing a set of specific variables that are related to self-compassion in populations of men athletes could inform the content of an intervention, and it seems reasonable to begin with examining variables that are associated with self-compassion in similar populations (i.e., women athletes and general populations of men). As well, prominent variables in the only current study on self-compassion and men athletes (i.e., Wasyliw & Clairo, 2018) should be considered.

However, there currently remains little insight available on how specifically to tailor a self-compassion intervention to men athletes, aside from which variables might be included as outcome measures (e.g., self-stigma of seeking help; Wasyliw & Clairo, 2018). Perhaps then, an existing self-compassion intervention that was designed for athletes, albeit women athletes (i.e., Mosewich et al., 2013), should be administered to men athletes, and if found ineffective, alterations based on men athletes' feedback could be made thereafter. Although developing a self-compassion intervention specifically for men athletes might represent an optimal future research pursuit, there are several reasons that initially delivering and examining the efficacy of Mosewich et al.'s (2013) self-compassion intervention to men athletes could be advantageous: (a) it has successfully increased self-compassion levels in women athletes, a population that

shares overlap with men athletes (i.e., athletes), (b) none of the components in Mosewich et al.'s (2013) intervention were gender-specific, so it should theoretically translate to men athletes, and (c) there is currently no evidence that Mosewich et al.'s (2013) self-compassion does *not* increase self-compassion levels of men athletes, so it seems prudent to examine its efficacy in a sample of men athletes, before making adjustments. Regardless, as noted by Mosewich, Ferguson, et al. (2019), an important next step in self-compassion research is a self-compassion intervention for men athletes.

### **Purpose of Research**

The primary, overlying objective of my dissertation research was to explore and better understand the potential role(s) of self-compassion as a resource for men athletes. At the onset of the research (i.e., 2016), little was known about men athletes' self-compassion, with the vast majority of athlete-centered self-compassion research being focused on ways the construct can help women athletes (e.g., healthier responses to both hypothetical and recalled difficult situations in sport; Reis et al., 2015). Given that self-compassion is particularly helpful for the navigation or management of challenging or difficult situations (e.g., Neff, 2003a), it was imperative to initially identify the types of sport-specific challenges that men face, to better understand how men athletes might optimally benefit from self-compassion. An extensive search of the literature established that masculinity was and is the most common and consistent source of men athletes' difficult experiences in sport (e.g., subordination or marginalization through failure to live up to expectations that align with traditional masculine norms, like strength or speed; Connell & Messerschmidt, 2005). Accordingly, to achieve the primary objective of better understanding how self-compassion might help men athletes, if at all, it was apparent that masculinity would be a key inclusion in my research.

Upon establishing the importance of masculinity in prospective self-compassion research with men athletes, three studies were designed to complement and build on one another. At that time, only one study had focused on men athletes' self-compassion (i.e., Wasylikiw & Clairo, 2018), though it is important to note that the findings of this study were promising for the potential of self-compassion in men athletes (e.g., self-compassion negatively related to self-stigma toward seeking help). However, aside from the variables examined in relation to self-compassion in Wasylikiw and Clairo's (2018) study, it remained unclear which other variables might be relevant/important in self-compassion research with men athletes. It was also unclear if/how men athletes' individual representations of masculinity (i.e., traditional/hegemonic masculinity, inclusive masculinity) would impact their experiences of self-compassion.

### **Summary and Overview of Studies**

Though minimal research to date has been conducted specifically focused on men athletes' self-compassion and masculinity (e.g., Wasylikiw & Clairo, 2018), the benefits of self-compassion have been depicted in general populations of men (Booth et al., 2019; Heath et al., 2017; Jennings & Tan, 2014; Kim et al., 2021; Reid et al., 2014; Reilly et al., 2014) in samples of women athletes (Adam et al., 2021; Eke et al., 2020; Ferguson et al., 2014, 2015 Killham et al., 2018; Mosewich et al., 2011; Mosewich et al., 2013; Reis et al., 2015; Wilson et al., 2019), and in combined samples of women athletes and men athletes (e.g., Ceccarelli et al., 2019; Jansen, 2021; Walton et al., 2019), each of which potentially offer insight into the utility and effectiveness of self-compassion in men athletes. Thus, perhaps self-compassion, and its warm, accepting underpinnings, might be an effective way for men athletes to cope with the negative experiences they encounter in sport, which seem inherently related to their respective masculinities. Additionally, it seems plausible, if not likely, that men athletes who align with a

more open and accepting version of masculinity—inclusive masculinity—might find self-compassion more readily accessible than those who value adherence to traditional masculine norms. Regardless, the overlying objective of my dissertation was to explore whether self-compassion can ease the difficult experiences that men athletes face in sport, while considering the important role of masculinity in men athletes' experiences. My first two studies offer support for the potential utility of self-compassion as a coping resource for men athletes, and the third study featured a self-compassion intervention administered to men athletes.

Study 1 was aimed at determining whether relationships among variables previously identified as important in self-compassion research are relevant in populations of men athletes. To decide what variables were assessed, a combination of studies pertaining to self-compassion in different populations were used to guide my research. Specifically, variables that have been found to contribute to self-compassion in samples of women athletes (e.g., self-criticism, shame, psychological flourishing; Ferguson et al., 2014; Mosewich et al., 2011), and general populations of men (e.g., masculine norm adherence, shame, self-stigma, self-criticism; Reilly et al., 2014), were examined. While one of the only studies to date on men athletes and self-compassion (i.e., Wasyliw & Clairo, 2018) was used to help identify relevant variables (e.g., self-stigma of seeking help), my research was focused more on potential relationships with self-compassion that might *ease* the challenges of men's sport (e.g., “constructive reactions” to a sport-specific difficult scenario), than some of the variables explored in Wasyliw and Clairo's study (e.g., depression, public stigma). Finally, I attempted to measure levels of both hegemonic or traditional masculinity and inclusive masculinity in men athletes to assess whether those who align with inclusive masculinity have higher levels of self-compassion than those who align with hegemonic masculinity. More specifically, I tested whether men athletes' varied experiences of

masculinity influenced their experiences of self-compassion, and how that may have impacted relationships between self-compassion and other variables included in my study (e.g., shame, self-stigma, psychological flourishing).

Study 2 of my project featured a qualitative approach to research, in which I sought to obtain a deeper, richer understanding of men athletes' experiences of self-compassion through the lens of masculinity. Specifically, through semi-structured interviews and reflexive photography, I explored men athletes' perspectives and interpretations of self-compassion, and how masculinity influences their experiences of self-compassion and its potential for dealing with sport-based challenges. Through the narratives of men athletes, I attempted to develop an understanding of whether self-compassion is a viable resource for easing men's difficult experiences in sport. As well, I aimed to identify the types of challenges men athletes encounter related to masculinity and how masculinity might play a facilitating or limiting role in the adoption of a self-compassionate approach to sport.

Study 3 was partly informed by my first two studies, since I identified important outcome variables to be examined in relation to self-compassion (e.g., internalized shame). However, the self-compassion intervention was a replication of Mosewich et al.'s (2013) self-compassion intervention for women athletes, with minor exceptions (e.g., our delivery was entirely online, while Mosewich et al.'s had an in-person component). The overlying goal of Study 3 was to examine the feasibility of Mosewich et al.'s (2013) sport-specific self-compassion intervention in a sample of competitive men athletes. Specifically, the intervention featured a one-week program that started with participants viewing an online educational video, followed by a practice writing task, and a series of five modules over the following seven days. After completing their one week of modules, participants completed the same set of online measures as they did prior to the

intervention/control tasks. Thereafter, they participated in a follow-up, semi-structured interview with myself.

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**Exploring Self-compassion and Versions of Masculinity in Men Athletes**

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### **Abstract**

Despite a growing emphasis on self-compassion in sport, little research has focused exclusively on men athletes. The purpose of this research was to explore the interaction of self-compassion and diverse versions of masculinity on the psychosocial well-being of men athletes. We sampled 172 men athletes ( $N=172$ ,  $M_{age} = 22.8$  years) from a variety of sports, using descriptive methodology with self-report questionnaires. Self-compassion was related to most variables (e.g., psychological well-being, fear of negative evaluation, state self-criticism, internalized shame, reactions to a hypothetical sport-specific scenario) in hypothesized directions and predicted unique variance beyond self-esteem across most of those variables, as well as moderated relationships between masculinity and both autonomy and attitudes towards gay men. In addition, self-compassion was differentially related to inclusive and hegemonic masculinity. Our findings support self-compassion as a promising resource for men athletes to buffer emotionally difficult sport experiences.

*Keywords:* sport psychology, self-esteem, coping, male athletes

### **Exploring Self-compassion and Versions of Masculinity in Men Athletes**

While the benefits associated with sport participation have been well documented (e.g., Eime, Young, Harvey, Charity, & Payne, 2013; Oja et al., 2015), many challenges associated with sport participation, such as negative evaluations by others and of oneself, can result in negative self-conscious emotions, emotional pain, difficult sporting experiences, and dropout (Mesagno, Harvey, & Janelle, 2012; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). Therefore, it is critical that athletes have the skills to effectively cope with challenges in ways that enhance their overall sporting experience and minimize attrition rates.

One construct that has been associated with easing sport-specific setbacks and challenges is self-compassion, which is a warm and accepting way of treating oneself in the face of difficult experiences (Neff, 2003a, 2003b). Comprised of self-kindness, common humanity, and mindfulness, self-compassion was initially considered a complement to self-esteem; however, self-compassion might offer unique advantages beyond those of self-esteem (Leary, Tate, Adams, Allen, & Hancock, 2007; Mosewich et al., 2011), particularly because self-esteem is based largely on favorable self-evaluations compared to others (Cvencek, Fryberg, Covarrubias, & Meltzoff, 2018). Since many of the difficult experiences faced by athletes stem from evaluations, an evaluation-based resource like self-esteem seems counterintuitive; as well, it is not always possible to evaluate oneself favorably compared to others, which is often where self-esteem fails (Leary et al., 2007). Alternatively, self-compassion is not rooted in evaluations and has been shown to be negatively related to emotional pain and a number of unhealthy and destructive emotions, thoughts, and behaviors (e.g., fear of negative evaluation, fear of self-compassion, fear of failure, state rumination, concern over mistakes, state self-criticism, shame, negative affect, and passivity), as well as positively related to psychological well-being and

constructive reactions (e.g., positivity, perseverance, responsibility) to emotionally difficult sport-specific scenarios (Ferguson, Kowalski, Mack, & Sabiston, 2014, 2015; Mosewich, Crocker, Kowalski, & DeLongis, 2013; Mosewich et al., 2011; Reis et al., 2015).

Although self-compassion has shown promise for easing the pain of women athletes' difficult experiences, men face distinct challenges in sport, often stemming from masculinity (Anderson & McGuire, 2010). Whereas women athletes oftentimes face harsh evaluations that pit performance-based expectations against appearance-based expectations (e.g., carrying what might be considered excessive muscle mass, from a societal-based expectation of women's appearance, in order to excel at sport; Mosewich et al., 2013), men athletes' difficult experiences are often rooted in societal expectations of traditional masculine norms (e.g., strength and speed; Connell & Messerschmidt, 2005). When men fail to meet traditional or "hegemonic" masculine standards in sport, where steep masculinity hierarchies and traditionally masculine behaviors are particularly overt and on display, they are often judged negatively by others and are susceptible to subordination and marginalization (Anderson & McGuire, 2010; Connell & Messerschmidt, 2005). Moreover, in part because men athletes are more likely to hold hegemonic masculine beliefs and attitudes than men who are non-athletes (Wasylikiw & Clairo, 2016), it is likely that men athletes who strongly value traditional masculine norms (e.g., self-reliance, hiding emotions) are even more likely to reject a construct like self-compassion (Mosewich, Ferguson, McHugh, & Kowalski, 2019), which involves treating oneself with kindness in the face of failure. In contrast to hegemonic masculinity, an alternative version of masculinity (i.e., inclusive masculinity) is premised on the horizontal alignment, or equal treatment, and acceptance of all representations and embodiments of masculinity (e.g., Anderson & McGuire, 2010). Additionally, inclusive masculinity is theorized to thrive in the absence of homophobia in sport,

while hegemonic masculinity thrives in the presence of homophobia (Anderson & McGuire, 2010). Perhaps men athletes who are more accepting of other men's masculinities are more likely to embrace a construct like self-compassion, particularly compared to men athletes who adhere to traditional or hegemonic masculinity, because both are based on openness and acceptance (Neff, 2003a, 2003b).

In the wake of a sole focus on women athletes, there is a recent trend in sport self-compassion research to include both women athletes *and* men athletes, with encouraging findings (e.g., self-compassion is positively related to adaptive coping, social support, well-being, and perfectionist strivings, and negatively related to shame and perfectionist concerns; Fontana, Fry, & Cramer, 2017; Huysmans & Clement, 2017; Jeon, Lee, & Kwon, 2016; Lizmore, Dunn, & Dunn, 2017). However, there are few self-compassion studies to date that have focused exclusively on men athletes and the unique challenges that men athletes face in sport, which oftentimes stem from masculinity. A notable exception is Wasylkiw and Clairo (2016) who found self-compassion and adherence to traditional masculine norms to be unrelated in populations of both men athletes and non-athletes. In their research, levels of both self-compassion and adherence to traditional masculine norms were higher in men athletes compared to non-athletes. Higher levels of self-compassion also predicted help-seeking behavior in men athletes (but not non-athletes), indicating that self-compassion might enable men athletes to seek help when they encounter challenges, which is important because higher scores on traditional masculine norms were related to more negative attitudes towards help-seeking across groups (Wasylkiw & Clairo, 2016). It is also important to note, however, that Wasylkiw and Clairo did not assess inclusive masculinity.

Studies involving samples exclusively comprised of men, albeit outside of the sport context (e.g., homosexual men, university-aged men) might shed additional light on whether self-compassion can be an effective resource for men athletes. The most promising findings in studies with these samples of men suggest that self-compassion is negatively related to a variety of destructive emotions and behaviors, including shame, self-stigma to help-seeking, and rumination, while being positively related to self-esteem (Reid, Temko, Moghaddam, & Fong, 2014; Reilly et al., 2014; Wasylkiw & Clairo, 2016). Particularly relevant to our research, Reilly et al. (2014) found that men's shame levels moderated the relationship between hegemonic masculinity and self-compassion, such that when men had high levels of shame there was no relationship between hegemonic masculinity and self-compassion; but when men had low levels of shame, there was a negative relationship between hegemonic masculinity and self-compassion. Interesting and unexplored questions that emerge from that research are whether higher levels of self-compassion could enable men of a hegemonic masculinity orientation to experience lower levels of shame and whether the inverse would be found for other versions of masculinity (e.g., inclusive masculinity). More specifically, is it possible that self-compassion moderates the relationship between masculinity and variables that are relevant to self-compassion research with men?

### **Purpose**

Based on the above review, the purpose of our research was to explore the interaction of self-compassion and diverse versions of masculinity on the psychosocial well-being of men athletes. To address our purpose, we employed descriptive methodology with the use of self-report questionnaires, including self-compassion as the predictor variable throughout our analyses. Our psychosocial outcome variables/reactions (a) were all previously identified as

related to self-compassion ( $r > .40$ ) in relevant populations (i.e., men athletes, women athletes, and men who are not athletes), (b) were related to self-compassion in a sport-specific context (e.g., constructive and destructive reactions to a hypothetical emotionally difficult sport-specific scenario), and/or (c) were measures of masculinity. The list of outcome variables/reactions is as follows: psychological well-being, constructive and destructive reactions to a hypothetical emotionally difficult sport-specific scenario, attitudes towards gay men, shame, self-stigma of seeking help, fear of failure, fear of negative evaluation, rumination, self-criticism, concern over mistakes, fear of compassion for self, hegemonic masculinity, and inclusive masculinity. Additionally, using regression analysis we aimed to determine whether relationships between self-compassion and the above-mentioned variables/reactions remained after removing the influence of self-esteem, since self-esteem has been found to be related to self-compassion in samples of athletes (e.g., Mosewich et al., 2011). We also explored whether self-compassion moderates the relationship between masculinity (i.e., hegemonic, inclusive) and the remaining psychosocial outcome variables/reactions.

## **Hypotheses**

### ***Hypothesis 1***

Self-compassion would be positively related to psychological well-being and constructive reactions (e.g., perseverance) to a hypothetical emotionally difficult sport-specific scenario and negatively related to potentially unhealthy variables (e.g., shame, self-criticism) and destructive reactions (e.g., rumination) to the same hypothetical scenario. These relationships were hypothesized to remain significant after semi-partialling out self-esteem.

### ***Hypothesis 2***



Self-compassion would be negatively related to hegemonic masculinity (i.e., masculine norm adherence) and positively related to inclusive masculinity. These relationships were also hypothesized to remain significant after semi-partialling out self-esteem.

### ***Hypothesis 3***

We hypothesized that when men athletes have high levels of self-compassion, negative relationships between *hegemonic* masculinity and psychological well-being and constructive reactions would be stronger than when men athletes have low self-compassion, while positive relationships between *hegemonic* masculinity and potentially unhealthy variables and destructive reactions would be weaker than for athletes with low self-compassion. Alternatively, we predicted that when men athletes have high levels of self-compassion, positive relationships between *inclusive* masculinity and psychological well-being and constructive reactions would be stronger than when men athletes have low self-compassion, while negative relationships between *inclusive* masculinity and potentially unhealthy variables and destructive reactions would be weaker than for athletes with low self-compassion.

## **Methods**

### **Participants**

Participants were 172 men athletes who had competed in a variety of individual and/or team sports (e.g., basketball, soccer, track & field, swimming, football, fencing) within one year prior to study participation. In total, 42 sports were represented, ranging from  $n = 1$  (e.g., boxing) to  $n = 40$  (i.e., soccer). All participants competed at a level of competition above recreational (i.e., local, provincial, regional, national, international) within the previous year, and were between 16 and 35 years of age ( $M_{age} = 22.8$  years,  $SD = 4.7$  years). The majority of participants self-identified as white/Caucasian (78.8%).

## **Measures**

An overview of all measures and their corresponding instruments can be found in Table 1.

### ***Self-compassion***

*Self-compassion* was measured with the 26-item, 5-point Self-Compassion Scale (SCS; Neff, 2003a), ranging from 1 (almost never) to 5 (almost always), and consisting of six subscales, with three representing the overlying components of self-compassion (i.e., Self-Kindness, Common Humanity, Mindfulness) and the other three representing their respective opposites (i.e., Self-Judgment, Isolation, Over-Identification). Subscale means were used to create a composite self-compassion score.

### ***Self-esteem***

*Self-esteem* was measured with the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), which is a 10-item, 4-point scale from 1 (strongly disagree) to 4 (strongly agree). Part of the rationale for including self-esteem was so we could remove the potential influence of self-esteem on relationships between self-compassion and other variables/reactions, which has been common practice in past research (e.g., Leary et al., 2007; Reis et al., 2015).

### ***Psychological Well-being***

*Psychological well-being* was measured using the 84-item Scales of Psychological Well-Being (SPWB; Ryff & Keyes, 1995), which is a 6-point measure ranging from 1 (strongly disagree) to 6 (strongly agree) and comprised of six subscales (i.e., Positive Relations with Others, Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, Self-Acceptance). Subscales were scored individually and summed to create a composite.

### ***Reactions to Sport-specific Scenario***

There were four sets of *constructive reactions* (i.e., self-compassionate, positivity, perseverance, responsibility) and three sets of *destructive reactions* (i.e., rumination, passivity, self-criticism) to a hypothetical emotionally difficult sport-specific scenario (i.e., “you are responsible for losing an athletic competition for your team”) measured on a scale from 1 (not at all) to 6 (extremely). The hypothetical scenario was initially rated from 1 (not at all) to 6 (extremely) on perceived emotional difficulty. There were four self-compassionate items (e.g., “I would keep the situation in perspective”) and two items for each of the other constructive reactions (positivity – e.g., “I would focus on positive things”; perseverant – e.g., “I would strive for something more”; and responsibility – e.g., “I would take responsibility to rectify the situation”), and each of the destructive reactions (ruminative – e.g., “I would dwell on the situation”; passive – e.g., “I would just give up”; and self-critical – e.g., “I would be very critical of myself”). These reactions were based on underlying mechanisms of self-compassion identified by Ferguson et al. (2015). All reactions were included to provide a state measure of how men athletes react to a sport-specific, emotionally difficult scenario. Particularly important to our study, the self-compassionate reactions were intended to measure state self-compassion, whereas the SCS measures more of a trait self-compassion.

### ***Potentially Unhealthy Variables***

There were nine potentially unhealthy variables (i.e., attitudes towards gay men, shame, self-stigma of seeking help, fear of failure, fear of negative evaluation, rumination, self-criticism, concern over mistakes, and fear of compassion for self) and three sets of destructive reactions (i.e., rumination, passivity, self-criticism). *Attitudes towards gay men* was measured with the 5-item Attitudes Towards Gay Men (i.e., ATG-R-S5; Herek, 1997) revised subscale of the Attitudes Toward Lesbians and Gay Men Scale (ATLG; Herek, 1984), ranging from 1 (strongly

disagree) to 5 (strongly agree), which was included as a potentially unhealthy outcome variable related to masculinity. *Shame* was measured with the 24-item Shame Subscale of the Internalized Shame Scale (ISS; del Rosario & White, 2006). The ISS is a 5-point scale from 0 (never) to 4 (almost always). *Self-stigma of seeking help* was measured with the Self-Stigma of Seeking Help Scale (SSOSH; Vogel, Wade, & Haake, 2006), which is a 10-item, 5-point scale from 1 (strongly disagree) to 5 (strongly agree). *Fear of failure* was assessed with a sport-specific, 5-item adapted version of the Performance Failure Appraisal Inventory (PFAI-S; Conroy, Willow, & Metzler, 2002), ranging from -2 (do not believe at all) to +2 (believe 100% of the time). *Fear of negative evaluation* was measured with the 12-item Fear of Negative Evaluation Scale (FNE; Leary, 1983), which is a 12-item, 5-point scale from 1 (not at all characteristic of me) to 5 (extremely characteristic of me). *Rumination*, *Self-criticism*, and *Concern over mistakes* were all measured with altered, sport-specific versions of their respective original scales (i.e., rumination – Puterman, DeLongis, & Pomaki, 2010; self-criticism – Gilbert & Procter, 2006; concern over mistakes – Gotwals & Dunn, 2009), as adapted by Mosewich et al. (2013). *Rumination* was assessed using three items on a 5-point scale, ranging from 1 (not at all) to 5 (a lot), in response to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)”. *Self-criticism* was measured with seven items on a 5-point scale from 1 (not at all) to 10 (very) in response to the prompt, “think about the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)” (Mosewich et al., 2013). *Concern over Mistakes* was assessed with the 8-item, 5-point scale from 1 (strongly disagree) to 5 (strongly agree) Concern over Mistakes subscale of the Sport Multidimensional Perfectionism Scale-2 (Gotwals & Dunn, 2009). *Fear of compassion for self* was measured with the 15-item, 5-point Fear of Compassion for Self

subscale of the Fears of Compassion Scales (Gilbert, McEwan, Matos, & Rivis, 2011), ranging from 0 (don't agree at all) to 4 (completely agree).

### ***Masculinity Variables***

There were two masculinity variables measured (i.e., inclusive masculinity, hegemonic masculinity – conformity to masculine norms). *Inclusive masculinity* was measured with the Inclusive Masculinity Theory Scale (IMT), which was developed for the current study, in accordance with direction and guidance from Dr. Eric Anderson (E. Anderson, personal communication, May-December, 2017), a leading theorist in the field. The IMT is a 10-item, 5-point scale from 1 (strongly disagree) to 5 (strongly agree), comprised of five 2-item subscales (i.e., Attitudes Towards Homosexuality, Emotional Intimacy, Physical Touch, Acceptability of Masculine Appearance, and Attitudes Towards Aggression and Fighting). Attitudes Towards Homosexuality items are as follows: “I feel comfortable being around males, regardless of their sexual orientation (i.e., straight, bisexual, or gay)” and “I do not pass judgment on males, based on their sexual orientation (i.e., straight, bisexual, or gay)”. Emotional Intimacy items are as follows: “If I were to endure a difficult experience (e.g., the death of a loved one), I would be able to cry around at least one of my male friends)” and “When I go through difficult times and/or experiences, I am able to discuss my emotions about the challenging event with at least one of my male friends”. Physical Touch items are as follows: “I have no hesitation or reluctance to physically embrace another male by hugging him” and “I have no hesitation or reluctance to physically embrace another male by kissing him on the cheek if it were culturally appropriate (e.g., in parts of Europe)”. Acceptability of Masculine Appearance items are as follows: “I think no less of males who wear pink or purple clothes, compared to other males” and “I think no less of males who take a long time to get ready (e.g., before going to the bar), compared to males

who get ready quickly”. Attitudes Towards Aggression and Fighting items are as follows: “When possible, it is best to avoid physical confrontation (e.g., fighting)” and “I try to resolve the conflict in a calm, civilized manner, instead of turning to violence”. The IMT was developed to address each of the overlying areas that Dr. Anderson recommended be considered when measuring inclusive masculinity.

*Hegemonic masculinity* was measured with the 46-item, 4-point Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009), ranging from 0 (strongly disagree) to 3 (strongly agree), and consisting of nine subscales (i.e., Winning, Emotional Control, Violence, Primacy of Work, Risk-Taking, Heterosexual Self-Presentation, Playboy, Self-Reliance, and Power over Women). Subscales were scored individually and summed to create a composite score.

All measures have previously been supported by construct validity evidence and shown to be internally reliable at  $\alpha \geq .80$  in populations relevant to men athletes (e.g., women athletes, non-athlete samples of men), with the exception of the Inclusive Masculinity Theory Scale (IMT), which was developed for the current study. In the current study, the IMT was found to be internally reliable at  $\alpha = .81$ .

## **Procedure**

After receiving ethical approval from the university Behavioral Research Ethics Board, men athletes were recruited to participate through a variety of avenues (e.g., provincial sport organization, online university posts). Participants visited a link to an online survey, which began with an informed consent form, followed by a brief demographic survey. Participants then completed the following measures: SCS, the RSES, the SPWB, the IMT, the ATG-R-S5, items pertaining to the hypothetical scenario, the CMNI, the ISS, the SSOSH, the PFAI-S, the FNE,

state rumination, state self-criticism, concern over mistakes, and fear of compassion for self.

Upon completion of all measures, participants were provided with a written debrief and thanked for their participation, before being redirected away from the survey. Participants who completed the survey were mailed a \$10 gift card.

### **Data Analysis**

Participants with more than two missing data points on any individual scale or subscale (Tabachnick & Fidell, 2013) were deleted from the data set ( $n = 56$ ), resulting in the final sample size of 172 used in all subsequent analyses. Aligning with research in the field of self-compassion and sport (e.g., Ferguson et al., 2015; Reis et al., 2015), within-person mean substitution was used to replace missing data, with 68 participants having at least one data point replaced. According to Parent (2013), when handling item-level missing data, the method makes little difference, which further justifies mean substitution as a simple method to apply. Also, five scales (i.e., SCS, SPWB, IMT, ATG-R-S5, ISS) violated normality assumptions, in addition to 13 subscales, six two-item measures, and one single-item measure. Appropriate data transformations (e.g., square root, logarithm, inverse) performed on the non-parametric data resulted in no substantive changes to the results, so the original data were used for ease of interpretation. To test both Hypothesis 1 and Hypothesis 2, relationships between self-compassion and other variables/reactions were examined with Pearson correlations, and semi-partial correlations were used to remove the influence of self-esteem on relationships between self-compassion and other variables/reactions.

Hypothesis 3 was tested by using hierarchical regression analyses. To examine whether self-compassion moderated relationships between hegemonic masculinity and other variables/reactions, hegemonic masculinity and self-compassion were entered in the first step of

the analyses, while in the second step, the interaction term between hegemonic masculinity and self-compassion was entered. To examine whether self-compassion moderated relationships between inclusive masculinity and other variables/reactions, inclusive masculinity and self-compassion were entered in the first step of the analyses, while in the second step the interaction term between inclusive masculinity and self-compassion was entered. For significant interactions, post hoc probing followed procedures outlined by Aiken and West (1991), which included plotting significant interactions and testing if the slopes of the lines differ from zero. To further interpret the meaning of significant interaction effects, post hoc probing included creating regression lines for high (one standard deviation above the mean), average, and low self-compassion (one standard deviation below the mean).

## **Results**

### **Descriptive Statistics and Scale Reliabilities**

Descriptive statistics and internal consistency scale reliabilities are reported in Table 2.

### **Hypothesis Testing**

#### ***Hypothesis 1***

As hypothesized, self-compassion was positively related to psychological well-being and all constructive reactions ( $p < .05$ ) and negatively related to all potentially unhealthy variables and all destructive reactions ( $p < .05$ ), except for attitudes towards gay men, as shown in Table 3. Additionally, self-compassion was positively related to each of the six subscales of the SPWB. After semi-partialling out self-esteem, self-compassion remained positively related to psychological well-being (1.1% unique variance) and each of the following constructive reactions to the hypothetically emotionally difficult sport-specific scenario: self-compassionate reactions (22.1% unique variance), positive reactions (22.1% unique variance), and perseverant



reactions (6.4% unique variance). The positive relationships between self-compassion and two of the SPWB subscales (i.e., Positive Relations with Others, Self-Acceptance) also remained significant after semi-partialling out self-esteem. As predicted, after semi-partialling out the influence of self-esteem, self-compassion remained negatively related to each of the following destructive reactions to the hypothetically emotionally difficult sport-specific scenario: ruminative reactions (14.3% unique variance) and self-critical reactions (20.6% unique variance). Also as predicted, upon semi-partialling out the influence of self-esteem, self-compassion remained negatively related to internalized shame (5.1% unique variance), fear of failure (9.3% unique variance), fear of negative evaluation (7.7% unique variance), state rumination (18.8% unique variance), state self-criticism (12.3% unique variance), concern over mistakes (11.4% unique variance), and fear of compassion for self (2.2% unique variance). All semi-partial correlation values can be found in Table 3.

### ***Hypothesis 2***

As hypothesized, self-compassion was negatively related to hegemonic masculinity and positively related to inclusive masculinity (see Table 3). Also, self-compassion was negatively related to several of the CMNI subscales (i.e., Emotional Control, Violence, Self-Reliance) and each of the five Inclusive Masculinity Theory Scale subscales. After semi-partialling out the influence of self-esteem, self-compassion remained negatively related to hegemonic masculinity (3.7% unique variance). However, the positive relationship between self-compassion and inclusive masculinity did not remain after semi-partialling out the influence of self-esteem. It should also be noted that the relationships between self-compassion and several of the Conformity to Masculine Norm Inventory subscales (i.e., Emotional Control, Violence, and Self-Reliance) remained after semi-partialling out self-esteem. As well, while the Winning subscale

of the CMNI was not initially related to self-compassion, it became negatively related to self-compassion after semi-partialling out the influence of self-esteem. All semi-partial correlation values can be found in Table 3.

### *Hypothesis 3*

Self-compassion did not moderate the relationship between hegemonic masculinity and psychological well-being, or any of the constructive reactions. However, when considering subscales of the SPWB, self-compassion moderated the relationship between hegemonic masculinity and the Autonomy subscale. When men athletes had higher levels of self-compassion, the negative relationship between hegemonic masculinity and autonomy was stronger than when men athletes had lower levels of self-compassion (see Figure 1; Table 4). Self-compassion also moderated the relationship between hegemonic masculinity and (negative) attitudes towards gay men. When men athletes had lower levels of self-compassion, the positive relationship between hegemonic masculinity and (negative) attitudes towards gay men was stronger than when men athletes had higher levels of self-compassion (see Figure 1; Table 4).

Self-compassion did not moderate the relationship between inclusive masculinity and psychological well-being or any of the constructive reactions that we tested. When considering individual subscales of the SPWB, self-compassion moderated the relationship between inclusive masculinity and the Autonomy subscale. When men athletes had higher levels of self-compassion, the positive relationship between inclusive masculinity and autonomy was stronger than when men athletes had lower levels of self-compassion (see Figure 1; Table 4). Self-compassion also moderated the relationship between inclusive masculinity and (negative) attitudes towards gay men. When men athletes had lower levels of self-compassion, the negative

relationship between inclusive masculinity and (negative) attitudes towards gay men was stronger than when men athletes had higher levels of self-compassion (see Figure 1; Table 4).

### **Discussion**

The purpose of this research was to explore the interaction of self-compassion and diverse versions of masculinity on the psychosocial well-being of men athletes. Our results show that self-compassion is positively related to psychological well-being (and each of its six subscales) and self-compassionate, positive, perseverant, and responsible reactions to a hypothetical emotionally difficult sport-specific scenario. Self-compassion was also negatively related to all of the potentially unhealthy variables we tested (i.e., shame, self-stigma of seeking help, fear of failure, fear of negative evaluation, rumination, self-criticism, concern over mistakes, fear of compassion for self), with the exception of attitudes towards gay men, as well as to ruminative, passive, and self-critical reactions to a hypothetical emotionally difficult sport-specific scenario. Therefore, it seems likely that self-compassion is associated with many of the same benefits for men athletes as it is for women athletes (e.g., decreased shame, increased overall psychological well-being; Ferguson et al., 2014, 2015; Mosewich et al., 2011). Moreover, by replicating many of the past findings in self-compassion research with women athletes and non-athlete samples of men, we have identified variables and reactions that might be important to focus on in future self-compassion research with men athletes specifically.

Our research is unique in that we tested for potential relationships between self-compassion and variables/reactions not previously examined in men athletes (e.g., psychological well-being, fear of failure, constructive and destructive reactions to a hypothetical emotionally difficult sport-specific scenario) and found self-compassion predicts variance beyond self-esteem for the majority of the higher order variables/reactions we tested. This is important because there

is currently a small body of literature on men athletes and self-compassion, and our results further support the potential utility of self-compassion as a useful coping resource in sport, particularly one above and beyond self-esteem (e.g., Mosewich et al., 2011; Reis et al., 2015).

Perhaps the most novel contribution of our research to the literature is that we explored relationships between self-compassion and different versions of masculinity (i.e., inclusive masculinity, hegemonic masculinity). While Reilly et al. (2014) found that self-compassion was negatively related to hegemonic masculinity and that shame moderated that relationship, their research was not specific to men athletes. Alternatively, Wasyliw and Clairo (2016) found no relationship between self-compassion and hegemonic masculinity in a population of exclusively men athletes, but they did not explore any relationships between self-compassion and other forms of masculinity (e.g., inclusive masculinity). Thus, our findings that self-compassion is negatively related to hegemonic masculinity and positively related to inclusive masculinity in a population of exclusively men athletes are new and substantial contributions to the literature, because the link between self-compassion and masculinity seems to depend on the versions of masculinity endorsed. Likewise, our finding that self-compassion moderates the relationships between the differing versions of masculinity (i.e., inclusive, hegemonic) and both autonomy and attitudes towards gay men, in theoretically healthy ways, is also unique to the literature.

Though the specific implications of our self-compassion and masculinity findings are not yet clear, it seems likely that men athletes who align with traditional masculine norms (e.g., aggression, dominance; Connell & Messerschmidt, 2005; Reilly et al., 2014) will have significant barriers to accessing or using self-compassion as a resource to help them deal with challenges in sport, which Mosewich et al. (2019) anticipated would be a likely outcome. Alternatively, men athletes who align with inclusive masculine norms (e.g., understanding and

acceptance of all representations of masculinity; Anderson & McGuire, 2010) appear to be well situated to have self-compassion more readily accessible when experiencing sport-based challenges. Accordingly, although men athletes who endorse a hegemonic masculinity orientation might have the most to gain by increasing their self-compassion levels, especially considering they seemingly have more unhealthy traits and tendencies (e.g., higher levels of shame, self-criticism, destructive reactions) than men of an inclusive masculinity orientation, paradoxically, it could be more difficult since hegemonic-oriented men might be more likely to also reject self-compassion (Reilly et al., 2014).

Further insight into a possible role of self-compassion shaping the impact of versions of masculinity can be gained from the results of our moderation analyses. Our findings offer support that for men athletes, having higher levels of self-compassion is related to a stronger negative relationship between hegemonic masculinity orientation and autonomy, and less negative attitudes towards gay men. Also, it appears that having relatively higher levels of self-compassion enables men athletes of an inclusive masculinity orientation to have more positive attitudes towards gay men and higher levels of autonomy. Despite Wasylikiw and Clairo (2016) not finding significant moderation effects of self-compassion on relationships between hegemonic masculinity and other variables, their findings showed that self-compassion moderated the relationship between the type of group (i.e., athletes, non-athletes) and help-seeking. Specifically, in a group of men athletes, higher levels of self-compassion were positively related to more favorable attitudes toward help-seeking, while in a group of (men) non-athletes self-compassion levels did not impact levels of help-seeking. Thus, although the findings are inconsistent, when found to be a significant moderator in previous research, self-

compassion seems to buffer unhealthy tendencies or traits and enhance healthy tendencies or traits, a pattern further supported by our findings.

### **Limitations**

An implication of using a cross-sectional design is that there was no follow-up testing of variables in our study, meaning that any causal inferences related to the role of self-compassion need to be interpreted with significant caution. However, with our primary goals surrounding testing and replicating a wide range of variables/reactions, a cross-sectional approach seemed the most appropriate and effective design at this stage of the research process. Additionally, there was no preexisting scale specifically designed to measure inclusive masculinity, prior to our research. Accordingly, we developed the IMT, albeit with minimal evidence of construct validity and scale reliability (i.e., only the psychometric tests of the IMT in our current study were available). Additionally, all findings pertaining to inclusive masculinity, including significant relationships with other variables (e.g., self-compassion, hegemonic masculinity) and moderation analyses (e.g., self-compassion moderates relationship between inclusive masculinity and autonomy), are exclusive to the current study and our use of the IMT.

Another limitation to this study is the presence of several potential confounding variables (e.g., maturation, type of sport, competitive level). Given the stage of research on men, masculinity, and self-compassion we decided to recruit a diverse sample of men athletes. This decision has both strengths and weaknesses. A strength is that our results and findings are not specific to one type of sport or athlete, which is similar to much of the initial sport self-compassion research with women athletes (e.g., Mosewich et al., 2011). A weakness is that by having a wide range of athletes and sports there is not sufficient data within any specific sub-sample for us to adequately explore how relationships might be similar or differ across different

athletes and sports. For example, we defined an “athlete” as anyone who had competed in sport within the past 12 months at a level higher than recreational, which is consistent with previous self-compassion research with women athletes (e.g., Mosewich et al., 2011; Reis et al., 2015). However, elite international athletes might have very different “difficult experiences” in sport than even elite national level athletes; hence, the level of sport might be particularly important to account for in future research on men athletes and self-compassion.

The decision as to what psychosocial well-being variables to include, and what variables to exclude, was one of the most challenging aspects of our research. On one hand, the inclusion of a wide range of variables allowed us to address our primary goal, which was to explore the interaction of self-compassion and diverse versions of masculinity on the psychosocial well-being of men athletes. By capitalizing on what has already been learned in sport self-compassion research that has focused primarily on women athletes over the past decade, our hope is that our choice to include a wide range of variables will help accelerate the use of more advanced methods and designs in future research on men athletes and self-compassion. For example, a benefit of having a wide range of variables at this stage of research on men athletes’ self-compassion is that our results can offer significant guidance in the choice of specific variables to include in future research, which will be particularly important to experimental research for which data collection typically requires substantial resources and occurs over multiple time-points. On the other hand, a cost of the choice to include a wide range of psychological well-being variables is that we are not able to adequately provide in-depth insight into a smaller subset of variables that might be of particular interest to researchers working in a specific sub-domain of men athletes, masculinity, and self-compassion (e.g., self-stigma of seeking help). Additionally, because our questionnaire package was relatively long, consisted of a high number

of scales and items, and were all focused on the context of psychosocial well-being, some of the scales undoubtedly share construct overlap (e.g., it is not surprising that the SCS was related to state self-compassionate reactions to the hypothetical scenario). Our hope is that the wide breadth of our research will facilitate an increased focus on depth and complexity in research that follows. It is worth noting that early research on women athletes' self-compassion, including the first published study on women athletes' self-compassion (i.e., Mosewich et al., 2011) followed a similar path; thus, because relatively little is known about men athletes' self-compassion at present, particularly in the context of masculinity, we opted to follow that type of approach to our research as well.

Ultimately, we did our best to balance the need for a broad representation of variables, knowing that we still could not include all identified in previous research, against the potential for participant fatigue. Relatedly, the online platform we used to administer the questionnaire did not allow us a counter-balancing option; hence, it is unknown what, if any, role the order of the questionnaires played in the pattern of findings. We did, however, attempt to purposely order the measures in a way to try to reduce the consequences of fatigue (e.g., place measures of self-compassion and masculinity early in the questionnaire package). Another potential concern with the inclusion of a high number of variables is an increased probability of Type I error. However, although Type I error might be a concern, the overwhelming pattern of significant relationships gives us confidence in a conclusion supporting the relevance of self-compassion to the lives of men athletes. As well, given that we are still in the relatively early stages of research on men athletes' self-compassion, we were more concerned with making a Type II error (i.e., overlooking variables that might actually be critical to study in the area because of an overly conservative approach to significance). Despite this, even had we chosen a more conservative



significance level (e.g.,  $p < .01$ ) there would have been little substantive change to any conclusions made related to the first two hypotheses (i.e., there were very few relationships significant at  $p < .05$ , but not at  $p < .01$ ). We feel the need to exercise more caution in the moderation analyses for which the number and magnitude of significant interactions was relatively small; and hence, we are less confident in a role self-compassion might play specifically as a moderator variable in men's experiences in sport.

### **Future Directions**

Despite our replication of many previous self-compassion findings in other samples (e.g., women athletes, non-athlete samples of men), we were, pragmatically, unable to include all variables that have been previously assessed in self-compassion research. Of note, in recent studies including both men athletes and women athletes, several variables were identified as related to self-compassion (e.g., adaptive coping, subjective well-being, social support, perfectionist strivings, perfectionist concerns, social physique anxiety, sport anxiety; Huysmans & Clement, 2017; Jeon et al., 2016; Koc & Ermis, 2016; Lizmore et al., 2017). Therefore, in future studies on self-compassion and exclusively men athletes, it is important to consider including not only the variables identified as significant in our research, but also the entire range of variables that have been previously studied. Furthermore, while representation of an even wider range of previously identified relevant variables is a key future direction in research pertaining to men athletes' self-compassion, there remains a lack of depth in the field, which might best be addressed through conversations with men athletes about self-compassion. Perhaps exploring men athletes' self-compassion through qualitative narratives, similar to Sutherland et al.'s (2015) approach with women athletes, might add a layer of depth to the current knowledge of men athletes' experiences of self-compassion. Specifically, it might provide an opportunity to

not only explore how self-compassion might be related to sport-specific challenges of men athletes, but also to better understand the seemingly inherent role of masculinity in men athletes' self-compassion.

Another foreseeable future step in the field of men athletes' self-compassion might be to develop a self-compassion intervention specifically tailored to men athletes, similar to what has been successfully accomplished with a population of women athletes (Mosewich et al., 2013). However, due to the seemingly integral role of masculinity in men athletes' difficult experiences in sport, and the possible complex relationship between self-compassion and masculinity (Mosewich et al., 2019), we recommend that masculinity be considered in the development of the proposed intervention. Perhaps a self-compassion intervention that also incorporates an element of inclusive masculinity might be more efficacious than an intervention focused on one or the other. When testing the effectiveness of a self-compassion intervention with men athletes, particularly one that integrates inclusive masculinity, the inclusion of a control group of men non-athletes will be important as a way to adequately test any uniqueness of self-compassion to the context of men's sport. However, the most effective way to intervene is currently unknown, especially considering hegemonic-oriented men athletes' potential resistance to self-compassion (Mosewich et al., 2019). As noted by Mosewich et al. (2019), adoption of self-compassion likely goes beyond simply introducing athletes to the approach; rather, it likely requires constructive reflection and acknowledgement of reluctance and challenges that athletes might associate with self-compassion. Thus, perhaps the above-mentioned exploratory study on men athletes' narratives of self-compassion, with masculinity woven throughout, might be a valuable preemptive step to any self-compassion intervention for men athletes.

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Figure 1. Significant Moderation Analyses

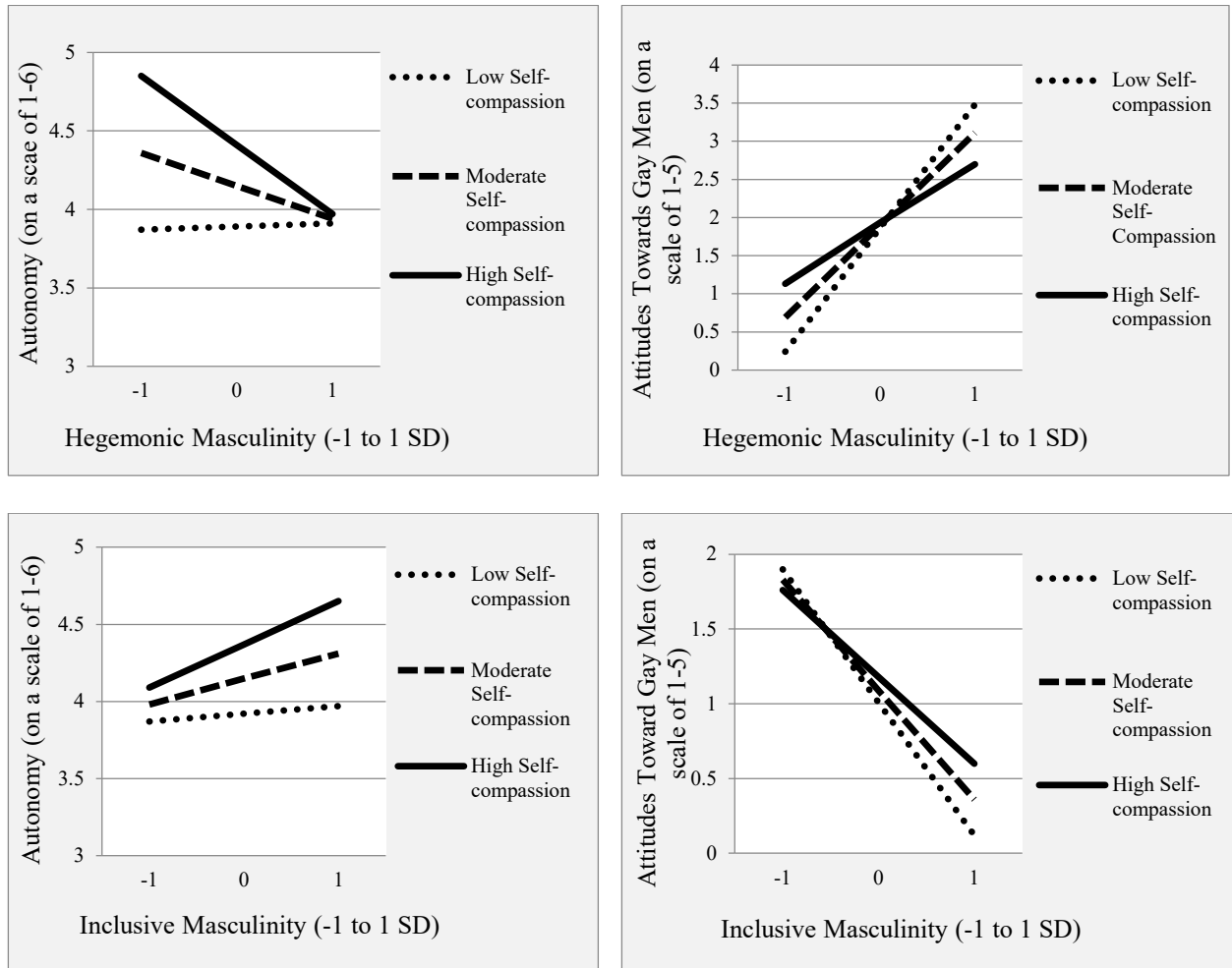


Figure 1. Visual representation of all significant moderation analyses, where self-compassion is the moderating variable.

Table 1

*Variables and Instruments*

Variable	Instrument
Self-compassion	Self-Compassion Scale (SCS; Neff, 2003a)
Self-esteem	Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965)
Psychological well-being	84-Item Scales of Psychological Well-Being (SPWB; Ryff & Keyes, 1995)
Hypothetical emotionally difficult sport-specific scenario	“You are responsible for losing an athletic competition for your team” (Leary et al., 2007)
Constructive reactions to hypothetical emotionally difficult sport-specific scenario: Self-compassion Positivity Perseverance Responsibility	In response to hypothetical scenario, “you are responsible for losing an athletic competition for your team”  -Constructive reactions to scenario (Ferguson et al., 2015)
Attitudes towards gay men	Attitudes Towards Gay Men revised subscale (ATG-R-S5; Herek, 1997) of the Attitudes Towards Lesbians and Gay Men Scale (ATLG; Herek, 1984)
Shame	Shame Subscale of the Internalized Shame Scale (ISS; del Rosario & White, 2006)
Self-stigma of seeking help	Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006)
Fear of failure	Sport adapted version of the Performance Failure Appraisal Inventory (PFAI-S; Conroy et al., 2002)
Fear of negative evaluation	Fear of Negative Evaluation Scale (FNE; Leary, 1983)
Rumination	Response to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)” (Puterman et al., 2010)*
Self-criticism	Response to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)” (Gilbert & Procter, 2006)*
Concern over mistakes	Concern over Mistakes subscale of the Sport Multidimensional Perfectionism Scale-2 (Gotwals & Dunn, 2009)
Fear of compassion for self	Fear of Compassion for Self subscale of the Fears of Compassion Scales (Gilbert et al., 2011)
Destructive reactions to hypothetical emotionally difficult sport-specific scenario: Rumination Passivity Self-criticism	In response to hypothetical scenario, “you are responsible for losing an athletic competition for your team”  -Destructive reactions to scenario (Ferguson et al., 2015)
Inclusive masculinity	Inclusive Masculinity Theory Scale (IMT; created for this study)
Hegemonic masculinity	Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009)

\* = sport specific adaptation of original scenario (Mosewich et al., 2013).

*Note.* Item composites for all scales/measures were used in the analyses, with the exception of the SCS, which was derived from the six subscale means.

Table 2

*Descriptive Statistics and Scale Reliabilities*

Variable	# of Items	Scale Range	Mean	(SD)	Reliability $\alpha$
Self-compassion (SCS)	26	1-5	3.11	(.65)	.92
Self-esteem (RSES)	10	10-40	31.05	(5.43)	.89
Psychological well-being (SPWB)	84	84-504	368.49	(57.05)	.97
Positive Relations with Others	14	14-84	60.82	(12.09)	.87
Autonomy	14	14-84	58.30	(9.45)	.80
Environmental Mastery	14	14-84	59.87	(11.47)	.88
Personal Growth	14	14-84	66.03	(10.17)	.87
Purpose in Life	14	14-84	63.12	(11.64)	.89
Self-acceptance	14	14-84	60.15	(13.99)	.93
Inclusive masculinity (IMT)	10	10-50	40.62	(6.79)	.81
Attitudes toward gay men (ATG-R-S5)	5	5-25	9.74	(5.75)	.93
Hypothetical Reaction	1	1-6	4.67	(1.17)	--
Reactions: Self-compassion	4	4-24	11.66	(4.65)	.84
Reactions: Positive	2	2-12	5.80	(2.75)	.88
Reactions: Perseverant	2	2-12	8.93	(2.29)	.71
Reactions: Responsible	2	2-12	9.95	(2.11)	.89
Reactions: Ruminative	2	2-12	8.26	(2.74)	.84
Reactions: Passive	2	2-12	2.96	(2.06)	.93
Reactions: Self-critical	2	2-12	8.76	(2.76)	.93
Hegemonic masculinity (CMNI)	46	46-184	113.04	(12.71)	.84
Winning	6	6-24	18.38	(3.46)	.83
Emotional Control	6	6-24	15.19	(3.36)	.87
Risk-taking	5	5-20	12.57	(2.62)	.81
Violence	6	6-24	16.34	(3.38)	.82
Power over Women	4	4-16	7.02	(2.49)	.83
Playboy	4	4-16	8.91	(2.67)	.72
Self-reliance	5	5-20	11.73	(2.86)	.85
Primacy of Work	4	4-16	9.02	(2.37)	.80
Heterosexual Self-presentation	6	6-24	13.87	(4.47)	.90
Internalized shame (ISS)	24	0-96	31.22	(21.08)	.97
Self-stigma of seeking help (SSOSH)	10	10-50	27.02	(7.31)	.86
Fear of failure (PFAI)	5	(-10)-10	-.83	(4.55)	.84
Fear of negative evaluation (FNE)	12	12-60	33.84	(11.61)	.96
State rumination	3	3-15	9.77	(3.46)	.89
State self-criticism	7	7-70	37.10	(12.60)	.83
Concern over mistakes	8	8-40	24.47	(6.47)	.86
Fear of compassion for self	15	0-60	22.52	(13.13)	.95

*Note.* SCS = Self-Compassion Scale. RSES = Rosenberg Self-Esteem Scale. SPWB = Scales of Psychological Well-Being. IMT = Inclusive Masculinity Theory Scale. ATG-R-S5 = Attitudes Toward Gay Men Subscale. CMNI = Conformity to Masculine Norms Inventory. ISS = Internalized Shame Scale. SSOSH = Self-Stigma of Seeking Help Scale. PFAI = Performance Failure Appraisal Inventory. FNE = Fear of Negative Evaluation. The scale names listed above are represented by the same acronyms in both remaining tables.

Table 3

*Correlations and Semi-partial Correlations*

Variable	Self-Compassion (SCS)	Self-Esteem (RSES)
Psychological well-being (SPWB)	.66**/.10*	.84**/.53**
Positive Relations with Others	.60**/.19**	.66**/.35**
Autonomy	.45**/.12	.52**/.29**
Environmental Mastery	.59**/.09	.76**/.48**
Personal Growth	.39**/.02	.55**/.38**
Purpose in Life	.51**/-.02	.75**/.55**
Self-acceptance	.67**/.11**	.85**/.53**
Inclusive masculinity (IMT)	.30**/.08	.35**/.19*
Attitudes towards homosexuality	.18**/.06	.20**/.10
Emotional intimacy	.29**/.11	.31**/.15*
Physical touch	.20**/.07	.21**/.10
Acceptability of masculine appearance	.16*/-.01	.24**/.18*
Attitudes towards aggression and fighting	.21**/.05	.25**/.15*
Attitudes towards gay men (ATG-R-S5)	-.09/-.01	-.12/-.08
Hypothetical Scenario ( <i>N</i> = 168)	-.20**/-.22**	-.07/.11
Reactions: Self-compassion	.59**/.47**	.36**/-.07
Reactions: Positive	.57**/.47**	.33**/-.09
Reactions: Perseverant	.46**/.25**	.39**/.11
Reactions: Responsible	.21**/.00	.30**/.21**
Reactions: Ruminative	-.52**/-.38**	-.36**/.01
Reactions: Passive	-.25**/.10	-.45**/-.40**
Reactions: Self-critical	-.54**/-.45**	-.31**/.10
Hegemonic masculinity (CMNI)	-.32**/-.19**	-.26**/-.05
Winning	-.11/-.30**	.15*/.32**
Emotional Control	-.31**/-.22**	-.22**/.00
Risk-taking	-.04/.08	-.13*/-.14
Violence	-.22**/-.26**	-.05/.15
Power over Women	-.08/.08	-.20**/-.20**
Playboy	-.11/.08	-.25**/-.24**
Self-reliance	-.34**/-.16*	-.32**/-.12
Primacy of Work	-.04/.07	-.14*/-.15
Heterosexual Self-presentation	-.04/-.03	-.03/.00
Internalized shame (ISS)	-.74**/-.23**	-.82**/-.43**
Self-stigma of seeking help (SSOSH)	-.21**/-.14	-.16*/-.02
Fear of failure (PFAI)	-.63**/-.31**	-.58**/-.20**
Fear of negative evaluation (FNE)	-.54**/-.28**	-.49**/-.16*
State rumination	-.57**/-.43**	-.37**/.04
State self-criticism	-.52**/-.35**	-.38**/-.03
Concern over mistakes	-.56**/-.34**	-.45**/-.09
Fear of compassion for self	-.49**/-.15*	-.55**/-.29**

*Note.* The relationships are presented using the following format: Pearson correlation/semi-partial correlation with the influence of the other predictor removed. \**p* < .05; \*\**p* < .01.

Table 4

*Significant Moderation Analyses*

Criterion Variable	B	SE B	$\beta$	R <sup>2</sup>	$\Delta R^2$
<b>Autonomy subscale of the SPWB</b>					
<i>Step 1</i>				.22**	.22**
Hegemonic masculinity	-.31	.17	-.13		
Self-compassion	.41	.07	.41**		
<i>Step 2</i>				.24*	.02*
Hegemonic masculinity	-.31	.17	-.13		
Self-compassion	.40	.07	.40**		
Interaction term	-.52	.24	.14*		
<b>Attitudes towards gay men (ATG-R-S5)</b>					
<i>Step 1</i>				.17**	.17**
Hegemonic masculinity	1.78	.31	.43**		
Self-compassion	.079	.13	.04		
<i>Step 2</i>				.19*	.02*
Hegemonic masculinity	1.78	.31	.43**		
Self-compassion	.05	.13	.03		
Interaction term	-.92	.44	-.15*		
<b>Autonomy subscale of the SPWB</b>					
<i>Step 1</i>				.25**	.25**
Inclusive masculinity	.21	.07	.22**		
Self-compassion	.39	.07	.38**		
<i>Step 2</i>				.27*	.03*
Inclusive masculinity	.24	.07	.25**		
Self-compassion	.34	.07	.34**		
Interaction term	.26	.11	.17*		
<b>Attitudes towards gay men (ATG-R-S5)</b>					
<i>Step 1</i>				.40**	.40**
Inclusive masculinity	-1.12	.11	-.66**		
Self-compassion	.18	.11	.11		
<i>Step 2</i>				.42*	.02*
Inclusive masculinity	-1.08	.11	-.64**		
Self-compassion	.13	.11	.07		
Interaction term	.36	.17	.13*		

Note. \* $p < .05$ ; \*\* $p < .01$ .

### **Study 1 Bridge to Study 2 (and Study 3)**

The primary objective of Study 1 was to identify variables that are related to self-compassion in a population of men athletes, and to determine whether masculinity (i.e., hegemonic masculinity and/or inclusive masculinity) operates as a moderator in relationships between self-compassion and other variables (e.g., shame, psychological well-being, rumination). When Study 1 was conceptualized and developed, minimal literature was available to identify which variables might be important in a self-compassion study exclusive to men athletes. A notable exception was a study that featured self-compassion, masculinity, and a sample of men athletes (and a control group of non-athletes; Wasylkiw & Clairo, 2018). Since the goal of Study 1 was to identify variables potentially related to self-compassion in a population of men athletes, perhaps the most relevant finding of Wasylkiw and Clairo's (2018) study was that self-compassion predicted more positive attitudes toward help-seeking for the men athletes. Accordingly, the variable "self-stigma of seeking help" was included in Study 1, and our findings supported those of Wasylkiw and Clairo (2018), with self-compassion being negatively related to self-stigma of seeking help (i.e., self-compassion predicted more positive attitudes towards help-seeking).

Given the limited information available on men athletes' self-compassion and potentially important variables during the planning phase of Study 1, other variables included in Study 1 were drawn from a variety of sources, including studies on self-compassion in populations that were believed to be similar in some capacity to our target population of men athletes. Specifically, variables that had previously been related to self-compassion in populations of women athletes (e.g., rumination, concern over mistakes; Mosewich et al., 2013) and/or general populations of men (e.g., internalized shame; Reilly et al., 2014) were identified. Thereafter, the

final selection of variables to include was largely based on previously determined relationship strength of variables with self-compassion, with stronger relationships typically leading to variable inclusion. Additionally, two separate measures of masculinity were included (i.e., traditional masculinity; inclusive masculinity), not only to examine potentially differential relationships between self-compassion and varied representations of masculinities, but also to enable me to examine whether self-compassion moderated relationships between self-compassion and other variables. It should also be noted that a 10-item measure of inclusive masculinity was developed for the purposes of Study 1, since inclusive masculinity had not previously been measured as a quantifiable variable.

Ultimately, the variables selected for inclusion in Study 1 were: self-esteem, psychological well-being, inclusive masculinity, attitudes toward gay men, “constructive” (e.g. positive) and “destructive” (e.g., ruminative) reactions to a hypothetical emotionally difficult sport-specific scenario (i.e., “You are responsible for losing an athletic competition for your team”), masculine norm adherence (i.e., hegemonic masculinity), internalized shame, self-stigma of seeking help, fear of failure, fear of negative evaluation, state rumination, state self-criticism, concern over mistakes, and fear of compassion for self. Findings indicated that self-compassion was related to all variables in hypothesized, “healthy” directions, with the exception of “attitudes toward gay men”, which was unrelated to self-compassion. As well, self-compassion moderated relationships between masculinities (i.e., traditional masculinity; inclusive masculinity) and some other variables in hypothesized directions (e.g., when men athletes had lower levels of self-compassion, the negative relationship between traditional masculinity and [negative] attitudes towards gay men was stronger than when men athletes had higher levels of self-compassion). Lastly, self-compassion predicted unique variance beyond self-esteem for most variables, which

offers further support for the utility of self-compassion as a resource for men athletes, similar to previous research with women athletes (e.g., Reis et al., 2015).

Results of Study 1 were considered when planning Study 2, though the overlying goals of both Study 1 and Study 2 were originally conceptualized to offer insight for Study 3. For example, the identification of important variables in self-compassion research with men athletes (i.e., Study 1) helped inform the selection of outcome variables in Study 3 (e.g., internalized shame). While Study 1 was a necessary component of my dissertation, since it enabled me to examine and establish which variables are relevant in self-compassion research focused on men athletes, it was also critical to gather men athletes' perspectives and views of self-compassion through conversations with them. Notably, discussing the seemingly complex relationship between self-compassion and masculinity with men athletes was essential to my research. Thus, the intent of Study 2 was to develop a deeper understanding of men athletes' experiences of self-compassion through interviews with men athletes, and to explore whether (and how) varied representations of masculinities might influence men athletes' views and/or experiences of self-compassion. Importantly, findings of Study 1 enhanced my knowledge of men athletes' self-compassion, which permitted more detailed, nuanced, and focused conversations with men athletes in my Study 2 semi-structured interviews.



**Chapter 3: Study 2, Published Manuscript (2021)**

**‘That’s how I am dealing with it – that *is* dealing with it’: Exploring men athletes’ self-compassion through the lens of masculinity**

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### Abstract

Despite the growing body of literature in the field of athletes' self-compassion over the past decade, studies with a focus specifically on men athletes are limited. In addition, although previous research suggests that differential representations of masculinities may impact men's self-compassion uniquely, the link between men athletes' self-compassion and masculinities is understudied. With masculinity-based negative evaluations being the source of many difficult experiences for men athletes, perhaps self-compassion can mitigate the impact of men's challenges in sport. Thus, our research purpose was to explore men athletes' lived experiences of self-compassion through the lens of masculinity. We recruited 16 men athletes ( $M_{\text{age}} = 21.4$  years;  $SD = 3.7$ ) to participate in two semi-structured interviews with a reflexive photography task between interviews. The results of our study are framed within two overlying categories (i.e., masculinity, self-compassion), with multiple themes in each category. Our findings provide evidence that the men athletes in our study generally represent a version of masculinity that is accepting of non-traditional representations of masculinity (e.g., homosexuality), and they were open and willing to accept and embrace self-compassion, particularly if it helps them improve their sport performance. We conclude that self-compassion can be a useful resource for men athletes, and future research should focus on developing and evaluating the effectiveness of a self-compassion intervention, with considerations given to the potential role of masculinity in men's difficult sport experiences, tailored specifically for men athletes.

Keywords: self-compassion, men athletes, sport, masculinity, interpretative phenomenological analysis

**‘That’s How I am Dealing With it – That is Dealing With it’: Exploring Men Athletes’ Self-compassion Through the Lens of Masculinity**

**Introduction**

Over the past decade, self-compassion has been established as a useful resource for athletes to handle some of the emotional challenges of sport (e.g., harsh evaluations and judgments; Mosewich et al. 2011). As proposed by Neff (2003a; 2003b), self-compassion is centered on treating oneself with understanding and connectedness in the face of emotionally difficult situations through compassionate self-responding (i.e., kindness, common humanity, mindfulness) and reduced uncompassionate self-responding (i.e., self-judgment, isolation, over-identification; Neff et al. 2018). To date, however, the majority of research in the field of sport and self-compassion has been with samples of women athletes (e.g., Ferguson et al. 2015), though some recent studies have included both women athletes and men athletes (e.g., Huysmans and Clement 2017). Studies focused on self-compassion and *exclusively* men athletes<sup>3</sup> are currently limited, and are strictly quantitative in nature to our knowledge (e.g., Reis et al. 2019).

Past research with women athletes has shown promise for the utility of self-compassion (e.g., negatively related to negative affect, positively related to psychological well-being; Ferguson et al. 2014; Mosewich et al. 2011). Also in samples of women athletes, self-compassion has been related to coping effectively with sport-related stress (Mosewich et al. 2019) and the development of mental toughness to persevere through adversity in sport (Wilson et al. 2019). In research including both women athletes and men athletes, self-compassion has been found to predict positive perceptions of sport performance (Barczak and Eklund 2018),

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<sup>3</sup> The terms ‘men athletes’ and ‘man athletes’ are used throughout this paper to reflect gendered identification, rather than biological sex.

along with adaptive behavioural reactions and decreased maladaptive thoughts and negative affect towards recalled sport failure (Ceccarelli et al. 2019). As well, self-compassion has been related to reduced somatic anxiety, worry, and avoidance-focused coping strategies in both men and women athletes (Huysmans and Clement 2017).

Despite the encouraging findings of self-compassion research with athletes, there remains a need for research focusing specifically on men athletes' self-compassion, considering that men's masculinities<sup>4</sup> seemingly represent unique difficult experiences in sport (Anderson and McGuire 2010). In fact, *masculinity* (i.e., the tendency to adhere to traditional masculine norms, like risk-taking or self-reliance; Parent and Moradi 2009) and evaluations rooted in masculinities appear to be at the center of most difficult experiences that men encounter in sport (Anderson 2009; Smith 2013). Traditional or 'hegemonic' masculinity is historically the most commonly conceptualized and embodied representation of masculinity, and is arranged in a hierarchical manner (Anderson 2011). In this traditional version of masculinity, which has been particularly on display in sport (Connell and Messerschmidt 2005), men who demonstrate and/or strongly adhere to traditional masculine values (e.g., strength, aggression, speed) ascend to the peak of the masculinity hierarchy, generally resulting in a relatively positive sport experience (Anderson and McGuire 2010). However, many men athletes fail to meet or live up to traditional masculinity-based expectations, and thereby rank lower in the hierarchical arrangement. Notably, homosexual men athletes have been a prominent target of subordination and/or marginalization in sport by other men athletes (e.g., name-calling, bullying, hazing) (Tischler and McCaughtry

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<sup>4</sup> Throughout this paper, 'masculinities' is used when the authors are referring to multiple or varying versions/embodiments of masculinity, while 'masculinity' is used to represent the overlying construct. Men express and/or demonstrate masculinity in different ways – hence, masculinities.

2011). Importantly though, any men athletes who fall short of the hierarchy peak are subject to negative experiences in sport, stemming from masculinity-based evaluations (Anderson and McGuire 2010). For example, men athletes who are outperformed in their respective sport(s) are often mocked by their competitors, and even spectators, for what is attributed to not being ‘masculine’ enough. Even when men athletes suffer injuries in sport, their ‘toughness’, a traditional masculine quality, is sometimes questioned. Thus, men athletes often feel compelled to engage in traditional masculine behaviours and demonstrate traditional masculine displays to avoid the downside of failing to do so (Anderson and McGuire 2010). Accordingly, to obtain a deeper understanding of men athletes’ self-compassion, masculinity is an important consideration.

Although recent research suggests that men athletes report higher levels of both traditional masculinity and self-compassion than non-athletes (Wasylikiw and Clairo 2018), it seems likely that men who strongly align with traditional characteristics of masculinity (e.g., emotional restrictiveness) would reject a construct like self-compassion, because being self-compassionate seems inherently contradictory to traditional masculine norm adherence (Mosewich et al. 2019). Supporting this concern, Reis et al. (2019) found that men athletes with higher levels of traditional masculinity have lower levels of self-compassion. Alternatively, men who align with inclusive masculinity (i.e., a version of masculinity premised on acceptance of varying enactments of masculinities and aligning masculinities on a horizontal plane, rather than in a hierarchy; Anderson, 2009) have demonstrated higher levels of self-compassion (Reis et al. 2019). Thus, men’s individual representations of masculinity (e.g., traditional masculinity, inclusive masculinity) might play a role in whether a specific athlete is more or less likely to access and/or embrace self-compassion. Specifically, men who demonstrate higher levels of

traditional masculine norms seem less likely to engage in self-compassionate behaviours or tendencies than men who demonstrate higher levels of inclusive masculinity (Reis et al. 2019).

In contrast, however, Yarnell et al. (2019) found that traditional masculinity was a strong and consistent positive predictor of self-compassion in samples of both university students and the general population (i.e., adults between 18 and 76 years of age). They attributed this finding to self-compassion representing strength in times of struggle, as well as the connection between self-compassion and *certain* traditionally masculine norms (e.g., self-assertion, independence), which might lead to men's greater willingness to tend to themselves when facing distress. Similarly, Wasylikiw and Clairo (2018) found that higher levels of traditional masculinity predicted higher levels of self-compassion in both men athletes and men college students. Accordingly, the relationship between traditional masculinity and self-compassion remains unclear, with some evidence suggesting that adherence to traditional masculine norms may be a barrier to self-compassion (Reilly, Rochlen, and Awad 2014; Reis et al. 2019), and other evidence suggesting that men with higher levels of traditional masculine norms are more self-compassionate (Wasylikiw and Clairo 2018; Yarnell et al. 2019).

One possible contributing source to the seemingly complex relationship between self-compassion and masculinities is that men's individual representations of masculinities can shift in different contexts, as can the prevailing "hegemonic" or dominant embodiment of masculinity (de Boise 2015). Since men's masculinities are a fluid enactment of gender rather than a fixed or rigid trait, the way men enact masculinities might fluctuate in different contexts and might be situational in nature (Connell and Messerschmidt 2005; de Boise 2015). A man athlete might navigate his outward expression of masculinity based on what enables him to attain dominant status in a particular context (e.g., sports team), which could differ across contexts (de Boise

2015). For instance, if homophobic acts are celebrated on a certain sports team, a man athlete might participate in homophobic displays in an effort to establish dominant status within that specific group, but subdue any homophobic tendencies on a different team where homophobia is condemned. Similarly, a man's prevailing enactments of masculinities might dictate his perceptions and experiences of self-compassion, making him more or less likely to embrace self-compassion in particular contexts, which might help to explain the inconsistent findings in research on masculinities and self-compassion (e.g., Reis et al. 2019; Wasylkiw and Clairo 2018).

Despite somewhat inconsistent findings on the role of masculinity in men athletes' experiences of self-compassion, two key studies show promise for the potential of self-compassion as a useful resource specifically for men athletes. Wasylkiw and Clairo (2018) found that higher levels of self-compassion predicted more positive attitudes towards help-seeking in men athletes than non-athletes, which led to their conclusion that self-compassion can be a helpful resource for men athletes' tendencies to seek help when needed (e.g., when suffering from mental health issues). Similarly, Reis et al. (2019) found that men athletes with higher levels of self-compassion demonstrated higher levels of psychological well-being and 'constructive' reactions to a hypothetical emotionally difficult sport-specific scenario (i.e., 'you are responsible for losing an athletic competition for your team'), but lower levels of 'potentially unhealthy variables' (e.g., shame, self-criticism) and 'destructive' reactions to the hypothetical emotionally difficult sport-specific scenario. It should be reiterated, however, that men who aligned with traditional masculine norms had lower levels of self-compassion, and were thus less likely to experience the benefits of self-compassion than men who aligned with inclusive masculinity. Accordingly, self-compassion does appear to be a viable resource for men athletes,



but its accessibility and efficacy may depend on men's representations of masculinity. In the current study, it was important to consider the influence of varied representations of masculinity on men athletes' self-compassion, especially since masculinity seemingly plays a central role in the difficult experiences that men athletes typically encounter (Connell and Messerschmidt 2005). The purpose of our research was to explore men athletes' lived experiences of self-compassion through the lens of masculinity.

## **Method**

### ***Approach to Research***

Our methodological framework is an interpretative phenomenological analysis (IPA), a way of conducting research that places an emphasis on examination of personal lived experience, through the interpretive process of both the participant and researcher (Eatough and Smith, 2017). A central focus of IPA is the exploration of how people ascribe meaning to their experiences, based on the interactions they have within the environment (Biggerstaff and Thompson 2008; Smith, Jarman, and Osborn 1999). Initially developed in an effort to explore social cognitions and subjective experiences with rigor (Biggerstaff and Thompson 2008; Smith, Harré, and Van Langenhove 1995), use of IPA is appropriate when the researcher(s) strives to identify how individuals perceive situations they encounter and how they attempt to make sense of their social and personal worlds. IPA is particularly useful when the researcher(s) is concerned with process, novelty, and/or complexity (Smith and Osborn, 2003). In our study, we sought to gather men athletes' individual perceptions of the previously understudied (i.e., novel), potentially complex interplay of self-compassion and masculinities in sport, and how the men athletes' various environmental and personal interactions had contributed to their current interpretations of the phenomenon (i.e., process). For instance, an important topic of discussion

with the men athletes in our study was their respective interpretations of masculinities, which were generally rooted in environmental interactions starting as early as childhood, and how interactions with important others (e.g., fathers, professional athletes) throughout their lives continually shaped their current views of masculinities. In turn, the men acknowledged that their interpretations and representations of masculinities likely impacted their experiences of self-compassion in sport and of sport in general.

IPA values subjective knowledge as a way to develop psychological understanding, and is underpinned by phenomenology (i.e., first-person lived accounts of experiences), double hermeneutics (i.e., interpretation of participants' experience by both participant and researcher), and ideography (i.e., in-depth analysis of individual cases before identification and interpretation of common themes; Eatough and Smith, 2017; Smith, Flowers, and Larkin 2009). The process of knowledge obtainment is inductive, but IPA researchers still work to interrogate understandings in literature through positioning their research within current theories (Smith, 2004). In our research, participants provided detailed accounts of their lived experiences of self-compassion and masculinity in sport (i.e., phenomenology), and how they came to make sense of their experiences of self-compassion and masculinity in sport, which were ultimately interpreted by the lead researcher<sup>5</sup>, who had his own conceptions towards the participants' interpretations (i.e., double hermeneutics).

### ***Participants***

Upon receiving approval from the university's ethics board, 16 men athletes (Phase I,  $n = 16$ ; Phase II,  $n = 14$ <sup>6</sup>) between 16 and 29 ( $M_{\text{age}} = 21.4$  years;  $SD = 3.7$ ) years of age were

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<sup>5</sup> The 'lead researcher' was also the interviewer for all interviews.

<sup>6</sup> 15 of the 16 participants returned for the Phase II interviews, but one of the Phase II audio files was inaudible, so there was useable data for 14 participants at Phase II.

recruited through a combination of purposeful sampling (e.g., electronic university bulletins with specific inclusion criteria) and snowball sampling. The men predominately self-identified as ‘Caucasian’/‘White’ ( $n = 12$ ), though ‘Black’, ‘East Indian and Caribbean’, ‘Asian’, and ‘Indigenous’ sociocultural backgrounds were also represented. Participants represented a variety of individual and team sports (i.e., hockey [3], track & field [3], soccer [2], wrestling [2], golf [1], rugby [1], powerlifting [1], football [1], squash [1], volleyball [1]), and had all been involved in competition ranging from provincial (i.e., competing against athletes from around the province) to international (i.e., competing against athletes from other countries), within the past 12 months. The number of participants was a slight over-sampling, based on recommendations by Malterud, Siersma, and Guassora (2015).

### *Design and Procedure*

Data collection occurred over two phases, each of which featured a semi-structured interview, with a reflexive photography task between the interviews. Prior to the first phase, our interview guide<sup>7</sup> was piloted with three men at separate times to receive feedback on clarity of interview questions, and content and delivery.

**Phase I.** At the onset of Phase I interviews, participants provided informed consent before selecting a pseudonym for confidentiality purposes. Several questions about background demographic information (e.g., ‘how old are you?’) of the participants were asked, before transitioning into a brief rapport building section. Interview questions then surrounded masculinity (e.g., ‘what is your experience of masculinity dependent on?’), sport (e.g., ‘what is one of the biggest challenges that your experience of masculinity or being a man has led to in sport?’), and self-compassion (e.g., ‘is self-compassion something you would try to use if you

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<sup>7</sup> Interview guide available upon request.

encountered a difficult experience in sport in the future?’), in that order, though some questions addressed more than one of the three categories simultaneously (e.g., ‘considering our discussion earlier about masculinity and difficult experiences in sport for men athletes, do you think self-compassion can play a role?’). When self-compassion was first discussed in the interviews, a short video explaining the construct (<https://www.youtube.com/watch?v=tAifaBhh2xo>) was presented to all participants. At the conclusion of the Phase I interviews, participants were given information on a reflexive photography task that they were asked to complete before returning for Phase II interviews, which typically occurred 4 to 10 weeks later.

**Reflexive Photography Task.** With growing popularity in the field of sport, exercise, and health psychology research – notably including studies about participants’ lived experiences published recently in *Qualitative Research in Sport, Exercise, and Health* (e.g., Devonport, Leflay, and Russell 2019; Giffin et al 2020; Hockin-Boyers, Pope, and Jamie 2020) – visual methodologies (e.g., reflexive photography, vignettes, autophotography) can be useful in a variety of ways. For example, reflexive photography (and photo elicitation in general) can be an effective approach to: (a) deepen exploration of various phenomena (e.g., men athletes’ experiences of disordered eating and embodiment, staff cancer through perceived experiences of male varsity soccer players; Busanich, McGannon and Schinke 2016; Giffin et al 2020; Glaw et al 2017); (b) broach sensitive topics that are difficult to verbalize (Giffin et al 2020); and, (c) enable naturalistic generalizability through ample evidence of participants’ lives (Smith 2018). By providing participants time to reflect on their lived experiences and select how they wished to represent these experiences, use of visual methodologies like reflexive photography oftentimes elicit emotions, memories, and ideas that represent different layers of meaning (Glaw et al 2017; Harper 2002). When participants reflect on their photographs and discuss them in an interview,

triangulation between different sources of meaning occurs, which supports rigor (Bigante 2010; Glaw et al 2017). Thus, reflexive photography is particularly effective when coupled with interviews to provide added depth to participants' recounts of their experiences (Giffen et al 2020; Padgett et al 2013).

In the current study, the intent of the reflexive photography task was to give the men athletes an opportunity to describe their respective experiences of self-compassion through the lens of masculinity, while also allowing the lead researcher to view the world through the lens of the participants (Phoenix 2010). Reflexive photography can be a particularly effective method of self-reflection for visual learners, and offers an alternative lens to the more traditional approach of interviews (Amerson and Livingston 2014). Our approach of conducting two interviews with each participant, having them engage in a reflexive photography task between the interviews, enabled us to explore an under-researched topic by providing the men athletes an opportunity to express their views on masculinity, self-compassion, and sport through a combination of visual and verbal methods.

The photographs taken by the men athletes in our study were used to shape the Phase II interviews, as each participant began the Phase II interviews by describing and interpreting his pictures. Participants selected the five photographs that best depicted their experiences of self-compassion, masculinity, and sport, either individually or in some combination of the three, before sending them electronically to the lead researcher before the Phase II interviews. The lead researcher printed the photographs and brought them to the Phase II interviews. Third-party consent was required by anyone who appeared in the photographs (i.e., signed photo release forms), and any pictures including individuals less than 18 years of age were excluded (Sutherland et al. 2014).

**Phase II.** After participants described and interpreted their photographs at the onset of Phase II interviews, they were asked questions with a focus on linking masculinity-related challenges in sport to self-compassion (e.g., ‘explain how your photographs capture a sport-specific difficult experience of masculinity and how self-compassion either plays a role or does not play a role’). Thereafter, the men were asked how, if at all, the challenges that masculinity presents in sport might be eased by self-compassion.

### *Data Analysis*

Audio files were transcribed verbatim (manually) by the lead researcher. Thereafter, recommended IPA data analysis steps were followed (Finlay 2011; Pietkiewicz and Smith 2014; Smith et al. 2009), though it should be noted that these guidelines are not prescriptive, allowing the lead researcher to bring personal views and perspectives to the data analysis (Miller, Chan, and Farmer 2018). As a first step in the analysis (i.e., ‘multiple reading and making notes’; Pietkiewicz and Smith 2014, 12), the lead researcher double-checked the accuracy of the transcripts by reading them multiple times while re-listening to the audio files, which refamiliarized and immersed him in the data and enabled him to ‘step into the participants’ shoes’ as much as possible, an important component of IPA (Pietkiewicz and Smith 2014). During reviews of each participant’s transcripts and audio files, the lead researcher also took notes of varying complexity (e.g., formulated concise phrases that the researcher interpreted as representative of participants’ responses to key interview questions). By taking notes and focusing on specific chunks of each of the men athletes’ individual transcripts, the lead researcher was able to transform notes into generated themes within each transcript, which represents the second step of the analysis (i.e., ‘transforming notes into emerging themes’; Pietkiewicz and Smith 2014, 12). Specifically, the lead researcher coded each interview

transcript, writing initial notes on both linguistic and conceptual comments on a line by line basis (Smith et al. 2009). Then, codes were: grouped into generated themes that best described the related codes, evaluated for connections, and clustered under more suitable theme titles, before being clustered with contextual quotes (Smith et al. 2009; Smith and Osborn 2003). In the third step (i.e., ‘seeking relationships and clustering themes’; Pietkiewicz and Smith 2014, 12), the lead researcher searched for connections between themes of the transcripts and grouped them together based on conceptual similarities, labelling them in higher order clusters, before eventually identifying common themes across transcripts. This process resulted in the creation of overlying themes<sup>8</sup> and subthemes, which is common practice in IPA research (Pietkiewicz and Smith 2014). Finally, the lead researcher attempted to take the analysis to deeper levels by importing varying theories (e.g., inclusive masculinity theory) through which to view the analysis (Finlay, 2011; Miller, Chan, and Farmer 2018).

Throughout the theme generation process, the second author served as a critical friend (Jonsen and Jehn 2009), constructively challenging the proposed themes, which led to the categories and themes presented in our research. Specifically, the lead author presented proposed themes, including corresponding written sections with participant quotes, to the second author multiple times before the two authors agreed on the current categorical/thematic construction. As well, the other authors provided feedback on categories/themes and participant quote selection, before the manuscript was submitted (e.g., suggested removal of certain quotes to reduce length and prevent redundancy). It should be noted that direct quotes of participants were selected to capture and reflect the central nature of each theme and subtheme (Smith et al. 2009).

### ***‘Goodness’ of Research***

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<sup>8</sup> The two overlying themes are referred to as ‘categories’ in the current study.

In IPA research, perhaps the most important consideration is to give ample and full appreciation to the life experiences of each participant (Pietkiewicz and Smith 2014). Having conducted semi-structured, in-depth, one-on-one interviews across two phases with a relatively homogenous sample of men (i.e., competitive men athletes between 16 and 29 years of age), we gathered ‘strong’ data (Smith et al. 2009). As well, the lead researcher is a competitive man athlete who has experienced masculinity-based challenges in sport, which enabled him to establish strong rapport and open communication with participants during the interviews. To address sensitivity to context (Yardley 2008), the lead researcher ensured the direction of focus ultimately returned to men athletes’ experiences of self-compassion through the lens of masculinity, while also encouraging the participants to take the conversation in ‘any direction they desired’, as an effort to increase comfort. Participants were provided the opportunity to read and reflect on their transcripts following both phases, since IPA research is co-created by the researchers and participants (Smith et al. 2009). Reflexive writing by the interviewer/lead researcher about his sport-specific experiences as a man athlete, both before and after data generation, improved the credibility of our research, since it enabled him to identify and acknowledge how his experiences influenced his role in shaping the research (Tong, Sainsbury, and Craig 2007).

## **Findings**

The detailed accounts of men athletes’ lived experiences have been interpreted and analyzed, and are represented in themes that fall within two overlying categories (i.e., masculinity and self-compassion), with each category and theme representing the core components of men athletes’ experiences of self-compassion through the lens of masculinity. Themes are identified and described within the respective categories below. As well, several



photographs that the men athletes took to visually express their interpretations of masculinity, sport, and self-compassion are included.

### *Masculinity*

**Expectations of Men in Sport – ‘Time to Man up’.** A common thread amongst the men’s difficult sport-based experiences was that men athletes face expectations to fulfill traditionally masculine ideologies, often stemming from media influence. When asked to express their interpretations of masculinity, most of the men initially described socially-constructed stereotypes, which they had typically gathered from various forms of media (e.g., social media, TV shows, movies, magazines) during their respective childhoods. While ‘protector’, ‘provider’, ‘leader’, ‘independent’, ‘emotionally stoic/controlled’, were all roles/attitudes/behaviours that the men believed were societal expectations of them, ‘toughness’ was particularly salient in the context of sport. For example, Shane (I1)<sup>9</sup> expressed the expectation to play through pain on his football team, stating that coaches frequently use the expressions ‘time to man up’ and ‘time to be a man’, when players are dealing with pain. He also explained that his ability to continue playing after injury was masculine – even though he was unable to perform to his optimal ability, it was important to him that he did not let down his coach and teammates. When asked what the biggest challenge that masculinity or being a man leads to in sport, Jake (I1) said, ‘Definitely toughness...like, if you get an injury, there’s the expectation that you’re gonna walk it off’. Self-expectations of toughness were also discussed, as Jeff and Jim felt they had let themselves and their teammates down when they were unable to compete due to injuries. After failing to meet his competition goals, Laine (I1) explained that he felt he let himself and others down.

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<sup>9</sup> Phase I interviews are represented throughout this section as ‘I1’, while Phase II interviews are represented as ‘I2’.

Well, there goes the whole reason why I spent all this money and time, coming out here to kinda let everyone down...in my mind I felt like, I let down my coach that has put in so much time...I let down the people that I brought with me to come watch, and kinda let down my friends who were excited to see me go compete...I felt like I really let down a lot of people.

Some participants suggested that the sport-based expectations of men athletes are different than those of women athletes. Bob (I1) said that men have ‘more expectations to perform well at a higher speed’, and that with greater media coverage of men’s sports there are expectations that ‘these guys should be a lot better than women’. On losing to a woman in his sport of squash, The Rock (I1) said, ‘...you’re really embarrassed when you lose, and...I’m assuming girls don’t feel bad when they lose to guys’. Steve (I1) explained that even though the women on his track and field team are ‘really tough too’ and often train or compete with injuries, they do not have the same expectations placed on them to compete through injuries that men do: ‘It’s a much more big deal for them to do it [train/compete through injuries] than a guy to do it. It’s expected of the dude to get up and do that’. Rylan (I1) said that even the *sports* men play matter, with an expectation to play more traditionally masculine sports, like hockey or football. He noted that his friends tease him for playing volleyball, which they do not consider masculine.

The men highlighted the masculinity-based expectations placed on them in sport, and how their sport experiences were made more difficult as a result. The expectations the men encountered came from a variety of sources, including media, coaches, teammates, and themselves. Our interpretation from the conversations with the athletes is that failure to meet expectations rooted in (traditional) masculinity was generally regarded as one of the biggest challenges the men had endured in their respective experiences in sport.

**Inclusive Masculinity? – ‘As Long as You’re Expressing Your Masculinity in a Positive Way, Then That’s Fine With Me’.** Despite acknowledging the presence of traditional masculinity in their personal lives and in their sporting lives, many of the men (9) expressed a distaste towards particularly hypermasculine displays that align with traditional masculine norms (e.g., bravado, machismo, arrogance, cockiness). The men athletes seemingly represented a version of masculinity that was counter to traditional masculinity; acceptance of homosexuality, expression of emotions, caring for others, and comfort in one’s own masculinity were all ways that the men described how they personally represent masculinity.

The majority (13) of men athletes said that they typically accept other men’s representations of their own respective masculinities, but interestingly, the one display of masculinity that they tended to judge in other men was hypermasculine demonstrations. Kirk (I1) said ‘... how they conduct themselves—they’re cocky, they think they’re ‘the man’...they just think they’re better than everyone, and I don’t agree with that...maybe they’re a little more loud and outspoken’. Jim (I1) noted that he would be judgmental of men’s enactment of masculinity, but only with ‘guys being more rude and kind of overbearing’, but ‘as long as you’re expressing your masculinity in a positive way, then that’s fine with me’. Steve (I1) said that some men’s behaviour in the gym is particularly bothersome for him:

Almost everybody I know that goes and works out is a huge douche in the gym, right? So, I don’t respect their view of it, where they get all pumped up and they throw weight around and then go around grunting and look in the mirror and go, ‘Oh, I’m so strong’. Shut up.

Nearly all (14) of the men interviewed in this study not only expressed acceptance of an alternative sexual orientation to their own (e.g., homosexuality), but also a lack of judgment.

Jeremy (I1) said ‘It’s kind of like, ‘Oh you’re into guys? Like, good for you. If that’s what you wanna do, go ahead’’. This trend of non-judgment towards homosexuality is exemplified by Shane’s efforts to create an initiative on his football team to ‘create a welcoming environment’ with the goal of making everyone ‘feel a little more welcome’ (Shane, I1). Within a sporting context, both Shane and Jeff expressed that homosexuality is a personal choice and all that matters is sport performance, with Shane (I1) stating, ‘I honestly believe that if you’re able to compete—if you can deliver something to the team, then you have every right to be there as someone else’, and Jeff (I1) adding, ‘just what they bring to the table...if they’re good at their sport...then I don’t care, that’s fine with me’.

In addition to acceptance of homosexuality, the men described other ways that we interpret as representing a non-traditional version of masculinity.

I’ve learned to be compassionate, to have compassion and sympathy and show feelings and emotions. I’ve learned to do that ‘cause I feel like it’s okay—someone should be able to do that—you don’t always have to hide your [emotions] and bottle up all your emotional stuff. (Carlos, I1)

Jake (I1) expressed similar views, but placed an emphasis on caring for others, saying, ‘I’m definitely a caring person. If I’m close to somebody, I wanna make sure they’re okay, and be protective of them, which I almost think should be the definition of a real man – someone who’s able to be caring’. Laine (I1) explained that masculinity and being a man is represented by independent thought, and not succumbing to the ideologies and influence of others.

A man is just anyone who can go out and do exactly what they wanna do and just be confident in what it is that they have. You know, like if you wanna blow dry your hair every day in the morning and wear a pink shirt, that doesn’t make you not a man, you

know? ...my definition is anyone who can do whatever they want without feeling ashamed of themselves for not following the norm.

The Rock represented his non-traditional embodiment of masculinity through a photo of self-care products (see Figure 1), which he explained was counter to his father's and greater society's views of masculinity, but something that he was comfortable with and personally enjoys using. Mark also represented his divergence from adherence to traditional masculine norms through a photo of himself with coloured elastic bands and braids in his hair (see Figure 2).

In general, we interpreted that the men exemplified a more open and accepting version of masculinity than how they described their views of what masculinity means, stressing the importance of individual expressions and personal representations. Interestingly, their initial descriptions of masculinity were consistent with traditional masculine norms, so it appears that the men in our study still view traditional masculinity as the predominant embodiment of masculinity from a societal viewpoint. The men's personal ideas about masculinity were framed as variations from what they considered to be the norm.

### *Self-compassion*

**Embracing Self-compassion; Competitive Advantage – ‘...it's Like You Have a Competitive Edge’.** Despite having varying levels of familiarity with self-compassion, most (14) participants expressed an open mindset towards the construct, indicating that they felt no hesitation or reluctance to use self-compassion, particularly if it might help them improve their sport performance and/or give them a competitive edge.

Jeremy, who was unfamiliar with self-compassion prior to being introduced to it in the Phase I interview, said, ‘I think it's a great idea that should definitely be used’ (Jeremy, I1). Mark (I1) said that self-compassion can provide a competitive advantage, saying, ‘...from my

own mentality, it's like you have a competitive edge, basically'. Steve (I1), one of the participants who had previously used self-compassion, agreed that self-compassion can provide a competitive advantage, as it 'helps me focus and it helps me feel better about what I'm doing instead of letting my brain go the usual way and think about everything, so yeah, it's a lot more calming'. Steve (I2) also explained that self-compassion can be a helpful resource for 'letting go of stuff and healing', adding that 'you can't grow if you are holding onto something that you should be releasing and getting out of your system'. Similarly, Kirk (I1) thought that self-compassion might be particularly useful for rebounding from the 'sport low' of having a bad game, suggesting it 'would ultimately bring you back up to normal, and maybe even past normal'. He also spoke about self-compassion as a way to help men athletes reach their potential, saying, 'I'm all about getting better every day, and doing things to help you reach your maximum potential. I believe this is one of those things' (Kirk, I1).

Shane (I1), who was somewhat familiar with self-compassion prior to his Phase I interview, spoke highly of the construct, saying 'this is something that I'll definitely apply', adding:

It could be something that obviously is a tool to get people through adversity...such as defeat or maybe battling within a tough position or an injury...it's really for any sort of failure or I guess, not necessarily failure, but adverse or difficult time.

Carlos (I2) added that 'taking it easy on yourself' doesn't adequately depict what self-compassion is, saying, '...not just take it easy on yourself, take it easy on yourself because it will lead to a better performance'. Danny (I2) also spoke about positivity, not dwelling on negatives, and the opportunity to improve through learning from mistakes.

Self-compassion can help you not be too hard on yourself, and focus on being better, being stronger for next time, the next game, the next hole, the next event, anything like that – so yeah, there’s definitely a role for self-compassion. Because, if one isn’t self-compassionate and you beat yourself up too much, then you might not have any room for improvement. You might just actually end up getting worse if you’re having negative feelings all the time, so it’s definitely good to be positive and try to build on yourself and work from your experience and learn from your mistakes.

Steve (I2) said that the role self-compassion plays in men’s difficult experiences in sport is connected to a positive mindset and increased performance, stating, ‘I think it’s just the way it helps is to put you...or put the athlete in a more positive mindset...which is gonna help you again just have a better performance’.

The men expressed that self-compassion might be a particularly useful resource for enabling men athletes to refrain from dwelling on negative experiences and failures to meet expectations in sport, and facilitating their ability to move forward in constructive, adaptive ways. Moreover, the tendency to have a ‘short memory’ with respect to difficult experiences in sport by having a self-compassionate mindset or approach might lead to increased performance, according to the men.

**Connecting Self-compassion and Masculinity – ‘If Someone can Realize Their Strength and Their Self-Compassion Practices to be a Masculine feature, I Think That Would Help Them View Masculinity in a Different Way’.** All of the participants agreed that self-compassion can play some role in men’s difficult experiences in sport through masculinity, but their views on specific roles varied to some degree. Some (6) of the men suggested self-

compassion is a masculine quality itself, while others (5) linked self-compassion to masculinity through sport performance.

We interpret Shane's (I2) views that self-compassion enables men athletes to overcome adversity in sport, which he believes to be a masculine quality, as evidence that self-compassion may foster masculine characteristics.

If you wanted to tie it [self-compassion] in with masculinity, that's part of...the standard of masculinity is that they're expected to overcome...barriers. And there's always that expectation to [overcome barriers]. Maybe it's seen as a sign of weakness if you're not able to do it.

Danny (I2) connected masculinity and self-compassion through the common element of strength, stating, 'When I think about masculinity and sport, I think about the term or the word, 'strong' or 'strength', and that's both physical strength and emotional strength and mental strength'. Steve (I2) explained an experience he had when a teammate called him a 'stick figure', and how self-compassion helped him deal with the negative situation in a masculine way.

Somebody makes a stupid joke about me being a stick figure, you know? That used to get me down a lot, but then once I learned to more just kind of sluff it off and push it aside, and not even completely—to also recognize it and know what it is and then, you know, separate myself from that and focus on myself, which is different than just...cutting the two and letting them exist differently. To me, that's a more strength-filled thing, and then maybe if someone can realize their strength and their self-compassion practices to be a masculine feature, I think that would help them view masculinity in a different way, and help them through their problems.



Steve captured the way he has been and is able to connect masculinity and self-compassion through a photo (see Figure 3).

Mark (I2) explained that he thinks performance is directly linked to masculinity and that, ‘If you do have a bad performance, then your internal perception of masculinity diminishes and then you feel like less of a man’, which is where he believes self-compassion might be most useful for men athletes. Specifically, Mark noted that self-compassion might reduce the tendency to place one’s self-worth on performance, and ultimately not alter his views on his own masculinity, based on performance. He also explained through use of a photo (see Figure 4) that a younger version of himself lacked self-compassion while being fueled by traditional representations of masculinity, but that self-compassion would have been particularly useful to help him through some of the lows he experienced in sport at that time.

Jeff created a hypothetical scenario where he was being ‘pushed off the ball’ in his sport of soccer, which he said would make him feel emasculated. He explained that self-compassion might help prevent him from dwelling on it, and that it also facilitates his ability to think about it constructively. ‘You can’t dwell on getting pushed off the ball. You just have to accept it and be like, ‘Fuck, I’m weak. I have to do something about it’ ...if you don’t do anything about it, you’re just giving up’ (Jeff, I2). Jeff went on to explain that ‘doing something about it’ could involve lifting weights more consistently at the gym and training more for soccer, and that he could use the emasculating scenario as motivation to be better going forward.

Interestingly, some of the men in our study considered self-compassion a masculine attribute, suggesting that the ability to work through difficult experiences represents masculinity. Others believed that self-compassion can facilitate masculine behaviour, including taking measures to improve sport performance. In general, the men athletes did not describe a

disconnect between masculinity and self-compassion, which is a positive sign for the viability of self-compassion for men athletes.

**Initial Reservations/Stigma – ‘If I Tell Him to use Self-compassion, There Might be a Fist Fight’.** Despite the predominately positive response to self-compassion, not all of the participants were entirely supportive or open to the construct, particularly upon being introduced to it at Phase I. Two of the men were resistant to self-compassion, suggesting it may lead to complacency or lack of motivation and that it sounds ‘soft’, while others acknowledged there is a stigma attached to self-compassion, despite personally embracing it.

The Rock (I1) disliked the term, ‘self-compassion’, explaining that ‘compassion is something you give someone else’, and that it ‘might be for people who don’t want to take responsibility’. He added, ‘just because everyone makes mistakes, doesn’t mean that you should be making mistakes...that doesn’t mean that...(you) should accept them. You should do what you can to try to avoid them’. Speaking to his hesitation to use self-compassion and the notion that self-compassion might lead to a lack of responsibility or complacency, The Rock (I1) said:

...the biggest fear for me is I don’t want to get complacent in what I’m doing, and the hesitation would be if I do it too much, then I won’t take responsibility for my own action...and I used to be the kind of person who never took responsibility for their actions...I was always blaming others for what was happening, so I don’t want to go back to that, and I think self-compassion could lead me down that path.

Laine (I1) described his approach of using failures as motivation to improve in his sport, and he was concerned that self-compassion might prevent him from doing that, saying, ‘If I’m too forgiving of myself, I might not even bother to fix anything or I might not be motivated, because maybe I don’t have to go do better next time’.

Some athletes were hesitant about the term, ‘self-compassion’, with Jim (I1) saying it would be difficult to tell his team of 25 rugby players after a tough loss, ‘We need to be self-compassionate’, though in a ‘one-on-one’ setting, he would feel more comfortable discussing it. Laine (I1) added, ‘With the traditional definition of man, using something called self-compassion just sounds too soft’. Kirk (I1) said that none of his coaches would tell their athletes to be self-compassionate, and if he were to tell teammates about self-compassion, he would not use the term, ‘self-compassion’.

I think you’d have to like take away that self-compassion, change the name of it somehow...if you can tailor it to like a method to hit the reset button or to help you forget—something more along those lines...to put me in a better mindframe.

Kirk (I1) also spoke about how a potential interaction with a teammate might unfold, if he attempted to introduce self-compassion at an inopportune moment.

Say my stallmate’s had a bad game, and he’s down in the dumps and I say like, ‘Hey, don’t feel so bad about yourself’...he’s probably gonna swear at me....and if I tell him to use self-compassion, there might be a fist fight!

Despite his personal endorsement of self-compassion, Steve (I1) acknowledged that there remains a stigma attached to self-compassion, in spite of his disdain for that line of thinking:

...it’s crap that people think that if a guy is this kind of emotional, and looks into his feelings this way, that he’s somehow crucified for it, and criticized sometimes, you know, for not being a man, and not just dealing with this shit, and it’s like—but that’s how I am dealing with it, you know? That *is* dealing with it.

Although most (14) of the men athletes viewed self-compassion in a positive light overall, some (2) noted hesitation towards using it, citing complacency or lack of motivation as a

reason to reject it. More commonly, however, was the idea that it would be difficult to introduce or explain self-compassion to others, whether it be teammates, peers, friends, or family. Some (4) participants explained that they would only feel comfortable explaining self-compassion to others in particular contexts (e.g., if a teammate had a difficult experience in sport and it was a one-on-one setting). Perhaps the biggest barrier to these men athletes' self-compassion was the 'soft' connotation that they believed accompanies the term, 'self-compassion'.

**Shifting Views/Education – ‘Prior to This I Had No Idea What it Was, So I Didn’t Know if I Was Doing it or Not’.** An encouraging development for the viability of self-compassion as a resource for men athletes is that all of the men at Phase II described at least some way that the practice of self-compassion could be helpful or useful in dealing with their difficult experiences in sport, including the men who had initially expressed reservations towards the construct. Many of the men (10) said that they were previously unfamiliar with self-compassion and that participating in the photography task and having time to reflect on the construct of self-compassion helped them to better understand ways that they could benefit from it. Similarly, educating men athletes on self-compassion and how it can be utilized emerged as a common discussion topic itself.

Laine, who expressed concerns about using self-compassion at Phase I, said that having time to reflect on what self-compassion meant to him, along with the photography task, enabled him to use self-compassion to adaptively deal with an injury he sustained after his Phase I interview.

Typically, that’s something that would really put me on my ass. I probably wouldn’t do well at work, I wouldn’t do anything at home, and I’d be pretty upset. But, after this

[photography task], I kind of thought about it and took a spin on it where I'm going to work hard at my rehab and I'm going to do the best I can at what I still can do. (Laine, I2)

The Rock, who was also skeptical about the potential of self-compassion at Phase I, provided an example of an experience tied to his masculinity, where he used self-compassion between the two interviews.

...playing soccer and there were some girls on the other team, and my friends expected me to outperform them, but they were very good, so it was difficult...so that didn't happen and there was a disappointment factor. So...you have to have kind of self-compassion to be able to say, you know, you'll do better next time, and there's these gender norms that you're more masculine and you're tougher, which aren't always true. (The Rock, I2)

In their Phase II interviews, all of the men said that they were equally as comfortable or more comfortable than they were at Phase I in discussing self-compassion, while some noted they had already practiced self-compassion unknowingly in the past. Having a term for it and understanding self-compassion better at Phase II, they felt better prepared to use the construct.

I think I did it without even knowing it, because I could like feel the results of using self-compassion, but I couldn't put a word to it...but now that I can put a word to it, and describe it almost—just being optimistic and using words like self-kindness and loving yourself really...it does help, and I don't know, it works really. (Ty, I2)

Even Steve, who was likely the most experienced participant in terms of pre-existing knowledge and practice of self-compassion at Phase I, since he described his past usage of self-compassion repeatedly throughout the two interviews, said he gained an ability to discuss and use self-

compassion in new and alternative ways after completing the photography task. In speaking about the task, Steve (I2) said it was:

...something that I didn't understand how it was going to work, and then once doing it, it worked...it forced me to look a little bit more in detail...and delve into the details of whatever encounter I may have...now I have another tool to use.

Through the photography task, Steve found a particularly interesting way to connect masculinity with self-compassion, explaining that at times he feels masculine and able to provide help to others, while also recognizing that he sometimes needs help, something he attributed to a self-compassionate mindset.

Some (3) of the men noted that they had also described self-compassion to their teammates/colleagues since the Phase I interview, though others (4) said that attempting to explain self-compassion to others was or would be challenging, largely due to a misconception of what the construct represents. Laine (I2) said, 'I was telling some people at work about this and I was trying to convince them this is actually really cool. And when I had to say it, it's like men athletes' self-compassion, the guy's like, '[laughter] What? Okay...'. Laine (I2) also said that if he were to tell his dad that he was involved in a study on self-compassion that, 'he'd call me gay and tell me to go bash my finger with a hammer or something...you know, he'd tell me to go do some work. "Go fix the truck"'.

While all of the men agreed that there are at least some potential benefits of self-compassion for men athletes, some (5) recognized that there might still be a stigma attached to it. When asked what might foster or enhance their ability to use self-compassion in the future, the nearly universal response was rooted in education.

Bob suggested a workshop for teams, highlighting the benefits of self-compassion, while Jeff said an educational component where athletes are introduced to self-compassion and its potential benefits should be introduced to teams at younger ages. Jeremy explained that while spreading awareness of self-compassion is important, it is equally important for men athletes to obtain an adequate understanding of what self-compassion is, and the different ways in which it can be helpful. Kirk and Mark agreed that education is critical, but that the delivery of the information has to come from people who have a background in sport psychology, while Mark noted that being surrounded by other high-level athletes who are self-compassionate can be extremely useful. Ty (I2) said that presenting men athletes with hypothetical difficult sport-specific scenarios, like ‘losing the biggest race of the year’ might be a particularly effective way to help them learn about self-compassion, as it would enable them to work through a realistic situation involving sports and masculinity and ultimately resolve it by using self-compassion.

In his Phase II interview, The Rock (I2) said his knowledge of self-compassion was lacking before his involvement in this study, explaining, ‘I think we just need a better understanding as...athletes or, you know, as people, because prior to this I had no idea what it was. So, I didn’t know if I was doing it or not’. He added that when educating others about self-compassion, it is important to explain that different people have different interpretations of what it means, which is okay, saying, ‘One thing that we could do is tell people, “Okay, here’s self-compassion and it means different things to different people”, and not to assign a strict definition to it...just increase the awareness and education about it, more than anything’.

Overall, the participants agreed that the majority of men athletes are likely either unfamiliar with self-compassion or under-informed about what self-compassion is and how it might benefit them. They believed that the best solution would be to spread awareness about

self-compassion, though their individual ideas of how that might best be achieved varied. Regardless of the approach, the men predominately suggested that adequately educating men athletes about self-compassion is imperative to enhancing its utility, effectiveness, and accessibility in populations of men athletes.

## **Discussion**

The detailed accounts of the 16 men athletes in this study both provide support for self-compassion as a resource for men's difficult experiences in sport *and* uniquely contribute to the self-compassion literature. The findings of the current study generally align with findings of quantitative studies on men athletes' self-compassion (e.g., Reis et al. 2019), in that self-compassion is seemingly a viable resource for overcoming emotionally difficult experiences (e.g., adversity, mistakes, failures) in sport. The men athletes' meanings and interpretations of self-compassion seemingly align with how self-compassion is frequently represented in quantitative research (i.e., Self-Compassion Scale [SCS]; Neff 2003a) on men athletes' self-compassion (e.g., Reis et al. 2019). For example, the men in our study discussed the importance of refraining from dwelling on negative experiences and/or failures in sport, which is representative of mindfulness items in the SCS (e.g., 'When I fail at something important to me I try to keep things in perspective'; Neff 2003a). As well, the men athletes in our study shared similar interpretations and views to those of women athletes on the potential role of self-compassion in sport – most notably, that self-compassion might help athletes persevere through negative cognitions and emotions stemming from failures, mistakes, and injuries (Sutherland et al. 2014). The current study also offers unique contributions to the literature in the following two ways: to our knowledge, (a) it is the first qualitative exploration of men athletes' self-



compassion; (b) it is the first study that connects men athletes' experiences of self-compassion in sport, while also exploring the role of varied representations of masculinities.

Despite ongoing concern about the utility and broad-spanning viability of self-compassion and whether certain populations (e.g., men athletes; Mosewich et al. 2019) are open to embracing the construct, our findings lead us to suggest that self-compassion *can* play a role in men athletes' sport experiences. Most of the men in our study did not express reluctance or hesitation towards self-compassion. While several of the men athletes acknowledged their respective concerns about self-compassion in different ways, suggesting that it might lead to complacency, decreased motivation, or the tendency to shirk responsibility for one's actions, the majority said they would have no reservations about practicing self-compassion, particularly if it might help them perform better in their sport(s) through learning from failures or mistakes. The men also noted that they would be more likely to use self-compassion in the future, after having been educated about it and having time to reflect on what it means to them, a sentiment they believed would be echoed by other men athletes. The inclination to use self-compassion as a means to motivate or facilitate self-improvement through learning from past performance failures is consistent with research in achievement domains, including college students (e.g., Breines and Chen 2012) and women athletes (e.g., Killham et al. 2018), but has not previously been studied in populations of exclusively men athletes. The finding that men athletes in our study predominately view self-compassion as a resource to help them get better at their sport is a unique contribution to the literature.

Our finding that self-compassion was generally viewed in a positive light and as a potential resource for men athletes was somewhat surprising, considering that men athletes typically have high levels of traditional masculine norms (Wasylikiw and Clairo, 2018), and that

self-compassion has been shown to contrast with adherence to traditional masculine norms (Reilly et al. 2014; Reis et al. 2019). Although levels of traditional masculinity were not measured in our study, given its qualitative focus, some of the men athletes discussed their beliefs about the presence of societal expectations to behave in ways that would typically align with traditional masculine norms. For instance, several men explained that they believed demonstrating ‘toughness’ through acts of playing through pain and/or injury was expected of them due to various influences (e.g., media, coaches), which theoretically aligns with traditional masculine norm adherence (Sartore and Cunningham 2009). They also expressed feeling that they would be letting important others (e.g., teammates) and themselves down if they failed to conform to these standards. It is also possible that expectations to perform traditionally masculine acts (e.g., playing through pain) are products of specific sports, most notably those deemed ‘body-contact confrontational’ (e.g., hockey, football, rugby; Messner and Sabo 1990), and that men perceive performing such acts as aligning with the ‘sport ethic’ (i.e., core norms in specific sports that athletes use to identify themselves as part of the sport culture, including ‘playing through pain’ and ‘making sacrifices for the game’; Hughes and Coakley 1991; Jessiman-Perreault and Godley 2016). However, it is important to note that high valuation of traditional masculinity seems to be diminishing in the current generation of men (Anderson and McGuire 2010), with evidence suggesting that a more contemporary version of masculinity – inclusive masculinity – might become the foremost embodiment of masculinity in the future (Anderson and McCormack 2018).

Recently, inclusive masculinity theory has come under scrutiny, which might have stemmed at least partly from fluid shifting of men’s enactments of masculinities. Of note, de Boise (2015) suggests that it is overly simplistic at best and potentially dangerous at worst to

imply that homophobia and homophobia (i.e., men's cultural fear of being homosexualized; McCormack 2011) are drastically diminished in recent times, an integral assumption of inclusive masculinity theory (Anderson and McGuire 2010), noting that homophobia in particular remains prevalent in many societies. Moreover, de Boise (2015) states that inclusive masculinity theory offers little beyond hegemonic masculinity theory, especially since hegemonic masculinity was designed to incorporate societal shifts in prevailing or dominant representations of masculinities (Connell 1995). However, it should be noted that inclusive masculinity theory *incorporates* hegemonic masculinity theory, such that where homophobia and homophobia are rampant, it is acknowledged that traditional or hegemonic masculinity is the prevailing representation of masculinity (Anderson 2009; Anderson and McGuire 2010). But, where homophobia and homophobia are diminished, a trend that has become more common in recent years, notably in sporting contexts, equal treatment of varied masculinities amongst men typically occurs (Anderson and McCormack 2018).

It is our view that inclusive masculinity theory has theoretical merits independent of hegemonic masculinity theory, particularly in contemporary men's sports settings. Notably, in men's sports settings, there remains a lack of specificity in hegemonic masculinity theory with respect to how hegemonic masculinities might shift in varying contexts, and the implications that might accompany such changes. As well, inclusive masculinity is premised on a non-existent or more gradual masculinity hierarchy (Anderson and McCormack 2018), while hegemonic masculinity is rooted in the steep stratification of varied representations of masculinities (Connell 1995). Thus, where enactments of masculinities are treated equally and arranged horizontally, hegemonic masculinity theory is limited, since hierarchical arrangement of masculinities is one of its fundamental components (Anderson 2009; Connell 1995). As well, recent literature in

sport and masculinities is linked to inclusive masculinity theory (e.g., Magrath 2020; Reis et al. 2019).

Importantly, despite recent critiques of inclusive masculinity theory based on the position that it accomplishes little beyond hegemonic masculinity theory (e.g., de Boise 2015), we believe that a lack of traditionally dominant or hegemonic masculine representations (e.g., homophobia, violence; Anderson 2009; Connell and Messerschmidt 2005) by the men athletes in our study aligns with and offers support for inclusive masculinity theory. Moreover, research suggests that men athletes who align with inclusive masculinity are more self-compassionate (Reis et al. 2019). It should be noted, however, that it is also possible that the fluidity of men's masculinities (de Boise 2015) could have ultimately led to a more inclusive representation of masculinity in the context of their participation in our study, and that in different circumstances, more traditional masculine views might have been more apparent.

Interestingly, some of the men athletes in our study said that treating oneself with compassion *is* masculine, since it represents an adaptive approach to dealing with failures and hardships (e.g., not meeting expectations in competition), in an attempt to improve at their sport. Considering the men athletes we interviewed typically spoke of 'masculinity' in reference to its traditional meaning, it is possible that the men in our study did have high levels of *certain* traditionally masculine norms (e.g., self-reliance) that enable them to use self-compassion as a way to focus on their own needs in times of struggle, which would align with findings that traditional masculinity predicts higher levels of self-compassion (Wasylikiw and Clair 2018; Yarnell et al. 2019). However, considering the men athletes' accepting views towards homosexuality and their generally non-judgmental attitudes, we are fairly confident they represent an inclusive version of masculinity.

Regardless of the men athletes' masculinity representations, our findings that self-compassion appears to be a useful resource for men athletes are noteworthy, and promoting the construct to other men athletes is important. However, as noted in past research with athletes (e.g., Eke et al. 2020) and echoed by the men in our study, a lack of awareness and understanding of self-compassion presents a challenge to its widespread use amongst athletes. Adequately educating athletes about self-compassion and finding strategies to alter negative preconceptions about self-compassion was not only identified as a theme in our research, but has also been highlighted in recent studies in the field (e.g., Ingstrup, Mosewich, and Holt 2017). Upon interviewing women athletes, Ingstrup et al. (2017) found that self-compassion was typically learned through reflecting on past experiences and by learning through others (e.g., peers, parents, sport psychologists). In our study, the men athletes explained that receiving education about self-compassion from knowledgeable sources, like sport psychologists, would help them accurately learn what self-compassion is and ultimately apply it in their sport experiences. As well, the men noted that a self-compassion intervention for men athletes would be a positive step in raising education, awareness, and accessibility of self-compassion, an approach that has successfully been implemented with women athletes (i.e., Mosewich et al. 2013). Some men said that seeing teammates act in self-compassionate ways in the past (e.g., refraining from dwelling on disappointing experiences in sport to move forward in constructive ways) increased their respective ability to take a self-compassionate approach to difficult experiences in sport, which aligns with similar findings in a sample of women athletes (Crozier, Mosewich, and Ferguson 2019).

### ***Future Directions***

Important next steps in men athletes' self-compassion research are: (a) to identify language surrounding self-compassion that resonates with men athletes, and (b) design a self-compassion intervention tailored specifically to men athletes.

Though the current study briefly touched on language that men athletes might prefer to 'self-compassion', it was not the primary focus of our research, and only occurred organically in some of the interviews. Perhaps reframing the language of self-compassion, as is currently being explored elsewhere (e.g., 'inner strength training' instead of 'self-compassion training'; Yarnell et al. 2019) and has been suggested for future research in populations of athletes (Walton et al. 2020), might enable men athletes to destigmatize self-compassion and more readily apply it. Neff and Germer's (2018) recently introduced 'yin' and 'yang' of self-compassion might offer a way of both maintaining the authenticity of self-compassion, while educating men athletes on the ways that self-compassion can also be masculine, making the term 'self-compassion' more palatable to them. The 'yin' of self-compassion represents the nurturing, traditionally feminine qualities that many initially think of when hearing self-compassion (i.e., comforting, soothing, validating), while the 'yang' of self-compassion offers a more traditionally masculine representation of self-compassion (i.e., protecting, providing, motivating), related to 'acting in the world' (Neff and Germer 2018). The 'yang' of self-compassion might help men athletes challenge traditional expectations of masculinity placed on them in sport, like playing through injury, by empowering them to protect themselves and their bodies through masculine, *self-*protective acts (e.g., a man athlete telling a coach 'no' when asked to play through injury or pain, since the act of doing so might cause harm to his body and inherently conflict with self-compassionate practices; Neff and Germer 2018; Yarnell et al. 2019). Accordingly, an exploratory study *centered* on identifying language that best represents self-compassion to men

athletes is a recommended future research direction, and the ‘yin’ and ‘yang’ of self-compassion might be an optimal place to start.

Identifying self-compassion language that best resonates with men athletes is also an important consideration for the development of a self-compassion intervention tailored specifically to them. For example, the ‘yin’ and ‘yang’ of self-compassion could be introduced during an initial psychoeducational component of the prospective intervention. Mosewich et al.’s (2013) self-compassion intervention for women athletes featured an introductory psychoeducational component explaining self-compassion, but discussion of the ‘yin’ and ‘yang’ of self-compassion is relatively new (i.e., Neff and Germer 2018), and might be a valuable addition to a self-compassion intervention for men athletes. As well, with the seemingly integral and complex role of masculinity in men athletes’ self-compassion (Mosewich et al. 2019), and the finding that inclusive masculinity is related to higher levels of self-compassion in a population of men athletes (Reis et al. 2019), we encourage any interventions tailored to men athletes to consider aspects of masculinity.

### ***Conclusion***

Utilizing a combination of verbal and visual methods (i.e., interviews and reflexive photography), our research has provided a unique contribution to the literature, since this approach has not previously been taken to explore men athletes’ experiences of self-compassion through the lens of masculinity. Overall, our findings highlight the potential of self-compassion as a useful resource for men athletes, particularly for overcoming adversity and failures in sport stemming from masculinity-based challenges. While some men expressed initial hesitation towards self-compassion, they all described ways that self-compassion could be beneficial. The tendency to embrace self-compassion might reflect a generational shift in masculine embodiment

from that of a traditional, judgmental representation of masculinity to a more inclusive, accepting representation of masculinity.



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Figure 1. The Rock's personal skincare products that conflict with his father's expectations of him to fulfill traditional masculine norms. The Rock said he is comfortable engaging in practices that represent a non-traditional masculinity.



Figure 2. Mark lying at peace in his masculinity after letting children braid his hair, despite being aware that the colourful elastics and his long hair contradict cultural ideals of masculinity.

\*Note: Mark's eyes have a black line across them to protect his identity.





Figure 3. An Inukshuk that Steve built, which he described as representing peace and tranquility through self-compassion, while also representing masculinity through the prideful feeling of building it. As a whole, Steve said the inukshuk represented who he needed to be at the time – standing strong and not wavering – which enabled him to let go of the sport-specific negative experiences in his life. He was able to do something nice for himself, which he considered healing, not selfish.



Figure 4. A photograph of a smashed mirror in Mark's bedroom, with a competition bib (blacked out to protect identity) posted in it. Mark smashed the mirror after a poor performance and threw it in the garbage, before ultimately pulling it out and hanging it back in his room so he would not forget how low he felt in that moment. He noted that at the time, roughly 7 years prior to the photography task, he considered it masculine to engage in a destructive act like smashing the mirror. However, in his interview, he noted that self-compassion would have been a helpful resource for him during that time in his life.



### **Study 2 (and Study 1) Bridge to Study 3**

The primary goal of Study 2 was to explore men athletes' lived experiences of self-compassion through the lens of masculinity. The conceptualization and initial planning of Study 2 was concurrent with the conceptualization and planning of Study 1, with the goals of each being related (in part) to informing Study 3. While Study 1 represented a broad-spanning search and identification of important variables in self-compassion research with men athletes, Study 2 represented a deep dive into the rich, detailed accounts of men athletes' lived experiences of self-compassion. Thus, Study 1 and Study 2 were designed to complement one another, such that each would contribute in unique ways to the literature, offer distinct insight for the shaping of Study 3 (e.g., Study 1 – inclusion of key outcome variables to include in Study 3; Study 2 – identification of key talking points included in the educational video on self-compassion, shown at the onset of the Study 3 self-compassion intervention), and address inherent shortcomings of the other. Theoretically, where Study 1 was limited, Study 2 would address at least some of its limitations, and vice-versa.

Due to the quantitative design of Study 1, we were unable to hear men athletes speak about their own experiences of self-compassion, nor were we able to gather their views of masculinities and how their individual representations of masculinity might play a role in their experiences of self-compassion in sport. As well, the cross-sectional nature of Study 1 inherently prevented us from assessing any potential evolution or shifting of men athletes' perspectives on self-compassion (and/or masculinities) over time. Study 2, on the other hand, enabled us to gather men athletes' detailed, nuanced accounts of their experiences of self-compassion in sport, along with their interpretations of masculinities and how self-compassion and masculinity might be connected, if at all. Moreover, since Study 2 featured two semi-structured interviews of men

athletes approximately one month apart, with a reflexive photography task in between, a notable strength of Study 2 is that the men were afforded the opportunity to explain if/how their views on self-compassion (and/or masculinities) shifted over time, following a period of reflection and visual representation. Additionally, the potential interplay of self-compassion and masculinities was explored in different ways in Study 1 and Study 2, with Study 1 featuring a moderation analysis of the potential ways that self-compassion impacted relationships between varied masculinities (i.e., traditional masculinity, inclusive masculinity) and key variables, and Study 2 including interview questions focused on men athletes' interpretations of their own masculinities, and how they perceived self-compassion and masculinity to be related.

Important takeaways from Study 2 include the importance of adequately educating men athletes on what self-compassion is and what it is not (e.g., dispelling the myth that self-compassion leads to shirking of responsibility), insight on how and when self-compassion might be most beneficial for men athletes (e.g., reduced dwelling on mistakes and/or failures in sport), and the potential need to reframe language surrounding self-compassion (e.g., moving away from “soft” and/or “flowery” terms, including “self-compassion”). Despite the initial tendency of some of the men athletes in Study 2 to reject self-compassion, at least in part because of the term, “self-compassion”, all of the men athletes expressed that they saw value in the construct of self-compassion. In particular, the men athletes were willing (and in some cases, eager) to accept and practice self-compassion, particularly if they believed it would help improve their sport performance (e.g., faster, more adaptive recovery from difficult experiences in sport, including the use of failures or mistakes as learning opportunities moving forward).

Taken together, the findings of Study 1 and Study 2 provided support for the delivery of a self-compassion intervention to men athletes (i.e., Study 3), since self-compassion appears to be

a useful resource for men athletes. Results of Study 1 indicate that self-compassion was related to conceptually “healthy” variables (e.g., psychological well-being) in a positive direction, and conceptually “unhealthy” variables (e.g., internalized shame) in a negative direction. As well, we were able to identify important outcome variables to be included in Study 3. Results of Study 2 suggest that self-compassion can be particularly valuable for men athletes when they endure difficult experiences in sport, largely through masculinity (e.g., negative evaluations due to perceived failure to meet traditional masculine norms, like speed or strength). Importantly, results of Study 2 also indicate that at least for some men athletes, their willingness to accept and practice self-compassion hinges on being adequately educated about what self-compassion is and what it is not. Accordingly, in keeping goals of Study 1 and Study 2 in mind: (a) all outcome variables included in Study 3 were found to be related to self-compassion in Study 1 (i.e., Study 1 informs Study 3), (b) the creation of the introductory/educational video on self-compassion shown to men athletes at the onset of the Study 3 self-compassion intervention was largely based on men athletes’ feedback in Study 2 (i.e., Study 2 informs Study 3), and (c) Study 1 and Study 2 each provided unique contributions to the literature.



**Chapter 4: Study 3 – Examining the Feasibility of a Self-Compassion Intervention in Competitive Men Athletes**

### **Abstract**

In light of recent findings indicating self-compassion might be a useful resource for men athletes, particularly when they encounter difficult experiences in sport (e.g., Reis et al., 2019, 2021), the goal of the current study was to examine the feasibility of a one-week self-compassion intervention, that was previously delivered to a sample of women athletes (i.e., Mosewich et al., 2013). We recruited 83 men athletes between 16 and 35 years of age, with 38 of them completing the full intervention and a one-week post-intervention assessment of outcome measures. Of the 83 men that completed the baseline (i.e., Time 1) survey, 43 started the intervention (i.e., completed at least one module, including the introductory piece). Of the 38 men athletes to complete the intervention, 37 participated in a follow-up interview about their experiences and opinions of the self-compassion intervention, and were given opportunities to make recommendations on how to improve it. Our findings are encouraging for the feasibility of the intervention, with data trends in conceptually healthy and hypothesized directions (e.g., self-compassion levels increased at post-intervention). As well, the men generally agreed that the self-compassion intervention was helpful and should be administered to other men athletes. A notable recommendation to improve the intervention from the men athletes in their follow-up interviews was to build a focus group component into the intervention, which would theoretically enable the men to interact with both the researcher and other participants.

## **Examining the Feasibility of a Self-Compassion Intervention in Competitive Men Athletes**

### **Introduction**

Self-compassion, a way of treating oneself with acceptance and understanding, particularly when faced with challenging circumstances (Neff, 2003), is rapidly becoming a useful resource for helping athletes deal with emotionally difficult experiences they encounter in sport (e.g., negative performance evaluations; Killham et al., 2018; Mosewich et al., 2011). For instance, performance failure in sport can lead to self-criticism, self-punishment, emotional distress, decreased mental health, and a diminished sense of self (Ceccarelli et al., 2019; Mosewich et al., 2014), and athletes with higher levels of self-compassion have demonstrated less maladaptive responses (e.g., shame, embarrassment, humiliation) to sport-specific challenges and/or setbacks (e.g., injuries, performance failures; Reis et al., 2015; Wilson et al., 2019). As well, self-compassion has been positively related to psychological well-being in samples of athletes (Ferguson et al., 2014; Reis et al., 2019), along with healthier reactions, thoughts, and emotions (e.g., less catastrophizing thoughts) in response to sport-specific recalled and hypothetical emotionally difficult sport experiences (e.g., hypothetical scenario: “being responsible for losing an athletic competition for your team”; Reis et al., 2015). In short, self-compassion can help athletes navigate the challenges of sport and move forward in healthier, more adaptive ways.

While there was some initial concern that self-compassion might not have standalone merit beyond its closely related cousin, self-esteem (e.g., Leary et al., 2007), self-compassion has since been established as an effective resource for coping with difficult experiences and hardships in various populations (e.g., undergraduate university students, military veterans, athletes; Gunnell et al., 2017; Ramon et al., 2020; Reis et al., 2015). Initially, athlete-based

research in the field of self-compassion was predominantly focused on samples of exclusively women athletes, with findings indicating that self-compassionate women are more well-equipped to adaptively manage sport-specific challenges and/or emotionally difficult experiences than less self-compassionate women (e.g., Mosewich, et al., 2011; Mosewich et al., 2013). More recently, self-compassion studies with mixed-gender samples of athletes (e.g., Walton et al., 2020) and samples of exclusively men athletes (e.g., Waskylkiw & Clairo, 2018), including the research from my first two studies (i.e., Reis et al., 2019, 2021), have surfaced in the literature with encouraging results (e.g., negative relationship between self-compassion and psychological distress in women athletes *and* men athletes; positive relationship between self-compassion and psychological well-being in men athletes; Reis et al., 2019, 2021; Walton et al., 2020). But while self-compassion seems to offer a tool or a resource for both women athletes *and* men athletes when they endure difficult experiences in sport, there remains a discrepancy in the literature between self-compassion studies focused on women athletes and men athletes, with less research centered on men athletes' self-compassion. As a result, less is known about the ways that self-compassion can help men athletes deal with what are a unique set of sport-specific challenges, compared to those of women athletes (Reis et al., 2019). Specifically, masculinity appears to be at the core of many sport-based difficult experiences for men athletes (e.g., marginalization and/or subordination due to failure to live up to performance expectations of men athletes; Anderson & McGuire, 2010; Reis et al., 2021), and the interplay between self-compassion and masculinity is understudied to date in sport, with a few exceptions (e.g., Reis et al., 2019, 2021; Waskylkiw & Clairo, 2018).

Despite initial concern surrounding the viability of self-compassion in populations of men athletes, since men athletes have historically aligned with traditional masculine values (e.g.,

emotional restrictiveness) that might make them less willing and/or able to embrace a construct rooted in acceptance and non-judgment like self-compassion (Mosewich et al., 2019; Wasylikiw & Clairo, 2018), recent research suggests that today's men athletes might represent a different, more accepting version of masculinity (i.e., inclusive masculinity – a version of masculinity that is focused on the horizontal alignment and equal treatment of different representations of masculinities, rather than the steep stratification of masculinity representations that is characteristic of traditional masculinity; Anderson & McGuire, 2010) that philosophically aligns with self-compassion (Reis et al., 2019, 2021). A recent study that featured interviews with men athletes found the men eager to embrace and practice self-compassion, particularly if it could help them elevate their performance and/or recover from the lows of sport more quickly (Reis et al., 2021). Notably, however, some of the men interviewed said they were *initially* unfamiliar with self-compassion and/or offput by the term “self-compassion”, claiming it sounded “soft” or “wishy-washy”, and that it would be difficult to discuss with teammates or friends, due in part to their respective masculinity orientations (Reis et al., 2021). Thus, it is not yet clear whether some/most men athletes are open to embracing and/or practicing self-compassion, and their individual representations of masculinities seem to be at the crux of the matter (Reis et al., 2019, 2021).

Interestingly, the relationship between masculinity and self-compassion appears complex, as contradictory findings indicate that in some cases men with high levels of traditional masculinity also have high levels of self-compassion (Yarnell et al., 2019), while other findings indicate a negative relationship between self-compassion and traditional masculinity (Reis et al., 2019). It is possible that certain traditional masculine traits (e.g., self-reliance) align with self-compassion, while others do not (e.g., violence), but there is currently minimal research that

teases out potential relationships between self-compassion and specific traditional masculine traits. Inclusive masculinity, on the other hand, was found to be positively related to self-compassion in the only quantitative study to our knowledge that has examined a potential relationship between the two constructs (Reis et al., 2019). As well, Reis et al. (2021) found that self-compassion and inclusive masculinity are conceptually similar, according to the views of the men athletes interviewed.

In what could be viewed as an extension of how masculinity relates to self-compassion in men athletes, the types of sports men compete in might also play a role in men athletes' self-compassion (Reis et al., 2021). Specifically, men who participate in “body-contact confrontational” sports, including hockey, rugby, and football, have historically placed more value on adherence to traditional masculine norms (e.g., aggression, dominance, violence; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011), compared to men who participate in “non body-contact confrontational” sports, like soccer, track and field, and tennis. As such, men who play football might be more inclined to reject self-compassion than men who play soccer, for example, due to a possible link between respective sporting cultures of specific sports and masculinities. Thus, masculinity seems to be an important consideration in self-compassion research focused on men athletes, and examining nuances of the interplay between self-compassion and varying representations of masculinities might inform researchers of ways that self-compassion can best help men manage their sport-specific difficult experiences.

While adherence to traditional masculine norms *might* represent a potential barrier to men athletes' self-compassion (Reis et al., 2019), it is important to reiterate that self-compassion eases emotional suffering of men athletes (e.g., maladaptive emotions, like shame and humiliation) stemming from sport-specific challenges, including injuries and negative

evaluations of performance (e.g., Huysmans & Clement, 2017; Reis et al., 2019). Also, self-compassion was found to be positively related to “constructive reactions” (i.e., self-compassionate, positive, perseverant, responsible) and negatively related to “destructive reactions” (i.e., ruminative, passive, self-critical) in response to a sport-specific emotionally difficult hypothetical scenario (i.e., “responsible for losing an athletic competition for your team”) presented to men athletes (Reis et al., 2019). Furthermore, in a sample of men athletes, self-compassion was negatively related to state rumination and state self-criticism, in reference to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)”, and negatively related to concern over mistakes, fear of negative evaluation, and fear of failure, all in reference to sport performance (Reis et al., 2019). Accordingly, self-compassion appears to have utility as a resource to help men athletes deal with sport-specific difficult experiences; so identifying ways to foster or enhance self-compassion levels of men athletes is an important next step for research in the field.

In an athlete-focused self-compassion intervention, Mosewich and colleagues (2013) successfully increased self-compassion levels in women athletes via a one-week program, but to date, there is no equivalent work focused on increasing self-compassion levels of men athletes, to our knowledge. While tailoring a self-compassion intervention specifically to men athletes is likely an optimal approach (Mosewich et al., 2019), it seems worthwhile to explore the feasibility of Mosewich et al.’s (2013) successful self-compassion intervention for women athletes, especially since none of the intervention components (e.g., modules) seem to be specifically tailored to *women* athletes. Given recent additions to the literature, including the identification of important variables in self-compassion research with men athletes (e.g., internalized shame, rumination; Reis et al., 2019), consideration should also be given to which

outcome variables are included, as increased self-compassion levels might have different implications in men athletes than in women athletes. Moreover, with findings indicating that men athletes could be more or less willing to embrace and/or practice self-compassion based on their representations of masculinity (i.e., men athletes representing an inclusive masculinity appear more likely to embrace and practice self-compassion than men athletes representing a traditional or hegemonic masculinity; Reis et al., 2019, 2021), it was important to examine whether similar trends were also found in the current study, by including masculinity variables (i.e., traditional masculinity, inclusive masculinity). Thus, a replication of Mosewich et al.'s (2013) self-compassion intervention for athletes serves as the framework of the current study, but the informed selection of outcome variables (e.g., Reis et al., 2019) and inclusion of masculinity variables provides a notable uniqueness to our study.

Finally, it is important to note that Mosewich et al.'s (2013) self-compassion intervention for women athletes included an introductory in-person, group-based educational component about self-compassion, which helped to dispel common myths or misconceptions about self-compassion (e.g., self-compassion leads to shirking of responsibility). In support of a front-end educational component of the intervention, Reis et al. (2021) found that some men athletes believe a lack of adequate or sufficient information and knowledge about self-compassion was part of the reason that they were initially inclined to reject the construct. Through participation in Reis et al.'s (2021) study, including a reflexive photography task where they were asked to capture photos of what represented self-compassion to them, along with two interviews featuring the topic of self-compassion, the men athletes who had initially rejected self-compassion explained that being educated on self-compassion helped them to accept and practice it. As well, some of the men athletes noted the importance of any prospective educational piece on self-



compassion coming from someone they could relate to – a man athlete (Reis et al., 2021). It should also be noted that the men in Reis et al.’s (2021) study were shown a brief video explaining self-compassion, with some indicating that it failed to resonate with them, based largely on an inability to relate to the presenter, who was not a man athlete. Accordingly, based on this insight from men athletes on what might help them accept and practice self-compassion (e.g., an educational piece on what self-compassion is, coming from a man athlete to enhance relatability; Reis et al., 2021), the lead researcher<sup>10</sup>, who identifies as a man athlete, created an educational/introductory video (i.e., five-minute video explaining self-compassion) for the purposes of this study. The educational/introductory self-compassion video was used in place of the in-person educational component of Mosewich et al.’s (2013) self-compassion intervention.

Our decision to replace the in-person component of Mosewich et al.’s (2013) study (i.e., the front-end educational session) was based on two overlying reasons: (a) local COVID-19 restrictions at the time of data collection prevented gatherings of groups, and (b) technological advances since Mosewich et al.’s (2013) study (e.g., access to online survey tools on smartphones) enabled us to theoretically increase the reach and accessibility – two important considerations of feasibility studies (Bowen et al., 2009; Goodridge et al., 2021) – of our self-compassion intervention through an entirely online delivery. We believed the enhanced accessibility to *all* intervention components would facilitate increased interest from prospective participants, particularly during a global pandemic (i.e., COVID-19), while also streamlining the intervention delivery, such that the men athletes could complete the introductory/educational component (and all other modules) at their convenience. Importantly, given the entirely online

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<sup>10</sup> The “lead researcher” and interviewer of all participants will be referred to in Study 3 from here forth in first person language (e.g., myself, I, me), aside from when “lead researcher” is discussed in Figures or when in reference to past/prospective research (e.g., referring to the “lead researcher” in Mosewich et al.’s [2013] study; discussion about the inclusion of a prospective focus group with the “lead researcher” of a future self-compassion intervention).

delivery of the self-compassion intervention, the men athletes were afforded the opportunity to begin the intervention immediately following a sport-specific negative event when naturally occurring emotionally difficult times were experienced. Timing of intervention delivery/execution (e.g., entering intervention immediately after negative event) and accessibility (e.g., fully online delivery of intervention) were both identified by Mosewich et al. (2019) as important considerations yet to be fully understood in terms of how they might respectively impact self-compassion intervention efficacy, and our approach enabled us to explore both.

### **Purpose**

The overlying purpose of our research was to examine the feasibility of a previously developed one-week self-compassion intervention (i.e., Mosewich et al., 2013), delivered exclusively online to a sample of competitive men athletes. To accomplish our primary research goal, we examined potential indicators of whether the intervention is feasible in a sample of men athletes, including: (a) whether outcomes changed collectively and individually from pre-intervention (i.e., Time 1) to post-intervention (i.e., Time 2), (b) whether self-compassion levels were higher following the self-compassion intervention (i.e., Time 2) than before the self-compassion intervention (i.e., Time 1), and (c) determining whether outcome measures changed in conceptually healthy directions from Time 1 to Time 2. Our secondary research goals were rooted in assessing whether self-compassion was related in conceptually healthy ways to selected outcome measures at both time points. In efforts to be consistent with past research on athletes' self-compassion (e.g., Mosewich et al., 2011; Reis et al., 2019), it was also important to assess whether any prospective relationships between self-compassion and outcome variables would be upheld after removing the influence of self-esteem, a construct closely related to self-compassion (Neff, 2003; Leary et al., 2007). Our tertiary research goal was to assess potential relationships

between self-compassion (and outcome measures) and variables representing differential masculinities (i.e., traditional masculinity, inclusive masculinity), to further examine the seemingly complex relationship between self-compassion and masculinity.

Additionally, we were interested in exploring potential group mean differences at Time 1 between the following groups: (a) men athletes that completed Time 1 only compared to men athletes that completed both Time 1 and Time 2; and (b) men athletes that represented body-contact confrontational sports (e.g., football) compared to men athletes that represented non body-contact confrontational sports (e.g., track and field). However, testing of these group mean differences was exploratory in nature (e.g., to assess whether there were baseline group mean differences between participants that completed the full intervention and those that withdrew), following our assessment of primary, secondary, and tertiary research objectives. Accordingly, we did not develop hypotheses for these additional, follow-up research goals.

### **Rationale for Outcome Measures**

One challenge to identifying and selecting outcome variables for the current study was that self-compassion has recently been found to be related to numerous variables in men athletes (Reis et al., 2019). Accordingly, we feared that participants might experience participant fatigue if there was a large quantity of measures in addition to completing intervention protocol. In an effort to narrow our focus, refine our intervention materials, and select key outcome variables for our self-compassion intervention tailored to men athletes, we developed a program logic model (PLM; See Figure 1) that enabled us to identify important inputs, outputs, and outcomes of our research. The utility of PLMs, particularly when theory surrounding a particular phenomenon is lacking (e.g., men athletes' self-compassion), is supported in the literature (e.g., Cooksy et al., 2001; Funnell & Rogers, 2011). Inputs include research, funding, and program/intervention

development. Outputs include identification of study participants (i.e., men athletes) and activities designed to enhance self-compassion levels (i.e., educational component on self-compassion; self-compassion writing prompts focused on mindfulness, self-kindness, and common humanity).

Outcomes of our PLM were broken down into “short term”, “medium term”, “long term”, and “ultimate”. Short term outcomes include increasing self-compassion *directly* through our educational video and a practice writing task on self-compassion, and increasing self-compassion *indirectly* by tasks designed to enhance the three core components of self-compassion: mindfulness, self-kindness, and common humanity. Medium term outcomes, which potentially relied on successful short term outcomes being reached (e.g., increased self-compassion levels) include increasing constructive reactions (i.e., self-compassionate, responsible, positive, perseverance) and decreasing destructive reactions (i.e., ruminative, passive, self-critical) to the sport-specific emotionally difficult hypothetical scenario “being responsible for losing an athletic competition for your team”. Medium term outcomes also include decreasing state rumination and state self-criticism in response to a recalled recent negative event in sport (i.e., “the worst thing that has happened to you in sport during the past 2 years, that was or was not your fault”). Long term outcomes, which potentially depended on successfully reaching both short term and medium term outcomes, respectively, were focused on decreased performance insecurity through decreasing concern over mistakes, fear of performance failure, and negative evaluation, with respect to sport performance, as well as an increased view of self through decreasing shame and increasing self-esteem. The desired ultimate outcome was a more positive sport experience for men athletes, though this outcome was not measured. Additionally, to enable us to examine if/how self-compassion relates to differential masculinities (and further

examine the complex relationship between self-compassion and masculinities; Reis et al., 2019, 2021), we included masculinity variables (i.e., traditional masculinity, inclusive masculinity) previously shown to be related to self-compassion in opposite directions. Specifically, Reis et al. (2019) found self-compassion to be negatively related to traditional masculinity and positively related to inclusive masculinity, though traditional masculinity has also been found to be positively related to self-compassion in a sample of men athletes (e.g., Wasylkiw & Clairo, 2018). Accordingly, there were measures for both traditional masculinity and inclusive masculinity included. The inclusion of masculinity variables also allowed us to explore whether men athletes' representations of masculinities (and relationships between differential masculinities and identified outcome measures) were different from pre-intervention (i.e., Time 1) to post-intervention (i.e., Time 2).

It should be noted that all variables included in the current study were found to be related in expected directions to self-compassion in Reis et al.'s (2019) examination of key variables in self-compassion research with men athletes. The PLM was particularly helpful for identifying overlying outcome measures, which enabled us to group certain variables into conceptually related bundles (e.g., view of self). As well, the PLM provided a visual representation of the flow of our research, which helped with organization of our outcome measures. For example, we made informed decisions on the logical pathway of how our intervention would theoretically work. If self-compassion levels of men athletes were successfully increased following the self-compassion intervention, the PLM helped us identify that medium term outcomes (e.g., underlying mechanisms of self-compassion – “constructive” and “destructive” reactions to the hypothetical emotionally difficult sport-specific situation; Ferguson et al., 2015; Reis et al., 2019) would theoretically be the first outcome measures impacted by increased self-compassion.

Thereafter, long term outcome measures (e.g., view of self) would theoretically be impacted by the successful self-compassion intervention, but not before the medium term outcomes.

### **Rationale for Feasibility Study**

A notable difference between Mosewich et al.'s (2013) study and the current study is that an attention control group/condition was not included in our study. Although we recognize and acknowledge the enhanced rigor and potential scientific impact of including both experimental and control conditions when delivering and evaluating an intervention (e.g., potential to make causal claims based on results), we ultimately saw value in framing our research as a feasibility study (Bowen et al., 2009; O'Cathain et al., 2015), due to uncertainty surrounding the intervention's feasibility in a sample of men athletes. This decision enabled all of our follow-up interviews with men athletes to be focused on their experiences of the self-compassion intervention, while also protecting against Type II error, which might have occurred if participants were divided into two groups (i.e., experimental and control – fewer participants in each condition). Additionally, by not including a control group in our study, we ensured that there was no need for the use of deception (Bowen et al., 2009).

Feasibility studies are particularly helpful when attempting to determine whether an intervention is appropriate for further examination and/or implementation in a particular population, and also for identifying potential intervention modifications (Bowen et al., 2009; O'Cathain et al., 2015), two important considerations in our study. Unlike pilot studies that are typically designed to assess how all pieces of a prospective study (i.e., RCT) work together, feasibility studies are focused on ensuring each piece of the research can be done in the target population (Tickle-Degnen, 2013). Since Mosewich et al.'s (2013) self-compassion intervention was designed for women athletes, there were questions about its acceptability (i.e., the extent to

which the program is considered suitable, attractive, and/or satisfying to participants), demand (i.e., likelihood of program use and interest), and efficacy (i.e., whether the program shows promise in a particular population, through measured effects of key outcome variables) in a population of men athletes (Bowen et al., 2009; O’Cathain et al., 2015). Specifically, it was unclear whether some men athletes’ representations of masculinity (e.g., strong adherence to traditional masculine norms) would present a barrier or roadblock to their acceptance of a self-compassion intervention. Additionally, framing our research as a feasibility study enabled us to gather additional insight – all participants received the self-compassion intervention, as opposed to half – from men athletes about potential modifications that could be applied to future iterations of a self-compassion intervention for men athletes. By discussing the merits and shortcomings of the self-compassion intervention in follow-up interviews with *all* participants, we developed a more comprehensive understanding of which components were effective and which should be altered or removed (O’Cathain et al., 2015). As well, due to COVID-19 restrictions, it was essential that the delivery of our intervention was entirely online, which differs from Mosewich et al.’s (2013) approach of having an in-person introductory session and hard copy writing modules (i.e., writing tasks in a hard copy journal). Accordingly, assessing the feasibility of a fully online self-compassion intervention was also an important pursuit.

## **Hypotheses**

Our primary hypotheses (i.e., Hypothesis 1 – Hypothesis 1f) are rooted in ways that we have deemed relevant (e.g., efficacy) for assessing the feasibility of a one-week self-compassion intervention, delivered to competitive men athletes, exclusively online.

### ***Hypothesis 1***

A one-week self-compassion intervention that was initially delivered successfully to a sample of women athletes will be feasible in an entirely online replication delivered to a sample of men athletes.

***Hypothesis 1a***

There will be a significant main effect of Time (i.e., Time 1 to Time 2) in a conceptually healthy direction across the dependent variables as a whole.

***Hypothesis 1b***

Our short term outcome measure (i.e., self-compassion) will change in a conceptually healthy direction from Time 1 to Time 2. Specifically, self-compassion levels will increase from Time 1 to Time 2.

***Hypothesis 1c***

Medium term outcome measures in response to the hypothetical emotionally difficult sport-specific scenario, “you are responsible for losing an athletic competition for your team” (i.e., constructive reactions – self-compassionate, positive, perseverant responsible – and destructive reactions – ruminative, passive, self-critical) will change in conceptually healthy directions from Time 1 to Time 2. Specifically, constructive reactions will increase from Time 1 to Time 2 and destructive reactions will decrease from Time 1 to Time 2.

***Hypothesis 1d***

Medium term outcome measures in response to the recalled scenario, “the worst thing that has happened to you in sport during the past 2 years that was or was not your fault” (i.e., state rumination, state self-criticism) will change in conceptually healthy directions from Time 1 to Time 2. Specifically, state rumination levels and state self-criticism levels will decrease from Time 1 to Time 2.



***Hypothesis 1e***

Long term outcome measures representing “performance insecurity” (i.e., concern over mistakes, fear of performance failure, fear of negative evaluation) will change in conceptually healthy directions from Time 1 to Time 2. Specifically, levels of all performance insecurity measures will decrease from Time 1 to Time 2.

***Hypothesis 1f***

Long term outcome measures representing “view of self” (i.e., self-esteem, internalized shame) will change in conceptually healthy directions from Time 1 to Time 2. Specifically, self-esteem will increase and internalized shame will decrease from Time 1 to Time 2.

***Hypothesis 2***

Self-compassion will be related in conceptually healthy directions to outcome measures previously identified as related to self-compassion in a sample of men athletes (Reis et al., 2019) at both Time 1 and Time 2.

***Hypothesis 2a***

Self-compassion will be related in conceptually healthy directions to medium term outcome measures in response to the hypothetical emotionally difficult sport-specific scenario, “you are responsible for losing an athletic competition for your team” at both Time 1 and Time 2. Specifically, self-compassion will be positively related to “constructive reactions” (i.e., self-compassionate, positive, perseverant, and responsible) and negatively related to “destructive reactions” (i.e., ruminative, passive, self-critical) at both time points.

***Hypothesis 2b***

Self-compassion will be related to medium term outcome measures in response to the recalled scenario, “the worst thing that has happened to you in sport during the past 2 years that

was or was not your fault” in conceptually healthy directions at both Time 1 and Time 2. Specifically, self-compassion will be negatively related to state rumination and state self-criticism at both time points.

### ***Hypothesis 2c***

Self-compassion will be related to long term outcome measures representing “performance insecurity” in conceptually healthy directions at both Time 1 and Time 2. Specifically, self-compassion will be negatively related to concern over mistakes, fear of performance failure, and fear of negative evaluation at both time points.

### ***Hypothesis 2d***

Self-compassion will be related to long term outcome measures representing “view of self” at both Time 1 and Time 2. Specifically, self-compassion will be positively related to self-esteem and negatively related to internalized shame at both time points.

### ***Hypothesis 2e***

Self-compassion will account for unique variance beyond self-esteem for all variables/outcome measures.

### ***Hypothesis 3***

Self-compassion will be related to varied representations of masculinities in conceptually healthy ways at both Time 1 and Time 2. Specifically, self-compassion will be positively related to inclusive masculinity and negatively related to traditional masculinity at both time points.

## **Method**

This study was approved by a university behavioural research ethics board, and features two phases (i.e., Phase I – quantitative; Phase II – qualitative) in a QUAN → qual or sequential explanatory design (Creswell et al., 2003). All participants consented to participate in our study

by completing the online consent form at Time 1. The two phases of our study will be discussed separately in both the Method and Results sections.

## **Method – Phase I**

### ***Participants***

Time 1 participants were 83 men athletes (adequate sample size for feasibility studies; Burroughs et al., 2019) between 16 and 35 years of age ( $M_{age} = 22.05$ ,  $SD = 4.46y$ ), who have participated in any level of “competitive” sport (i.e., above “recreational”) over the course of the past two<sup>11</sup> years. Time 2 participants were 38 men athletes ( $M_{age} = 22.82$ ,  $SD = 4.79y$ ) that completed Time 1 and the entire self-compassion intervention. Thus, 45 participants completed Time 1 but did not finish the full intervention and time 2. The men athletes represented a combination of both individual (e.g., track & field) and team (e.g., hockey) sports, and both body-contact confrontational (e.g., football) and non body-contact confrontational (e.g., soccer) sports. Participants were recruited (see Appendix A) through bulletins, posters, social media (i.e., Twitter), and emails to sport governing bodies and organizations (e.g., Sask Sport).

### ***Design and Procedure***

All Phase I materials were delivered online, including the intervention items, with all data collection occurring via Survey Monkey. After consenting to participate in the research study (see Appendix B), the men athletes completed a brief demographics survey, featuring general questions about background, age, weight, height, sport participation, sport background, and sport competition/training levels. While the demographics survey was included at Time 1 only (i.e., pre-intervention), the remaining measures were included at both time points (i.e., Time 1 – pre-

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<sup>11</sup> While Mosewich et al.’s inclusion criteria was over the past year, we extended our timeframe an additional year, since COVID-19 restrictions prevented sport participation for many athletes within the calendar year prior to our study.

intervention; Time 2 – post-intervention). It should also be noted that participants were asked to renew their online consent at Time 2, before completing any measures. Once participants completed the Time 1 online survey, they were emailed the “Participant Instruction Manual” (see Appendix C) within two “business days” (i.e., Monday-Friday). The instruction manual features a brief overview of what the self-compassion program entails, along with links to the educational/introductory video, practice writing task, and each of the five modules that comprise the program. Participants initially viewed the educational/introductory video and practice writing task, before being instructed to begin the one-week program the following day. The men athletes were informed there is no “right” or “wrong” way to write and that their personal entries would remain private to them. One week after completing their respective one-week programs, participants were emailed a link to the Time 2 online survey. Upon completion of Time 2 measures, participants were emailed about the Phase 2 follow-up interview with myself, where interview questions were focused on their experience of the self-compassion intervention. For a visual depiction of our study design, see Figure 2.

### ***Outcomes Measures***

Each of the outcome measures (i.e., short term, medium term, long term) was assessed at both time points (i.e., Time 1, Time 2).

#### **Short Term Outcome Measures.**

***Self-Compassion.*** The 26-item Self-Compassion Scale Athlete Version (SCS-AV; Killham et al., 2018) was used to measure the men athletes’ self-compassion levels. The SCS-AV is an adapted version of the original Self-Compassion Scale (SCS; Neff, 2003), featuring wording tailored to athletes and sport (e.g., “When I fail in my sport, I tend to feel alone in my failure”). Participants were instructed to respond to the items on a scale of 1 (“almost never”) to

5 (“almost always”), based on “how I typically act towards myself in difficult times in sport”. The SCS-AV has demonstrated adequate reliability in a sample of women athletes (ranging from  $\alpha = .85$  to  $\alpha = .88$ , across two time points; Killham et al., 2018).

**Medium Term Outcome Measures (to Hypothetical Scenario).** Participants were presented with the hypothetical emotionally difficult sport-specific scenario: “You are responsible for losing an athletic competition for your team” (Leary et al., 2007; Reis et al., 2015; Reis et al., 2019) and instructed to “imagine yourself in the situation as vividly as possible”. After being asked how emotionally difficult the scenario would be for them, on a scale of 1 (“not at all”) to 6 (“extremely”), participants responded to a series of questions designed to measure constructive and destructive reactions to the scenario.

**Constructive Reactions.** Constructive reaction items (Ferguson et al., 2015) associated with the hypothetical scenario are: self-compassionate (4 items; e.g., “I would try to be kind to myself”), positive (2 items; e.g., “I would focus on positive things”), perseverant (2 items; e.g., “I would keep striving for something more”), and responsible (2 items; e.g., “I would take responsibility to rectify the situation”). All items are based on a scale ranging from 1 (“not at all”) to 6 (“extremely”), where participants are asked to “rate the degree to which you would react in the following ways if you found yourself in the situation described above”. All constructive reactions have demonstrated reliability of  $\alpha > .80$  in a sample of men athletes, with the exception of perseverant, which showed  $\alpha = .71$  (Reis et al., 2019).

**Destructive Reactions.** Destructive reaction items (Ferguson et al., 2015) associated with the hypothetical scenario are: ruminative (2 items; e.g., “I would dwell on the situation”), passive (2 items; e.g., “I would quit trying”), and self-critical (2 items; e.g., “I would be hard on myself”). All items are based on a scale ranging from 1 (“not at all”) to 6 (“extremely”), where

participants are asked to “rate the degree to which you would react in the following ways if you found yourself in the situation described above”. All destructive reactions have shown reliability of  $\alpha > .80$  in a sample of men athletes (Reis et al., 2019).

**Medium Term Outcome Measures (to Recalled Scenario).** Participants were asked to recall “the worst thing that has happened to you in sport during the past 2 years, that was or was not your fault”, and “describe it in two or fewer sentences” in the space provided. They then rated how bad the event was on a scale of 1 (“not at all”) to 6 (“extremely”). Thereafter, they were asked to keep the recalled scenario in mind and respond to state rumination and state self-criticism items in reference to it.

**State Rumination.** After being instructed to “think about the recent negative event in sport you recalled above”, participants were asked to respond to three items (e.g., “Did you find it hard to stop thinking about the problem afterward?”) pertaining to state rumination, on a scale of 1 (“not at all”) to 5 (“a lot), based on Mosewich et al.’s (2013) sport-specific adaptation of the original measure (Puterman et al., 2010). The state rumination items have demonstrated adequate reliability in a sample of men athletes ( $\alpha = .89$ ; Reis et al., 2019).

**State Self-Criticism.** After being instructed once more to “think about the recent negative event in sport you recalled above”, participants were asked to respond to seven items pertaining to state self-criticism, on a scale of 1 to 10, based on Mosewich et al.’s (2013) sport-specific adaptation of the original measure (Gilbert & Procter, 2006). Across the seven items, there is some variability in what “1” and “10” represent, respectively. For instance, for the item, “How often did you have self-critical thoughts about a recent negative sport event?”, 1 represents “had none” and 10 represents “a lot of the time”, while for the item, “How powerful were your self-critical thoughts about a recent negative sport event?”, 1 represents “not at all” and 10 represents

“very powerful”. The state self-criticism items have demonstrated sufficient reliability in a sample of men athletes ( $\alpha = .83$ ; Reis et al., 2019).

**Long Term Outcome Measures – Performance Insecurity.**

**Concern Over Mistakes.** An adapted version (i.e., Mosewich et al., 2013) of the Concern over Mistakes subscale of the Sport Multidimensional Perfectionism Scale-2 (Sport-MPS-2; Gotwals & Dunn, 2009) was used to assess concern over mistakes. Participants were instructed to respond to eight items (e.g., “If I fail in a competitive setting, I feel like a failure as a person”) based on the extent to which they agree or disagree, ranging from 1 (“strongly disagree”) to 5 (“strongly agree”), while “thinking about your most recent week of competition/training in your sport”. The Sport-MPS-2 was initially adapted by adding the temporal component of “most recent week”, to better fit the parameters of Mosewich et al.’s (2013) study, and the same rationale applies to the current study. The adapted Sport-MPS-2 has demonstrated sufficient reliability in a sample of men athletes ( $\alpha = .86$ ; Reis et al., 2019) and internal consistency in a sample of women athletes (Mosewich et al., 2013).

**Fear of Performance Failure.** Men athletes’ fear of performance failure was measured using the sport-adapted version of the Performance Failure Appraisal Inventory (PFAI; Conroy et al., 2002). Participants responded to five items about sport performance failure (e.g., “When I am failing, I am afraid that I might not have enough talent”), on a scale ranging from -2 (“do not believe at all”) to +2 (“believe 100% of the time”). The PFAI has demonstrated acceptable reliability in a sample of men athletes ( $\alpha = .84$ ; Reis et al., 2019).

**Fear of Negative Evaluation.** The 12-item Fear of Negative Evaluation Scale (FNE; Leary, 1983) was used to assess participants’ fear of negative performance evaluation. Participants were instructed to select the response that best corresponds to how much they agree

with each item, on a scale of 1 (“not at all characteristic of me”) to 5 (“entirely characteristic of me”). The FNE has shown sufficient reliability in a sample of men athletes ( $\alpha = .96$ ; Reis et al., 2019).

### **Long Term Outcome Measures – View of Self.**

***Self-Esteem.*** The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to measure the men athletes’ self-esteem levels. Participants responded to a list of statements pertaining to how they feel about themselves (e.g., “At times, I think I am no good at all”), based on a 4-point scale from 1 (“strongly agree”) to 4 (“strongly disagree”). The RSES has demonstrated adequate reliability in a sample of men athletes ( $\alpha = .89$ ; Reis et al., 2019).

***Internalized Shame.*** To assess the men athletes’ levels of internalized shame, the 24-item subscale of the Internalized Shame Scale (ISS; del Rosario & White, 2006) was used. Participants responded to a list of statements about feelings or experiences that are generally painful or negative in some way (e.g., “I feel somehow left out”), based on the frequency with which they find themselves feeling or experiencing each item. The ISS subscale ranges from 0 (“never”) to 5 (“almost always”), and it has been shown to be reliable in a sample of men athletes ( $\alpha = .97$ ; Reis et al., 2019).

### **Masculinity Variables.**

***Traditional Masculinity.*** The 46-item Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009) was used to measure participants’ levels of adherence to traditional masculine norms (e.g., “In general, I will do anything to win”). The CMNI-46 is based on a 4-point scale, ranging from 0 (“strongly disagree”) to 3 (“strongly agree”), and has demonstrated sufficient reliability in a sample of men athletes ( $\alpha = .84$ ; Reis et al., 2019).



***Inclusive Masculinity.*** The Inclusive Masculinity Theory (IMT; Reis et al., 2019) Scale was used to assess the men athletes' levels of inclusive masculinity. Comprised of 10 items (e.g., "I try to resolve conflict in a calm, civilized manner, instead of turning to violence"), the IMT is based on a 5-point scale, ranging from 1 ("strongly disagree") to 5 ("strongly agree"), and has shown adequate reliability in a sample of men athletes ( $\alpha = .81$ ; Reis et al., 2019).

### **Intervention Materials.**

***Self-Compassion Intervention.*** Participants were sent an email with an attached instruction manual, within two business days of completing the Time 1 online survey. First, the men athletes visited a link to an introductory/educational component of the self-compassion intervention, featuring a video that provides a brief overview of what self-compassion is, what it is not (e.g., misconceptions about self-compassion include shirking responsibility and self-indulgence; Leary et al., 2007; Mosewich et al., 2013), and how it might help athletes deal with sport-specific emotionally difficult experiences (e.g., refrain from dwelling on mistakes and failures by confronting them and adaptively moving forward; Reis et al., 2021). This approach is rooted in Mosewich et al.'s (2013) self-compassion intervention for women athletes and is similar to Neff and Germer's (2013) initiation of their Mindful Self-Compassion program. After viewing the video, participants completed a brief practice writing task, to help them begin to think about writing in self-compassionate ways. Also drawing from Mosewich et al.'s (2013) study, participants wrote about a "negative event in sport that occurred over the past two years"<sup>12</sup>, that was personally demanding", while discussing "ways in which other people experience similar events" (i.e., common humanity). As well, participants were instructed to "write a

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<sup>12</sup>As previously noted, we extended our sport participation timeframe from year to two years, due to COVID-19 restrictions, preventing sport participation for many athletes within the year prior to our study. Accordingly, we altered the language of Mosewich et al.'s (2013) recalled negative event in sport to reflect this change.

paragraph expressing understanding, kindness, and concern to yourself...as if you are communicating to a close friend in the same situation” (i.e., self-kindness), and to “describe the event in an objective and unemotional manner” (i.e., mindfulness).

Once they completed the introductory/educational video and practice writing task, participants completed five modules over the following seven days. The five modules were variations of the practice self-compassionate writing task. For instance, Module 1 instructed participants to write about a significant setback or failure in sport within the past two years, while Modules 2-4 featured writing about the recalled event of Module 1 with a focus on common humanity (i.e., Module 2), self-kindness (i.e., Module 3), and mindfulness (i.e., Module 4). Lastly, the instructions in Module 5 provided the men athletes an opportunity to apply all of the skills (i.e., common humanity, self-kindness, mindfulness) by asking them to “think about your most recent negative event in sport that was personally demanding”, and to complete the same writing tasks as in the practice writing tasks (e.g., “describe the event in an objective and unemotional manner”).

### ***Data Analysis***

Pearson correlations were used to examine relationships between variables at both time points (i.e., Time 1, Time 2), and semi-partial correlations were used to remove the influence of self-esteem, a variable closely related to self-compassion (e.g., Reis et al., 2015), on relationships between self-compassion and other outcome variables. A one-way repeated measures MANOVA was conducted to determine the effects of time on the variables as a whole. Thereafter, pairwise comparisons between all variables from Time 1 to Time 2 were conducted to analyze whether changes occurred from pre-intervention to post-intervention. Additionally, follow-up independent samples *t*-tests were conducted to examine whether mean differences in outcome

measures were present at Time 1 between each of the following: (a) men athletes that completed Time 1 only compared to men athletes that completed both Time 1 and Time 2; and (b) men athletes representing body-contact confrontational sports compared to men athletes representing non body-contact confrontational sports.

## **Method – Phase II**

### ***Participants***

Upon completion of their Time 2 survey, the men athletes were emailed and asked to participate in a one-on-one follow-up interview about their experiences of the self-compassion intervention. Of the 38 participants that completed the Time 2 survey, 37 completed the follow-up interview, representing a variety of team (e.g., soccer) and individual sports (e.g., track and field).

### ***Design and Procedure***

Participants were asked for their signed and/or verbal consent at the onset of the interviews. Before starting the interviews, participants were asked whether they were comfortable having the interviews recorded, and if so (which was the case with all participants), I turned on the audio recording device and initiated the backup video recording via Zoom. The semi-structured interviews were conducted via Zoom, within one week of their completion of the Time 2 online survey. I conducted all interviews, which were typically 30-45 minutes in length, though this timeline fluctuated based on participants' engagement in the discussion topics. The general order of the interview topics was as follows: introductions, rapport building, overview of discussion topics, core interview discussion topics (e.g., experience of self-compassion intervention), and concluding comments. Participants received \$70 compensation for their participation in all components of the study (i.e., Time 1 survey, self-compassion intervention,

Time 2 survey, follow-up interview) following the semi-structured interview, and had the choice of receiving their \$70 in the form of a sport store gift card or an e-transfer of \$70 from my university email address to their preferred email address.

### ***Semi-Structured Interviews***

Interviews (see Appendix D for Interview Guide) began with introductions between the participants and myself. Thereafter, several general questions were asked of the men athletes (e.g., discussion about role on participants' current sports team), in efforts to build rapport and make the subsequent discussions more open and comfortable for both parties (i.e., interviewer and interviewee). The focus of the interviews then turned to participants' general impressions of the Phase I self-compassion intervention (e.g., "What are your overall thoughts and/or opinions about the intervention study you participated in?"). Then, participants were asked questions about their perceived strengths and weaknesses of the self-compassion intervention (e.g., "Which elements/components of the intervention did you find most beneficial and/or helpful?"). Thereafter, the potential role of masculinity in the men athletes' experiences of self-compassion and the self-compassion intervention was discussed (e.g., "Do you think your representation of masculinity enabled the self-compassion intervention to be successful for you?"). Finally, participants were provided an opportunity to discuss their overall takeaways from the self-compassion intervention (e.g., "What is your single most important takeaway from the Phase I self-compassion intervention?"), before being thanked for their participation once more, and ending the interview.

### ***Data Analysis and Rationale for Data Management and Data Analysis***

The primary rationale for the inclusion of follow-up interviews with all participants that completed the intervention was rooted in a more "complete" exploration of the feasibility of an

entirely online, one-week self-compassion intervention in a sample of men athletes, than could be achieved through strictly quantitative data analyses (Halcomb & Andrew, 2005; Halcomb et al., 2006). The primary goals of our Phase II semi-structured interviews were to: (a) explore whether the Phase I self-compassion intervention met typical markers of feasibility (e.g., acceptability, effectiveness; O’Cathain et al., 2015) in the population it was delivered to (i.e., competitive men athletes), (b) identify components of the Phase I self-compassion intervention that the men athletes found particularly helpful or useful, and (c) identify how best to optimize the self-compassion intervention for future delivery to men athletes, through specific changes and/or additions recommended by men athletes (O’Cathain et al., 2015). The sequential design of our mixed methods design (i.e., QUAN → qual) afforded us the opportunity to enhance the rigour of our research through post-intervention “confirmation” from the men athletes that the self-compassion intervention was (or was not) feasible (Halcomb et al., 2006). Ultimately, through blending of quantitative and qualitative data (i.e., triangulation; Fielding, 2012), we were able to more sufficiently and wholly assess the feasibility of an existing self-compassion intervention in a sample of men athletes by ensuring a more comprehensive understanding of the intervention’s strengths and weaknesses in our specific sample of men athletes (Burroughs et al., 2019; Halcomb et al., 2006; Sebire et al., 2019). It should be clarified that the version of triangulation being referred to here is “methodological triangulation”, which features the use of multiple methods in efforts to more completely study and/or understand a phenomenon (e.g., men athletes’ self-compassion; Fusch et al., 2018). Specifically, given our mixed methodological approach to understanding men athletes’ self-compassion, we employed a between-method (or across method) version of triangulation, which Denzin (2009) stated is ideal for overcoming

flaws and deficiencies of quantitative and qualitative data collection methods by taking the best of each in order to better understand a phenomenon in depth.

While “pure” qualitative research goals might be based on in-depth exploration of a given phenomenon or concept, our mixed methods research goal(s) of “complete” phenomenological exploration and “confirmation” of the data trends through enhanced validity and confidence in our findings added complexity and rigor to our work (Halcomb et al., 2006; Tashakkori & Teddlie, 2003). Our qualitative data analysis was focused on identifying common ideas from the data and did not necessarily require verbatim transcription of all audio-recorded files (Halcomb et al., 2006; van Teijlingen & Ireland, 2003), especially when considering the significant investment of resources (e.g., time – 6-7 hours of transcription per hour of audio-recorded interview; Britten, 1995) that would have been associated with transcribing 37 interviews of varying length, some being more than two hours long. Moreover, while there are advantages to verbatim transcription of audio files (e.g., ease of cross-checking by others; Halcomb et al., 2006), there are also shortcomings beyond the additional time and resources required (e.g., human error, including misinterpretation of content; MacLean et al., 2004). Accordingly, after weighing the potential benefits of verbatim transcription against the costs (e.g., time), we opted against transcribing the audio files verbatim. Rather, we employed an approach in which I took field notes during and after the interviews, in addition to audio-recording all interviews, as recommended by Halcomb et al. (2006). The merits of using written field notes are well-documented (e.g., enhanced data and richness of context for analysis; optimal for subsequent analyses, including secondary analyses) and field notes have become widely regarded as essential in qualitative research (Creswell et al., 2003; Phillippi & Lauderdale, 2018). As well, the practice of taking field notes during and/or after interviews has been reported as superior to

the exclusive use of audio-recordings being transcribed verbatim (Fasick, 2001; Halcomb et al., 2006).

Thus, our qualitative analysis was guided by Halcomb et al.'s (2006) reflexive, iterative process of data management and analysis. Specifically, all interviews were audio-recorded, and I concurrently and subsequently took field notes. As well, I engaged in reflective journaling immediately after the interviews, identifying key takeaways from the interviews while they were “fresh” in my mind. Thereafter, I listened to the audio-recordings and amended any field notes that were misinterpreted in real time, while also adding additional observations. Once I was satisfied that the combined audio-recordings and field notes accurately represented the data, I engaged in preliminary content analysis, highlighting common ideas or themes across interviews. The second author (i.e., doctoral supervisor, Dr. Kent Kowalski), who played the role of a critical friend, reviewed my proposed themes, offering suggestions to refine them (i.e., secondary content analysis), before we ultimately agreed on the themes presented in our Results section below. Before finalizing the themes and the content within each, I re-listened to audio-recordings of the interviews once more and made any necessary changes or additions (i.e., thematic review).

## **Results**

### **Results – Phase I**

#### ***Descriptive Statistics and Scale Reliabilities***

A complete list of variables and instruments can be found in Table 1, and descriptive statistics and internal consistency scale reliabilities for Time 1 are reported in Table 2.

Participants with more than 2 data points within any individual scale or subscale (an approach used previously in self-compassion and sport research; e.g., Reis et al., 2015) were excluded

from the data set ( $n = 10$ ), with one exception<sup>13</sup>, resulting in a final sample size of 83 participants at Time 1 and 38 participants at Time 2. Across both time points (i.e., Time 1, Time 2), there were 37 missing data points, each of which being replaced via within-person mean substitution, an acceptable approach for replacing item-level missing data (Parent, 2013). As noted by Parent (2013), the approach to handling item-level missing data typically yields similar results, so the same approach that has been previously taken in the field of self-compassion and sport (e.g., Ferguson et al., 2015; Reis et al., 2019) was used.

Of all scales, subscales, two-item measures, and single-item measures, only the 2-item “passive reactions” measure at Time 1 and Time 2 was not normally distributed, according to a combined examination of skewness/kurtosis values (i.e., between -1.96 and +1.96), Z-scores ( $\pm 3.29$ ) following Mahalanobis distance tests, histograms, stem and leaf plots, normal Q-Q plots (i.e., data points distributed near a straight, linear line), scatter plots, and test normality (i.e., Kolmogorov-Smirnov and Shapiro-Wilk). For example, if the Shapiro-Wilk test of normality suggested non-parametric data (i.e.,  $p > .05$ ), normal Q-Q plots, histograms, scatter plots, and stem and leaf plots were viewed to visually examine the data (Tabachnik & Fidell, 2013). Appropriate data transformations (e.g., square root, logarithm, inverse) performed on the non-parametric data showed no significant changes to results, so the original data were used for ease of interpretation. Assumptions of the one-way repeated measures MANOVA (i.e., two or more dependent variables, two or more categories of independent variable – Time, adequate sample size – more cases per group than dependent variables, no multivariate outliers, multivariate normality, no multicollinearity; Tabachnik & Fidell, 2013) were met. Typically,

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<sup>13</sup> The sliding scale used in the survey tool for the PFAI-S seemingly presented a problem for participants. The 5-item measure accounted for 14 of the 37 total missing items across both time points. One participant missed 3 of the 5 items but otherwise had a clean data set, so he was left in the analyses.



multicollinearity is not an issue with MANOVA, and is only considered problematic when correlations between dependent variables are very high (i.e.,  $r > .90$ ; Tabachnik & Fidell, 2013), which was not the case at either time point with any dependent variables in the current study. Lastly, with the exception of the 2-item measures: Time 1 perseverant reactions, Time 1 responsible reactions, and Time 1 passive reactions, all scale scores were reliable at  $\alpha > .70$ .

### ***Hypothesis 1***

A one-week self-compassion intervention previously delivered to a sample of women athletes appears feasible via fully online delivery to a sample of men athletes. Our assessment of the intervention's feasibility is based largely on the generally favourable results outlined in Hypotheses 1a-1f (though our qualitative, Phase II data, is also supportive).

### ***Hypothesis 1a***

There was a significant main effect of Time (i.e., Time 1 to Time 2) in a conceptually healthy direction across the dependent variables examined,  $F(18, 20) = 5.68, p < .001$ ; Wilk's  $\Lambda = .16$ , partial  $\eta^2 = .84$ . Accordingly, this hypothesis was supported.

### ***Hypothesis 1b***

Our short term outcome measure (i.e., self-compassion) changed in a conceptually healthy direction (i.e., increased) from Time 1 to Time 2, as shown in Table 3. As such, this hypothesis was supported.

### ***Hypothesis 1c***

Medium term outcome measures in response to the hypothetical emotionally difficult sport-specific scenario changed in conceptually healthy ways from Time 1 to Time 2, with the exception of passive reactions, which showed no change (see Table 3). This hypothesis was predominately supported.

***Hypothesis 1d***

Medium term outcome measures in response to the recalled scenario were unchanged from Time 1 to Time 2, so this hypothesis was not supported (see Table 3).

***Hypothesis 1e***

Of the long term outcome measures representing “performance insecurity”, concern over mistakes changed in a conceptually healthy direction (i.e., decreased) from Time 1 to Time 2, but no changes were observed in levels of fear of performance failure or fear of negative evaluation (see Table 3). This hypothesis was partially supported.

***Hypothesis 1f***

Of the long term outcome measures representing “view of self”, internalized shame changed in a conceptually healthy direction (i.e., decreased) from Time 1 to Time 2, but no change was observed in self-esteem levels (see Table 3). Accordingly, this hypothesis was partially supported.

***Hypothesis 2***

Self-compassion was related in conceptually healthy directions to the majority of outcome measures at both Time 1 and Time 2, as shown in Table 4<sup>14</sup>. Thus, this hypothesis was predominately supported.

***Hypothesis 2a***

Self-compassion was related in conceptually healthy directions to most medium term outcome measures in response to the hypothetical emotionally difficult sport-specific scenario at both time points, as shown in Table 4. Specifically, self-compassion was positively related to

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<sup>14</sup> Given the nature of this feasibility study (i.e., to identify whether similar trends occur in a sample of men athletes as those identified in Mosewich et al.'s [2013] sample of women athletes), we have set a liberal probability value of  $p < .10$ , to ensure trends are not overlooked.

“constructive reactions” (i.e., self-compassionate, positive, perseverant, and responsible) and negatively related to “destructive reactions” (i.e., ruminative, passive, self-critical) to a hypothetical emotionally difficult sport-specific scenario (i.e., “You are responsible for losing an athletic competition for your team”) at both time points, with the exception of the following 2-item measures: Time 1 responsible reactions, Time 2 responsible reactions, and Time 2 passive reactions. This hypothesis was predominately supported.

### ***Hypothesis 2b***

Self-compassion was related in conceptually healthy directions to all medium term outcome measures in response to the recalled scenario at both time points, as shown in Table 4. Specifically, self-compassion was negatively related to state rumination and state self-criticism at both time points. This hypothesis was supported.

### ***Hypothesis 2c***

Self-compassion was related in conceptually healthy directions to long-term outcome measures representing “performance insecurity” at both time points, as shown in Table 4. Specifically, self-compassion was negatively related to concern over mistakes, fear of performance failure, and fear of negative evaluation at both time points. This hypothesis was supported.

### ***Hypothesis 2d***

Self-compassion was related in conceptually healthy directions to long-term outcome measures representing “view of self” at both time points, as shown in Table 4. Specifically, self-compassion was positively related to self-esteem and negatively related to internalized shame at both time points. This hypothesis was supported.

### ***Hypothesis 2e***

Self-compassion accounted for unique variance beyond self-esteem for most variables/outcome measures, as shown in Table 4. This hypothesis was predominately supported.

### ***Hypothesis 3***

Self-compassion was related in a conceptually healthy direction to traditional masculinity (i.e., negative) but unrelated to inclusive masculinity, as shown in Table 4. This hypothesis was partially supported.

### ***Additional Analyses***

In addition to our hypothesis testing, we ran follow-up independent t-tests to explore whether there were mean differences at Time 1 between the 45 participants that completed Time 1 but did not finish the intervention and the 38 participants that completed the entire intervention and Time 2, in part to identify factors that might have led to dropout and/or completion. As shown in Table 5, there were mean differences between the two groups on several variables (e.g., fear of negative performance evaluation), with participants that completed the full study having less healthy responses on all. Another exploratory analysis was run to identify Time 1 mean differences between participants that represented body-contact confrontational sports (e.g., football) and participants that represented non body-contact confrontational sports (e.g., track and field). Findings from the independent *t*-tests indicate healthier responses on the majority of outcome measures (e.g., higher self-compassion levels, lower internalized shame) for the non body-contact confrontational sports, as shown in Table 6.

## **Results – Phase II**

A deductive process was used to create the initial interview guide, drawing on previous findings from masculinity theory and self-compassion literature (e.g., Anderson & McGuire, 2010; Connell & Messerschmidt, 2005; Wasylikiw & Clairo, 2018) in efforts to develop and

organize the data into categories that align with our research goals (e.g., examining whether a one-week online self-compassion intervention is feasible in a sample of exclusively men athletes). However, to make meaning of the data, we predominately used inductive analyses, which enabled us to draw from common ideas and/or opinions discussed by participants that represented the data set (e.g., most of the men were supportive of the self-compassion intervention), before ultimately applying it to existing work in the field of men athletes' self-compassion and masculinity (e.g., Reis et al., 2021). As well, by listening to the audio files of participants after their interviews and reading through field notes, we took ideas that organically emerged in conversations and adjusted the interview guide on the fly to reflect new and important discussion topics relevant to the research (e.g., “should a focus group be included in the self-compassion intervention?”). By using a combination of deductive and inductive approaches to the generation and analysis of the qualitative data, the organization and rigour of the qualitative component of the study was enhanced (Bingham & Witkowsky, 2022).

Overall, the feedback from participant interviews about the self-compassion program, as it is currently structured/delivered, was favourable. Several important takeaways were generated based on the men athletes' input about the self-compassion program and its structure/delivery, and they will be outlined in this section. Specifically, the men offered unique ways to think about self-compassion, the self-compassion program, and how the self-compassion program might be improved in future iterations.

### ***The “Follow-up Interview” Should be Built into the Self-compassion Program***

The most frequently discussed way to improve the self-compassion program, according to the men athletes interviewed, would be to include an interview component in the week-long program. When asked about whether building in a virtual “focus group” (e.g., ~ 5 men athletes

and myself) component to the beginning of the self-compassion program would have been a helpful addition, the men consistently agreed that it would. However, a small group approach to the prospective initial interview was not unanimous, with some participants expressing they would prefer confidentiality/anonymity from other participants. Thus, a proposed solution that participants found agreeable was to either actively participate in the virtual call (e.g., Zoom video on, ask questions), or be able to listen in without contributing (e.g., Zoom video off).

The majority of the men said that the follow-up interview was ultimately what made the biggest impact of the entire study on their self-compassion and views of self-compassion, with some discussing how it made them think about self-compassion in different and important ways. For instance, rather than self-compassion being a way of letting oneself off the hook or shirking responsibility, as some men initially thought, conversations in the interviews led to the men athletes realizing self-compassion can help with individual accountability through recognition and acknowledgement of their own mistakes, which can ultimately facilitate the process of navigating through hard times in sport in healthier, faster ways (e.g., confronting them and shifting ways of thinking about them).

### ***Important Takeaways***

Overall, the men athletes expressed the opinion that the self-compassion program as currently structured was beneficial for various reasons. For many, self-compassion was either an entirely new or relatively new (e.g., familiar with the term, “self-compassion”, but unfamiliar with it in the context of sport) construct, and being exposed to it as a resource that might help them work through challenging experiences in sport was considered valuable. For others, being prompted to revisit difficult past experiences in sport through a self-compassionate lens (e.g., taking a step back from a recalled sport-specific negative experience and viewing it with

objectivity, understanding, and kindness towards oneself, and as something that other men athletes might also be likely to endure) helped them confront or challenge the “ball of emotional negativity” surrounding the event in their minds. In turn, the process of revisiting their past difficult experiences in sport and proactively reducing the negativity associated with them seemingly helped most of the men athletes to ease their (oftentimes) lingering emotional suffering, which enabled them to begin to move forward more adaptively (e.g., identifying the core of the issue, which was often a performance “mistake” or “failure”, and taking informed steps to reduce the likelihood of its recurrence in the future).

### ***Additional Changes to the Self-Compassion Program***

In addition to adding a virtual focus group of sorts, the men athletes discussed other adjustments that could help with its reach/delivery/acceptance/efficacy. One challenge of the self-compassion program for some men athletes was remembering to do the modules on successive days within the course of a week. A recommended solution was having the lead researcher (of future iterations) send individual daily reminders to complete specific modules, including the corresponding link in the email reminder. For example, a participant who completed Module 3 on Wednesday would be sent an email reminder to complete Module 4 on Thursday, with the email including a direct link to Module 4 so participants would not need to open their Participant Instruction Manual to find the link. Another recommendation provided by the men athletes for future iterations of the self-compassion program was to provide a take-home component that would have them work through an additional sport-specific situation on their own time, if they so desired. This idea stemmed from some men explaining that they regretted the situation they had used for the intervention, thinking of a more appropriate scenario partway through. As well, some of the men thought that added detail/specificity in the directions of

certain modules (e.g., Module 1, where participants were asked to write about the event they would reflect on for remaining modules) might have helped them select a more appropriate sport-specific experience to write about in the self-compassion program.

### ***Peeling Away Layers of an Onion***

A recurring discussion topic was initially presented by one of the men athletes, who viewed each of the modules of the self-compassion program as an effective approach to stripping away the painful layers of his recalled difficult experience in sport. He noted that each module helped him work through the difficult situation he had previously encountered in sport in different ways (e.g., writing about how he would treat a teammate going through the same experience helped him realize that he was harder on himself than he would be on others, which enabled him to approach his experience in a more comforting, soothing way). Reflecting on the same process and how the modules helped him break down his own difficult experience in sport, another athlete described it as a “distillation”, or watering down of his negative sport-specific event. Through conversations with some of the other men athletes interviewed, the phrase “peeling away layers of an onion” resonated as a way of describing the process.

### ***The Blueprint/Formula***

Another important topic of discussion during the interviews was how men would ultimately put self-compassion into practice, when they encounter future difficult experiences in sport. One of the men athletes presented a unique way of looking at the self-compassion program, in terms of how it might be helpful for the men going forward, calling it a blueprint. Specifically, he noted that the self-compassion program could be “used” as a formula that any new challenging experiences in sport could be “plugged into”, with the end goal of no longer needing the formula or blueprint once self-compassionate approaches or practices become more



second nature to him. This participant was one of the first interviews, which enabled me to explicitly ask other participants if they also viewed the self-compassion as a blueprint or formula (i.e., inductive analysis), with the vast majority concurring.

### ***Masculinity and Self-compassion***

The men athletes were asked about the potential role(s) that their representations of masculinity might play in their experiences of self-compassion, and whether they viewed a strong alignment with traditional masculine values (e.g., violence, aggression) as a potential barrier or roadblock to self-compassion for themselves and/or other men athletes. While the men generally did not view self-compassion as inconsistent with their masculinities, some of the men expressed that younger versions of themselves might have had trouble accepting a construct like self-compassion, due at least in part to their masculinities. Interestingly, the men added that if they had previously taken issue with self-compassion, it would have been due to a misunderstanding of what self-compassion is. For instance, some men expressed that as recently as when they started the study, they viewed self-compassion as simply being easy on themselves (something that could be considered as counterintuitive to their masculinities and desire to reach elite levels of sport), but had since come to realize that it is a multidimensional construct that also involves a willingness to dive into their negative emotions and constructively work through them, something they felt is masculine. When prompted, the men acknowledged that the term, “self-compassion”, was ironically the greatest barrier to being self-compassionate, and generally agreed that different language (e.g., protecting, motivating) would make all the difference.

When asked what might help the likelihood of other men athletes to enroll in a study rooted in self-compassion and/or to embrace self-compassion, the most common response was role models talking about the potential benefits of self-compassion. For instance, professional

men athletes publicly discussing how self-compassion had helped them was frequently mentioned, along with former/current members within their sporting community, and also coaches. Overall, the men agreed that they could understand how masculinity could be a barrier to men athletes' self-compassion, but that some combination of developing a deeper understanding of self-compassion, different language to describe self-compassion, and role models endorsing self-compassion, would quell any concerns for them and likely other men athletes.

### **Discussion**

The overlying purpose of our research was to examine the feasibility of a previously developed one-week self-compassion intervention (i.e., Mosewich et al., 2013), delivered exclusively online to a sample of competitive men athletes. In efforts to thoroughly assess the feasibility of the online self-compassion intervention, we employed a multifaceted approach to our research, involving testing of various hypotheses and follow-up interviews surrounding reach, efficacy, and possible improvements to future iterations of the intervention. Our hypotheses and methods of testing our hypotheses (e.g., Pearson correlations, one-way repeated measures MANOVA, post hoc paired *t*-tests) represent ways to examine both the viability of self-compassion as a potential resource for men athletes (i.e., correlational analysis to test whether self-compassion was related to previously identified relevant variables for a sample of men athletes in conceptually “healthy” ways) and whether changes in levels of outcome variables (e.g., self-compassion, internalized shame), both individually and collectively, occurred from pre-intervention to post-intervention. The follow-up interviews enabled us to explore what men athletes considered effective about the self-compassion intervention as currently structured, and also what could be changed or added to improve future versions of it for delivery to other

men athletes. Overall, our findings are encouraging for the feasibility of the one-week self-compassion intervention in a population of competitive men athletes, and our interpretations and takeaways will be discussed in subsequent paragraphs, as will limitations to our research and recommended future directions for work in the field.

## **Summaries and Interpretations of Results**

### ***Hypotheses 1-1f***

Our findings indicate that outcome variables changed collectively from Time 1 to Time 2, such that self-compassion, “constructive” and “destructive” reactions, views of self, performance insecurity, and representations of masculinities combined were different following the self-compassion intervention for the men athletes that completed both time points (i.e., Time 1, Time 2). Importantly, post hoc paired *t*-tests revealed that self-compassion levels were higher at Time 2 than Time 1. As well, the men athletes had more “constructive” reactions and less “destructive” reactions to the hypothetical emotionally difficult sport-specific scenario at Time 2 than at Time 1. Additionally, the men athletes demonstrated less internalized shame, concern over mistakes, and traditional masculinity at Time 2, compared to Time 1. The significant mean differences across time for all individual outcome variables were in conceptually healthy, hypothesized directions (e.g., less concern over mistakes).

While we are unable to conclude that the one-week self-compassion intervention caused the conceptually healthy changes across time for men athletes who completed both time points (i.e., Time 1, Time 2), due to the absence of a control group in our study, the results of a one-way repeated measures MANOVA (and post hoc tests for differences in individual variables across time points) are encouraging for the feasibility of the intervention in a sample of competitive men athletes. Overall, the data trends are in consistent, expected directions, aligning with

findings in Mosewich et al.'s (2013) study that featured the development and initial delivery of the one-week self-compassion intervention (in a sample of women athletes) that was also employed in our study. Notably, the outcome variables as a whole changed from Time 1 to Time 2, and *all* significant changes to individual outcome variable means were in expected directions.

### ***Hypotheses 2-3***

Our results show that self-compassion was related to the majority of outcome measures in conceptually “healthy” ways at both time points (i.e., Time 1, Time 2). Specifically, men athletes with higher levels of self-compassion had: (a) more “constructive” reactions and less “destructive” reactions to the hypothetical emotionally difficult sport-specific scenario, “You are responsible for losing an athletic competition for your team”, (b) increased view of self, and (c) decreased sport performance insecurity. Interestingly, while self-compassion was negatively related to traditional masculinity, as hypothesized, it was unrelated to inclusive masculinity. Additionally, self-compassion accounted for unique variance beyond self-esteem for the majority of outcome measures at both time points. The conceptually healthy relationships between self-compassion and most outcome measures support the utility and viability of self-compassion as a potential resource for men athletes, and generally align with other research in the field (e.g., Reis et al., 2019; Wasylkiw & Clairo, 2018). Furthermore, considering higher levels of self-compassion appear to be related to healthier outcomes in a sample of men athletes, our findings also support the need for an effective way to increase men athletes’ self-compassion levels (i.e., self-compassion intervention; Mosewich et al., 2019).

### ***Follow-up Interviews***

In addition to our quantitative results outlined above, results from follow-up interviews with men athletes are also encouraging for the feasibility of the one-week self-compassion

intervention. Employing a similar approach to a study that examined the feasibility of a mindfulness-based self-compassion intervention (i.e., Goodridge et al., 2021), the inclusion of follow-up interviews provided an opportunity for the men athletes who completed the self-compassion intervention in our study to provide feedback and suggestions to improve the intervention. While some changes and additions to the intervention were suggested by participants (e.g., daily reminders to complete intervention modules), on the whole they viewed the self-compassion intervention as a positive experience, and one that many described as helpful for reducing negativity surrounding sport-specific difficult experiences they had previously endured.

A frequently discussed topic in the follow-up interviews was the necessity of the interview itself, particularly for participants' understanding of self-compassion and how it might best be applied in their own unique difficult experiences in sport. The men explained that having the opportunity to discuss self-compassion and its potential with an "expert" helped them dispel myths about self-compassion (e.g., self-compassion involves acknowledging and exploring their painful emotions stemming from negative experiences in sport, in order to work through them in healthy, adaptive ways, as opposed to *only* offering themselves kindness during difficult times) and provided clarity on how they might practice self-compassion in the future. It should also be noted that since the follow-up interviews came after the Time 2 outcome measures, it seems plausible (if not likely) that the intervention might have shown even greater promise (in the Time 2 quantitative analyses), had the interviews been built into the intervention itself. For example, many of the men suggested a focus group session at the start of the intervention as part of the introductory component, and the one-on-one interview at the end. Importantly, given the feedback from the men athletes in their follow-up interviews, there appears to be support for

future iterations of a one-week self-compassion intervention delivered exclusively online to a sample of men athletes, while using the current intervention as a base from which to build.

### **Assessment of Feasibility and Recommendations for Future Iterations**

Overall, we consider our findings encouraging, with respect to the overarching question at the core of feasibility studies – “can it work?” (Orsmond & Cohn, 2015). Though it is difficult to know if the increased self-compassion levels (and other hypothesized changes in mean levels; e.g., decreased shame) at Time 2 were *because* of the self-compassion intervention, the combined results of our quantitative and qualitative analyses are promising in terms of whether an entirely online self-compassion intervention can reach a population of men athletes. When asked, all of the men who were interviewed following the intervention in our study were supportive of its future delivery to other men athletes, which is a resoundingly positive sign in terms of the need for a self-compassion intervention for men athletes. Additionally, considering our study aligns with fundamental elements of feasibility studies – namely that they are formative, adaptive, and iterative, with flexible methodologies (Arain et al., 2010; Bowen et al., 2009; Orsmond & Cohn, 2015) – the delivery, approach, content, and opportunity to adjust on the fly (e.g., building in additional questions to the follow-up interviews based on discussion with some of the first participants) and in future iterations (e.g., adding a brief Zoom focus group session) seemingly represent promising signs with respect to the intervention’s feasibility.

### ***Systematic Feasibility Assessment***

Unlike pilot studies, which are largely focused on outcomes, feasibility studies are focused on the process and preliminary evaluations of responses (Orsmond & Cohn, 2015), which enabled us to evaluate what was ideal about the self-compassion intervention in our study, and how it could be improved going forward, without being strictly tied to outcomes.

Accordingly, we considered main objectives of feasibility studies outlined by Orsmond and Cohn (2015) when evaluating the feasibility of our self-compassion intervention, and conclude that: (a) our recruitment capability and resulting sample characteristics were effective for our target population (i.e., we were able to recruit 83 competitive men athletes, with 38 of 43 that started the intervention completing the intervention and both time points); (b) our data collection procedures and outcome measures were appropriate overall, notably since the results of our correlational analysis indicate that our selection of outcome measures (which was refined with a PLM) generally aligns with other research in the field (i.e., self-compassion was related to most of our outcome measures in hypothesized directions, similar to findings by Mosewich et al., 2013; Reis et al., 2019); (c) the self-compassion intervention was acceptable and suitable, according to feedback from the men athletes in their follow-up interviews; (d) the resources and ability to manage and implement both the study and intervention were largely in place, though additional resources (e.g., funding for research assistant to send the reminders; funding for software/programs that automatically send reminders) might be needed to accomplish daily reminders for participants to complete modules of the intervention in a timely manner; and (e) our preliminary evaluation of participant responses are trending in encouraging directions (e.g., increased self-compassion levels and changes in levels of most other variables in healthy, hypothesized directions at Time 2, no trends in opposite directions of our hypotheses, predominately positive feedback from men athletes in follow-up interviews).

### *Assessment of Scientific Rigour*

Our overlying objective was to assess the feasibility of a one-week, fully online self-compassion intervention delivered to a sample of competitive men athletes. In examining the intervention's feasibility, we hoped to determine whether, as a possible next step, it is suitable to

be further tested in a prospective randomized controlled trial (RCT). An important consideration in determining whether the self-compassion intervention in our study is feasible for delivery to future samples of competitive men athletes was a preliminary assessment of its scientific rigour (Tickle-Degnen, 2013). Included in our scientific assessment of the feasibility of the self-compassion intervention in our study was an exploration of potential threats to internal validity (Cook et al., 2002; Tickle-Degnen, 2013), notably selection bias and attrition.

**Selection Bias.** Our study might have appealed to a particular group or groups of men athletes more than others. For instance, men that recently endured particularly difficult experiences in sport might have been drawn to participate in hopes that they would benefit from developing and/or enhancing a coping resource to help deal with their sport-based challenges. However, in follow-up interviews with the men, some discussed their struggles to recall any negative sport-specific event within the past 2 years, while others mentioned how vividly the sport-specific event they had recalled was in their minds. These conversations led us to believe that there was a fairly generalizable representation of men athletes, in terms of how emotionally difficult their recalled events in sport were (i.e., representation from the both ends of the spectrum, in terms of how bad the sport-specific experiences were).

Another potential factor that could have led to increased selection bias was the men athletes' baseline levels of self-compassion. Perhaps men with low levels of self-compassion were particularly drawn to our study, feeling a desire or need to increase their self-compassion levels. Alternatively, men with high levels of self-compassion might have viewed our study as a way to polish and enhance a pre-existing skill/attitude. However, baseline self-compassion levels of the men athletes ( $M = 2.98$ ) in our study are comparable to mean self-compassion levels reported on the SCS-AV (e.g.,  $M = 3.04$ ; Crozier et al., 2019) and fall comfortably within the



“moderate” range of self-compassion scores (i.e.,  $M = 2.5-3.5$ ; Neff, 2003). As well, there were no significant differences in baseline self-compassion levels between men who completed the full intervention and Time 2 ( $M = 2.90$ ) and men who only completed Time 1, but not the full intervention and Time 2 ( $M = 3.06$ ).

Another potential factor that might have contributed to selection bias is that men athletes who represented a lower socioeconomic class might have been particularly attracted to the monetary incentive (i.e., \$70) tied to their participation in our study. However, on the other hand, selection bias might have been reduced through the inclusion of men from a socioeconomic class that would have otherwise not participated (Reiss et al., 2014). We did not measure socioeconomic status of the men athletes in our study, but recommend future researchers consider doing so if they plan to attach monetary incentives to participation.

One additional factor that might have led to selection bias in our study was the type of sports the men represented. Specifically, there was a greater representation of men athletes from non body-contact confrontational sports (e.g., soccer) than body-contact confrontational sports (e.g., football). Accordingly, future researchers should consider alternative sampling methods to ensure equal representation between non body-contact confrontational sports and body confrontational sports, to minimize and/or prevent selection bias. Regardless, we maintain the opinion that the one-week self-compassion intervention is feasible when delivered online to a sample of men athletes.

**Attrition.** Our first follow-up analysis was a Time 1 mean comparison between men athletes that finished Time 1 but not the full intervention and men athletes that finished Time 1, the full intervention, and Time 2. In part, we were interested in Time 1 (i.e., baseline) mean discrepancies to identify possible reasons why men athletes were more or less likely to finish the

self-compassion intervention. Interestingly, of the measures that we found significant Time 1 differences between the two groups on, the men athletes who finished the full intervention had less healthy levels of all (e.g., higher levels of concern over mistakes). More discussion on Time 1 mean discrepancies between these groups can be found in our “Complete vs Incomplete Study Participation” section below. But, with respect to possible reasons for participant attrition, it is possible that men athletes who completed the full study were more actively seeking help through the self-compassion intervention (and enhancing their self-compassion) for sport-specific difficult experiences they had endured, or were aware of their own relatively unhealthy baseline levels (in relation to the men athletes that withdrew at some point). Or, perhaps the men who completed the full study had endured particularly emotionally difficult sport-specific experiences that diminished their health, making them more inclined to follow through with the full intervention, believing it could help them adaptively navigate through their challenging times.

It is also important to reiterate that of the 45 men athletes who completed Time 1 but did not finish the full intervention and Time 2, only 5 started the intervention, meaning that 40 completed only Time 1 before withdrawing from the study. All 45 men that completed Time 1 but not the full intervention and Time 2 were contacted about continuing their participation on three occasions through email, but none responded, nor did any provide reasons for their withdrawal. Thus, it is difficult to identify what the most prominent cause of the men athletes’ dropout was, but it seems likely to be related to their experiences of the Time 1 online survey. So, while speculative, participant fatigue/burden from the over 200-item Time 1 survey could have contributed to the men athletes’ attrition rates, and we recommend future researchers reduce the number of items in their baseline survey. Importantly, it is clear that getting men to start the self-compassion intervention after their completion of the Time 1 survey was challenging, with

the time between completion of the Time 1 survey and the start of the intervention accounting for the most common point of attrition in our study. Accordingly, identifying specific reasons that the men athletes dropped out between the Time 1 and the start of the self-compassion intervention could provide valuable insight into the overall feasibility of the self-compassion intervention, and how the feasibility of the study as a whole might be enhanced. While we did not request interviews of participants that withdrew from our study, we encourage future researchers to attempt to do so, as their reasons behind withdrawal could inform how best to retain participants from baseline throughout the full study (i.e., completion of all intervention modules, Time 2 survey, follow-up interviews). And while dropout from online studies is more common than dropout from offline studies (de Leeuw & Lugtig, 2015), one approach to potentially minimize dropout in future iterations of our fully online intervention is to implement more consistent branding across time points (e.g., University logo included in intervention modules, rather than just the Time 1 and Time 2 surveys). For example, consistent branding at Time 1, each intervention module, and Time 2 might legitimize the study from the perspectives of participants, potentially dispelling concern over whether the study is supported by a given institution and making them more confident they will receive monetary compensation that was promised. It should also be noted that in a prospective RCT featuring the self-compassion intervention from our study, intention-to-treat (ITT) analysis would be an excellent approach to addressing any potential attrition bias (Nam & Toneatto, 2016). Considered the “gold standard” statistical approach for handling attrition in RCT studies (Nam & Toneatto, 2016), ITT helps address attrition bias while protecting initial randomization (Gupta, 2011). Ultimately, given that 38 of 43 men to enter the intervention ultimately finished it, we are confident that attrition, at least for those who began the intervention, is unlikely to have compromised the internal validity

– and the overall feasibility – of a prospective RCT featuring the one-week self-compassion intervention delivered entirely online to men athletes.

**Additional Threats to Internal Validity.** Aside from selection bias and attrition, it is also possible that two components of our data collection comprised the internal validity of our study and ultimately, its feasibility (Tickle-Degnen, 2013). Specifically, one item of the two-item “ruminative reactions” measure was mistakenly not included in the online survey at Time 1 and Time 2, potentially compromising our results, which indicate ruminative reactions significantly decreased from Time 1 to Time 2 and that ruminative reactions were negatively related to self-compassion at both time points. However, even if the inclusion of the other item resulted in ruminative reactions being unchanged from Time 1 to Time 2 (or unrelated to self-compassion), our conclusions about the intervention’s feasibility would still have been favourable, given the otherwise promising trends. Similarly, participants seemingly had challenges using the online survey tool’s sliding scale to report their fear of performance failure, since 14 of the 37 total missing data points across both survey time points (i.e., Time 1, Time 2) were from this 5-item measure. However, our findings indicate that fear of performance failure did not change from Time 1 to Time 2, so our conclusions about the intervention being feasible were not falsely enhanced. Importantly, follow-up tests excluding ruminative reactions and fear of performance failure from the analyses (i.e., excluding each independently and together) did not change the results of the intervention on the collective outcome measures, so we remain confident that the self-compassion intervention is feasible when delivered online to competitive men athletes.

### ***Concluding Remarks on Feasibility and Recommendations for Future Iterations***

Mosewich et al.’s (2013) one-week self-compassion does appear to be feasible, when delivered entirely online, to a sample of competitive men athletes. However, we recommend

several changes/additions to future iterations, based on feedback from our participants. Specifically, an online synchronous (e.g., Zoom) “focus group” session should be added to the intervention (in addition to the video viewed by participants in this study), in which the lead researcher and/or expert in the field would describe self-compassion in detail and explain how it might be used to mitigate emotional negativity stemming from sport-specific difficult experiences. Focus groups have been featured in other self-compassion interventions (e.g., Smeets et al., 2014), including a study that examined the feasibility of a self-compassion intervention delivered to adolescents (i.e., Donovan et al., 2016), and would be a welcome addition to the self-compassion intervention in our study, according to our participants. During the focus group session, the lead researcher would be present to answer questions from participants in real time and dispel myths that might be associated with self-compassion (e.g., shirking responsibility; Reis et al., 2021). According to the men athletes in our study, a focus group session would also give participants the opportunity to connect with other men athletes who might have endured similar experiences, which could offer a particularly salient representation of the common humanity component of self-compassion. It should be noted that participants had the opportunity to interact with one another and the lead researcher during the introductory/educational component of Mosewich et al.’s (2013) delivery of the self-compassion intervention that we replicated, but COVID-19 restrictions prevented us from including an in-person component in our study.

Another potential discussion point in a prospective focus group session is based on a need to find alternative language to “self-compassion”, a term that some of the men in both the current study and in Reis et al.’s (2021) study struggled to accept. Notably, when the terms, “protecting”, “providing”, and “motivating” (i.e., the “yang” or traditionally masculine side of self-

compassion; Neff & Germer, 2018) were discussed organically (e.g., men expressed discomfort with the term, “self-compassion”) in follow-up interviews with men athletes, they were typically well-received and preferred over “self-compassion”. Regardless of context (e.g., during a focus group session of a self-compassion intervention with men athletes; interviews with men athletes about self-compassion), we encourage future researchers to further explore how men athletes perceive language rooted in the “yang” of self-compassion, which represents acting in the world to alleviate suffering (i.e., fierce self-compassion; Braehler & Neff, 2020).

Additionally, some of the men noted that they struggled to stay on track by completing all five modules of the self-compassion intervention within 7 days, and agreed that daily reminders to complete the modules might be helpful. While some of the men said they would not need a daily reminder to complete their participation, none were opposed to the idea. It should be noted, in terms of feasibility, that providing daily reminders might be where additional resources for future iterations of the self-compassion intervention are needed the most, particularly if the intervention were to be delivered on a larger scale with more participants. Perhaps additional funding for research assistants or automated reminder options (e.g., automated reminder to the participants from the survey tool) could be explored.

While different approaches (e.g., compassionate writing, audio meditation; Cebolla et al., 2019; Dreisoerner et al., 2020) to enhance self-compassion have been administered to a variety of population samples (e.g., nurses, battered women, homeless veterans; Held & Owens, 2015; Karakasidou & Stalikas 2017; Mahon et al., 2017), particularly within the past decade, very few have targeted athletes. One exception, featuring a motivational self-talk training program, successfully increased self-compassion levels from baseline to post-intervention in a group of competitive swimmers (Georgakaki & Karakasidou, 2017). Perhaps building in a motivational

self-talk training component (e.g., having athletes identify “negative” thoughts and then reframing them to “positive” thoughts through motivational cues, like “I can”; Georgakaki & Karakasidou, 2017) to the self-compassion intervention administered in our study would add to its efficacy. On the other hand, Reis et al.’s (2015) brief self-compassion induction did not increase women athletes’ self-compassion levels, while Mosewich et al.’s (2013) one-week self-compassion intervention did; so it seems more intensive approaches might be needed in populations of athletes. Additionally, considering the encouraging results of Mosewich et al.’s (2013) self-compassion intervention in the current study with men athletes, we believe the structure and content offer an excellent starting point for future iterations of self-compassion interventions delivered to athletes.

### **Predicted Underlying Causal Mechanisms and Potential Implications.**

Despite our inability to make causal claims about any potential intervention effects, due to the lack of a control group in our study, it is important to revisit our PLM and its theoretical underlying causal mechanisms of the self-compassion intervention. Specifically, we predicted that self-compassion levels would increase from Time 1 to Time 2 through the combined direct (i.e., introductory/educational video and practice writing task on self-compassion) and indirect (i.e., intervention modules designed to increase the core components of self-compassion – self-kindness, common humanity, mindfulness) effects (i.e., short term outcomes) of the self-compassion intervention. While we are unable to claim that our self-compassion intervention *caused* increases in self-compassion, there was a significant increase in self-compassion levels from Time 1 to Time 2, which is an encouraging sign for the feasibility of the intervention.

Medium term outcomes predicted in our PLM were increased constructive reactions (i.e., self-compassionate, responsible, positive, perseverance) and decreased destructive reactions (i.e.,

ruminative, passive, self-critical) to the sport-specific emotionally difficult hypothetical scenario, “being responsible for losing an athletic competition for your team”. All reactions changed from Time 1 to Time 2 in hypothesized, healthy directions, with the exception of passive reactions. Interestingly, passive reactions were the only set of reactions unrelated to self-compassion at both time points after removing the influence of self-esteem, which might bring into question the relevance of passive reactions in self-compassion research focused on men athletes. Furthermore, in a self-compassion study featuring only men athletes, Reis et al. (2019) also found passive reactions to be unrelated to self-compassion after removing the influence of self-esteem, while passive reactions were negatively related to self-esteem after the influence of self-compassion was removed. Perhaps passive reactions might be more relevant in men athletes’ self-esteem than self-compassion, though further research is needed to draw any definitive conclusions.

Other variables included in medium term outcomes (as opposed to long term outcomes), due to the more volatile/fluctuating nature of “state” variables compared to “trait” variables (Schmitt & Blum, 2020), were decreased state rumination and state self-criticism to a recalled negative event in sport (i.e., “the worst thing that has happened to you in sport during the past 2 years, that was or was not your fault”). While Mosewich et al. (2013) found decreased levels of both state rumination and state self-criticism in women athletes following the self-compassion intervention, neither measure changed from Time 1 to Time 2 in our study. Thus, state rumination and state self-criticism might be misplaced as medium term outcome measures in our theoretical causal pathway, especially since some variables (e.g., internalized shame) we theorized as long term outcome measures in our PLM did change from Time 1 to Time 2. Or, a self-compassion intervention might not increase state rumination and state self-criticism in men athletes. Perhaps more importantly, conclusions – albeit cautious conclusions, due to the absence



of a control group – made about the feasibility of the self-compassion intervention might be susceptible to Type III error (i.e., evaluation of a program without adequate implementation; Basch et al., 1985). For instance, while we have deemed the one-week self-compassion intervention feasible in a sample of competitive men athletes based largely on the general support of our primary hypotheses – that outcome measures would change in conceptually healthy directions collectively and independently from Time 1 to Time 2 – our causal pathways were not entirely supported. Thus, our conclusions about the intervention’s feasibility could be accurate in that it is indeed feasible (e.g., reach, accessibility) when delivered to a sample of men athletes, but not entirely in the ways we hypothesized (e.g., not all medium term outcome measures needed to be achieved before long term outcomes could be achieved).

A potential bigger picture issue, and one that could be particularly relevant in our study, is that changes in our collective outcome measures might not have been due to the intervention, since a control group was not included in our study (Kaya, 2015). As such, other factors (e.g., participant maturation – changes in time/circumstance leads to changes in responses; Kaya, 2015) might have threatened the internal validity in our study and led us to make technically appropriate conclusions (e.g., the intervention is feasible in a population of men athletes) without proper implementation of our intervention (i.e., Type III error). It is possible the intervention is feasible in that it can reach men athletes and that they accept it, but perhaps some of our encouraging findings (e.g., collective change in conceptually healthy direction from Time 1 to Time 2) were due to external factors (e.g., simply participating in a self-compassion intervention study; negativity surrounding the participants’ sport-specific difficult experiences decreased over time), which we are unable to rule out in the absence of a control group. Still, we uphold our view that the self-compassion intervention in our study is feasible when delivered to men

athletes, particularly given the men's positive views about it in their follow-up interviews and the largely encouraging data trends. Future implementation of the intervention in an RCT, featuring a control group, is expected to quell any concerns regarding Type III error in our conclusions.

While we consider the results of our self-compassion intervention highly encouraging with respect to its feasibility in a sample of men athletes, at least some of the underlying theoretical causal pathways we predicted in our PLM appear to be inaccurate. Specifically, since two long term outcome measures changed in hypothesized directions from Time 1 to Time 2 (i.e., decreased internalized shame, decreased concern over performance mistakes), but several medium term outcome measures did not (i.e., state rumination, state self-criticism, passive reactions), it appears that not all medium term outcome measures needed to change in order for long term outcome measures to change. Accordingly, we encourage future researchers to consider re-evaluating and adjusting the underlying causal pathways we predicted in our PLM before administering the online self-compassion intervention to men athletes. Perhaps Ferguson et al.'s (2015) underlying mechanisms of self-compassion (i.e., constructive and destructive reactions) represent appropriate and sufficient medium term outcomes, since all but passive reactions changed from Time 1 to Time 2 in hypothesized, healthy directions. It is also worth noting that the long term measures, self-esteem, fear of performance failure, and fear of negative evaluation of performance were not significantly changed from Time 1 to Time 2.

Ultimately, we consider the one-week self-compassion intervention promising, with respect to its feasibility in a sample of competitive men athletes. However, we also acknowledge that we are unable to make any definitive conclusions, since our study lacked a control group. Moreover, our predicted causal pathways should be revisited by future researchers, and we recommend the following as a directional starting point: (a) short term outcomes – self-

compassion; (b) medium term outcomes – constructive and destructive reactions; (c) long term outcomes – concern over performance mistakes and internalized shame. Perhaps most importantly, we encourage future researchers to include an attention control group (in an RCT), similar to Mosewich et al.'s (2013) study, in order to ensure observed effects from Time 1 to Time 2 are because of the self-compassion intervention, and not external factors.

### **Exploration of Subsets of Men Athletes**

While the overlying goals of our project were tied to the feasibility of a one-week self-compassion intervention delivered entirely online to competitive men athletes, we also included two exploratory research questions and the corresponding analyses. Specifically, we were interested in whether there were discrepancies, in terms of mean levels of our outcome measures, between the following groups: (a) men athletes that completed the entire study and men athletes that finished at least Time 1, but did not complete the full intervention; and (b) men athletes representing non body-contact confrontational sports (e.g., track and field) and men athletes representing body-contact confrontational sports (e.g., football).

### ***Complete vs Incomplete Study Participation***

Of the 83 participants in our study that completed at least Time 1, 38 men went on to complete all Phase I study components, while 45 did not. A mean comparison of Time 1 outcome measure levels revealed that there might be notable differences between the groups, potentially suggesting the type of man athlete that might be most likely to finish a self-compassion intervention study. As discussed in the “Attrition” section above, our findings indicate that men athletes who completed all Phase I study components (i.e., Time 1 questionnaire, all intervention modules, Time 2 questionnaire) had conceptually less healthy responses to outcome measures at Time 1 than men who completed Time 1 but did not finish the

full intervention and Time 2. While self-compassion levels between the groups were not *significantly* different, the group that completed all Phase I components had lower mean self-compassion. Importantly, full study participants had less perseverant reactions and more ruminative and self-critical reactions to the hypothetical emotionally difficult sport-specific scenario (i.e., “you are responsible for losing an athletic competition for your team”). As well, participants that completed all of Phase I had greater fear of negative performance evaluation and concern over mistakes at Time 1 than their counterparts that did not complete all of Phase I. All of the significant mean discrepancies between the groups were in the same direction – less conceptually healthy responses by the full participants. Accordingly, it is possible that the men athletes who finished the full study were motivated to seek help through their enrollment in the self-compassion intervention, perhaps knowing that they are particularly hard on themselves and fear negative evaluations/mistakes, for instance. Thus, the self-compassion intervention as currently structured (and possibly in general) might be most appealing to men athletes who are self-aware of their struggles with negative experiences in sport and/or are most likely to seek help. An important outcome measure to include in future self-compassion intervention studies with men athletes could be self-stigma of seeking help. Wasylkiw and Clairo (2018) identified self-stigma of seeking help as a relevant outcome measure in their study with men athletes’ self-compassion, finding that more self-compassionate men athletes had more favourable attitudes towards seeking help, as did Reis et al. (2019). Thus, it would be interesting to know whether the men athletes who finished our full study were more comfortable in seeking help than those that did not complete the full study, regardless of self-compassion levels.

***Body-contact confrontational vs Non Body-contact confrontational Men Athletes***

Men athletes who compete in body-contact confrontational sports (e.g., football, hockey, rugby, combat) typically have higher levels of traditional masculinity than men who compete in non body-contact confrontational sports (e.g., soccer, basketball, track and field; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011). Given the potential of traditional masculinity to be a barrier to men athletes' self-compassion (e.g., Reis et al., 2019), a phenomenon supported by findings of the current study (i.e., negative relationship between self-compassion and traditional masculinity; men athletes acknowledging that traditional masculinity could be a roadblock to self-compassion in the follow-up interviews), we explored potential mean differences between body-contact confrontational men athletes and non body-contact confrontational men athletes at Time 1. Our findings indicate resoundingly healthier baseline outcome measures for non body-contact confrontational athletes than body-contact confrontational athletes. Non body-contact confrontational athletes had higher levels of self-compassion, self-esteem, inclusive masculinity and both positive and self-compassionate reactions to the hypothetical emotionally difficult sport-specific scenario. As well, non body-contact confrontational athletes had less internalized shame, fear of performance failure, concern over mistakes, state self-criticism, state rumination, and both self-critical and ruminative reactions to the same hypothetical scenario. Overall, non body-contact confrontational men athletes had conceptually healthier responses to nearly all outcome measures. Interestingly, however, one of the only outcome measures that was not different between the groups was traditional masculinity.

It is possible that something about body-contact confrontational sports, which oftentimes glorify traditionally masculine demonstrations like violence and aggression, might have unhealthy psychological effects on the men who play them (Wellard, 2009). Some of the men

interviewed in the current study discussed the culture of their body-contact confrontational sports (e.g., football) being “win at all costs”, with phrases like, “are you hurt or injured?” being commonly used by coaches. One of the body-contact confrontational men athletes explained how his coach had made him feel guilty about being injured, and that if an athlete on his team “goes down (to injury)”, he’s forgotten about and replaced instantly. This type of disregard for men’s bodies in body-contact confrontational sports is documented (e.g., Messner, 1990; White et al., 1995), as are associated negative health consequences (e.g., suicidal ideation, addictions; White et al., 1995). In particular, men athletes faced with expectations to fulfill roles of traditional masculinity, typically in body-contact confrontational sports, are often ostracized and marginalized when they fall short (Connell & Messerschmidt, 2005; English, 2017). The findings of our study align with previous findings on men’s body-contact confrontational sports (i.e., generally unhealthy consequences), though our study is the first to our knowledge to assess self-compassion levels between body-contact confrontational men athletes and non body-contact confrontational men athletes. More research examining the types of sports men play and the potential impacts on their psychological health is needed, and may provide insight on the complex relationship between masculinity and self-compassion.

### **The Complex Role of Masculinity in Men Athletes’ Self-Compassion**

One interesting finding in the current study was that self-compassion was negatively related to traditional masculinity, but unrelated to inclusive masculinity, despite the two representations of masculinity being negatively related to one another. Previous research has shown conflicting findings, in terms of how self-compassion relates to traditional masculinity (e.g., self-compassion positively related to traditional masculinity, Wasylikiw & Clairo, 2018; Yarnell et al., 2019; self-compassion negatively related to traditional masculinity; Reis et al.,

2019), but findings of the current study point to more self-compassionate men athletes having lower levels of traditional masculinity. In the follow-up interviews, many of the men athletes acknowledged that a strong alignment with a traditional representation of masculinity could be a roadblock to men athletes' self-compassion. At the same time, none of the men considered their own masculinity to be a barrier to self-compassion (at least currently, though some noted that in the past it may have been), which might be indicative of the men athletes in our study representing a more inclusive representation of masculinity. It is also possible that the men athletes who completed the entire self-compassion intervention were more likely to represent an inclusive masculinity than those who began the study but did not finish. Somewhat surprisingly, however, was the lack of a relationship at both time points between inclusive masculinity and self-compassion, despite the constructs being conceptually similar (e.g., open, accepting attitudes towards self and others; Neff, 2003; Anderson & McGuire, 2010) and showing a positive relationship in the only study to date (to our knowledge) that has quantitatively examined a potential relationship between them (i.e., Reis et al., 2019). Some of the men athletes noted that certain questions in the IMT caught them "off guard" (e.g., "Would you be comfortable kissing another man, if it was culturally appropriate to do so?"), so perhaps the current version of the IMT might need to be reexamined and adjusted or further developed. Regardless, the inconsistent findings in how self-compassion is (or is not) related to masculinities is cause for future exploration.

### **Limitations**

Arguably the biggest limitation to the current study is the lack of a control group, which prevents us from making any causal claims about differences in levels of outcome measures from pre-intervention to post-intervention. However, given the nature of our study (i.e., feasibility),

we were ultimately more interested in whether the data trends pointed in similar directions as previous research in the field (e.g., Mosewich et al., 2013; Reis et al., 2019) and whether the self-compassion intervention was generally received favourably by a sample of competitive men athletes. Our findings offer support for the data trending in encouraging directions (e.g., increased self-compassion levels at Time 2) and for the positive reception of the self-compassion intervention by men athletes (e.g., feedback from men athletes in the follow-up interviews that a self-compassion intervention for men athletes is needed).

Another limitation to our study was that, unlike Mosewich et al. (2013), we did not include a four-week follow-up survey (i.e., Time 3) with participants. While a four-week follow-up could have provided an opportunity to examine whether the changes in outcome measures found between Time 1 and Time 2 (e.g., increased self-compassion) were upheld over time, the absence of a control group would have ultimately prevented us from knowing whether the self-compassion intervention was the source of the changes, even if they were upheld. Rather than a four-week post-intervention assessment of outcome measures, we opted to include a follow-up interview with all of the men that completed both time points. This approach enabled us to gather men athletes' opinions of the self-compassion intervention and has been employed in other self-compassion feasibility studies (e.g., Goodridge et al., 2021). However, we recommend that future researchers offering a self-compassion intervention to men athletes include both a control group and a four-week follow-up survey.

Another limitation to our study is rooted in COVID-19 restrictions and implications. Notably, COVID-19 provided challenges with participant recruitment, since many sports were suspended within the year prior to the onset of our study. Accordingly, we altered our inclusion criteria to allow athletes that had competed in sport within the past two years as opposed to one



year, which was Mosewich et al.'s (2013) inclusion criteria. We also adjusted intervention components to reflect the two-year timeline, as well (e.g., "Think about your most significant setback or failure in sport over the past 2 years that was personally demanding"). A potential limitation with the extended timelines is a less salient recalled setback or failure in sport for the men in our study, with time having potentially mitigated some of the negativity surrounding it. Interestingly, some of the men noted that their recalled sport-specific setback or failure had been particularly problematic, given it had lingered in their minds for nearly two years, and that the intervention finally facilitated the important process of reflecting on the negative event, which enabled some of them to reduce the difficult emotions stemming from it.

### **Strength or Limitation?**

Another potential limitation to our study is that we were unable to completely replicate Mosewich et al.'s (2013) self-compassion intervention, due to COVID-19 restrictions preventing groups from gathering. As a result, we could not bring groups of men athletes together for the introductory psychoeducation piece. In place of the in-person introductory session, we provided a video of myself covering similar topics of discussion, including dispelling myths about self-compassion. One drawback from the lack of an in-person component to our self-compassion intervention is that there was no opportunity for the men athletes to ask questions in real time, nor to interact with other men athletes in the study. In particular, the men's inability to ask questions about self-compassion and to clarify their expectations and roles as participants in the study may have led to withdrawal of some participants, though this is purely speculative, and the reader should be reminded that only 5 of 43 participants that started the intervention failed to complete it. In their follow-up interviews, some of the men athletes suggested having the introductory/educational session online in real time (e.g., Zoom), which could facilitate

interactions between both participants and the researcher/presenter, and also amongst the participants. This is a suggestion we fully support and recommend to future researchers. It is also important to note that the men generally agreed that the video we used in place of the in-person introductory/educational session was valuable, and that it should remain part of the self-compassion intervention, even if a live online group session was to be added. The most commonly cited reason by the men athletes to keep the video in the intervention was that it was considered to be a succinct summary of self-compassion, which the men thought could be a helpful resource as they progressed through the intervention.

Interestingly, many of the men athletes interviewed noted that they preferred the entirely online approach, and likely would not have completed the study had they been required to attend an in-person session. Thus, the entirely online delivery of our self-compassion intervention was in part out of necessity (i.e., COVID-19 restrictions preventing group gatherings), but also seemingly had advantages in terms of reach and accessibility, which likely enhanced its feasibility (Bowen et al., 2009; Goodridge et al., 2021). It is also worthwhile to note that interventions in general appear to be trending in the direction of online delivery, particularly since the onset of the COVID-19 pandemic (Rodrigues et al., 2021), with self-compassion interventions being no exception (e.g., Bluth et al., 2021; Toole et al., 2021). Accordingly, our fully online self-compassion intervention aligns with current trends and seems likely to be a model for future delivery of self-compassion interventions, potentially making it a strength of our study.

## **Conclusion**

Our study offers support for the feasibility of an entirely online one-week self-compassion intervention delivered to competitive men athletes. With minor adjustments and

additions, we deem the self-compassion intervention to meet specific markers of feasibility (Bowen et al., 2009; O’Cathain et al., 2015), including acceptability (i.e., suitable, attractive, and/or satisfying to participants), demand (i.e., program was useful to participants and there was interest in it expressed), and efficacy (i.e., data trends are promising in the targeted population of men athletes). We encourage future researchers to incorporate our suggested changes to the intervention (e.g., added focus group session) and the inclusion of an attention control group to enable the comparison of potential post-intervention effects between groups, which was done by Mosewich et al. (2013) in their initial delivery of the self-compassion intervention to women athletes.

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Figure 1: Program Logic Model (PLM) of Self-compassion Intervention for Men Athletes.

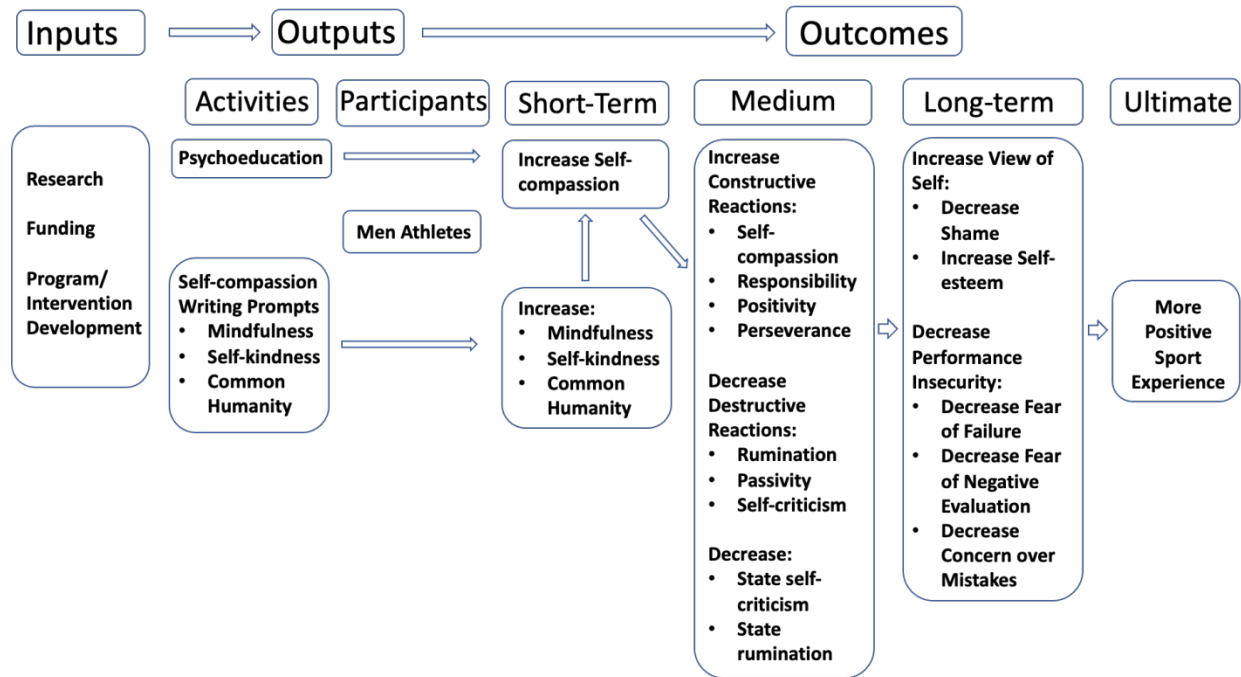


Figure 2. Study Design Flowchart.

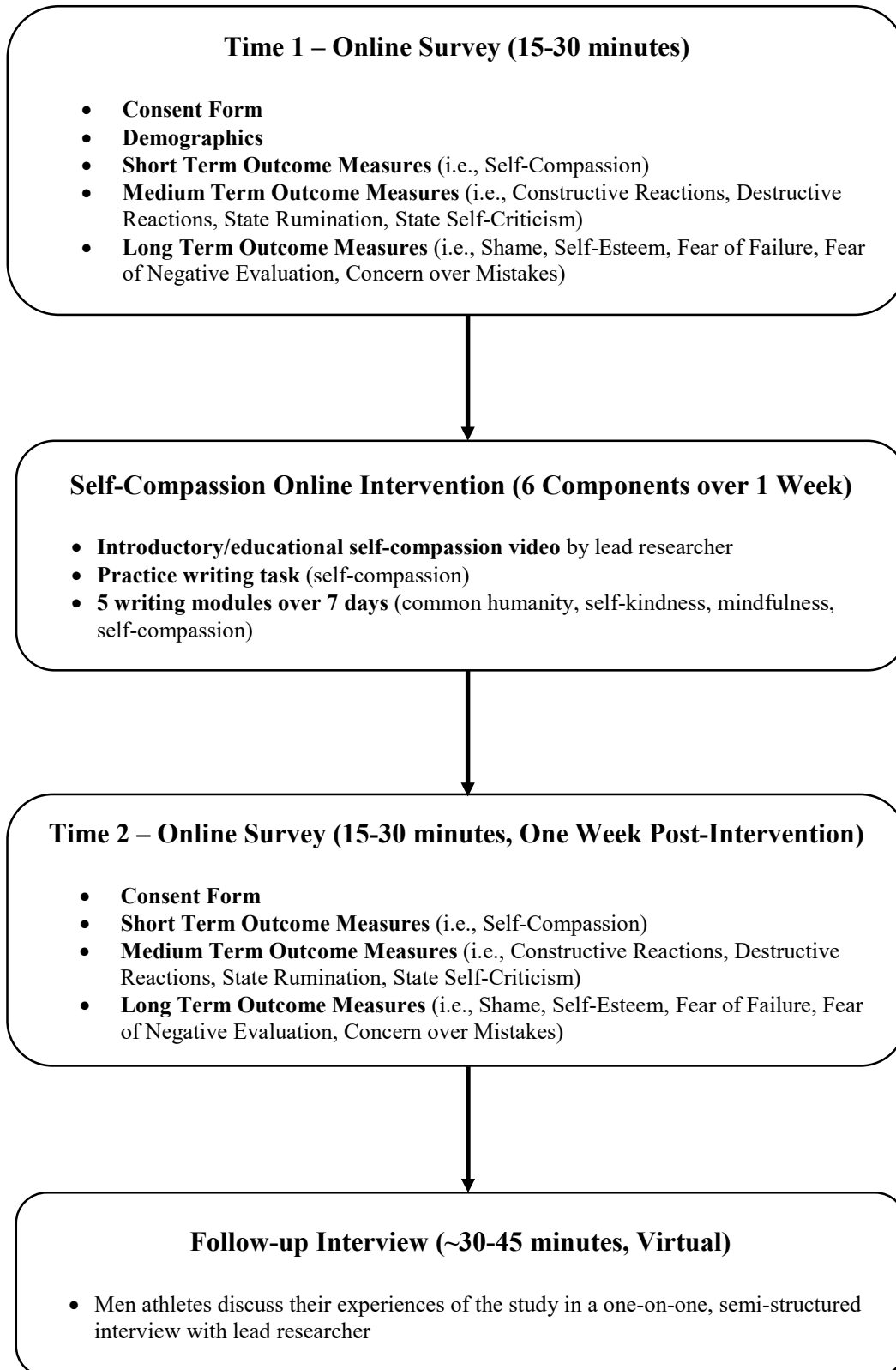




Table 1  
*Variables and Instruments*

Variable	Instrument
Self-compassion	Self-Compassion Scale (SCS-AV; Killham et al., 2018)
Self-esteem	Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965)
Hypothetical emotionally difficult sport-specific scenario	“You are responsible for losing an athletic competition for your team” (Leary et al., 2007)
Constructive reactions to hypothetical emotionally difficult sport-specific scenario: Self-compassion Positivity Perseverance Responsibility	In response to hypothetical scenario, “you are responsible for losing an athletic competition for your team”  -Constructive reactions to scenario (Ferguson et al., 2015)
Destructive reactions to hypothetical emotionally difficult sport-specific scenario: Rumination Passivity Self-criticism	In response to hypothetical scenario, “you are responsible for losing an athletic competition for your team”  -Destructive reactions to scenario (Ferguson et al., 2015)
Internalized shame	Shame Subscale of the Internalized Shame Scale (ISS; del Rosario & White, 2006)
Fear of failure	Sport adapted version of the Performance Failure Appraisal Inventory (PFAI-S; Conroy et al., 2002)
Fear of negative evaluation	Fear of Negative Evaluation Scale (FNE; Leary, 1983)
Concern over mistakes	Concern over Mistakes subscale of the Sport Multidimensional Perfectionism Scale-2 (Gotwals & Dunn, 2009)
State rumination	Response to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)” (Puterman et al., 2010)*
State self-criticism	Response to “the most significant negative event in sport over the past week that was personally demanding (such as setback or failure)” (Gilbert & Procter, 2006)*
Traditional masculinity	Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009)
Inclusive masculinity	Inclusive Masculinity Theory Scale (IMT; Reis & Anderson, 2018)

\* = sport specific adaptation of original scenario (Mosewich et al., 2013).

*Note.* Item composites for all scales/measures were used in the analyses, with the exception of the SCS-AV, which was derived from six subscale means, and the CMNI-46, which was derived from 9 subscales.

Table 2  
*Time 1 (N = 83) and Time 2 (N = 38) Descriptive Statistics and Scale Reliabilities*

Variable	Items	Range	Time 1		Time 2	
			<i>M (SD)</i>	$\alpha$	<i>M (SD)</i>	$\alpha$
Self-compassion	26	1-5	2.98 (.60)	.89	3.19 (.61)	.93
Self-esteem	10	1-4	3.00 (.52)	.89	2.98 (.40)	.81
Hypothetical Scenario Reactions <sup>a</sup>	--	--	5.04 (.86)	--	4.71 (.96)	--
Self-Compassion	4	1-6	2.66 (.93)	.74	3.41 (1.08)	.85
Positive	2	1-6	2.61 (1.17)	.81	3.38 (1.09)	.80
Perseverant	2	1-6	4.84 (.77)	.37	4.99 (.76)	.73
Responsible	2	1-6	4.93 (.71)	.60	5.28 (.63)	.88
Ruminative	1 <sup>b</sup>	1-6	4.27 (1.34)	--	4.05 (1.16)	--
Passive	2	1-6	1.19 (.45)	.61	1.26 (.53)	.81
Self-critical	2	1-6	4.68 (1.20)	.90	4.26 (1.21)	.89
Internalized shame	24	1-5	2.43 (.77)	.95	2.34 (.70)	.96
Fear of failure	5	0-100 <sup>c</sup>	51.76 (20.26)	.78	55.84 (20.12)	.85
Fear of negative evaluation	12	1-5	3.00 (.91)	.94	3.10 (.89)	.96
Concern over mistakes	8	1-5	3.26 (.66)	.76	3.14 (.64)	.80
State rumination	3	1-5	3.61 (1.04)	.85	3.64 (.92)	.77
State self-criticism	7	1-10	5.53 (1.58)	.72	5.40 (1.67)	.83
Traditional masculinity	46	1-4	2.41 (.27)	.86	2.35 (.28)	.89
Inclusive masculinity	10	1-5	4.07 (.59)	.75	4.17 (.54)	.74

<sup>a</sup>Reactions are in response to the hypothetical emotionally difficult sport-specific situation presented (i.e., being responsible for losing an athletic competition)

<sup>b</sup>One item of the two-item measure was missed in the survey tool.

<sup>c</sup>This scale should range from -2 to +2, but the survey tool converted the range to 0-100 (on a sliding scale).

Table 3  
*Mean Comparisons Time 1 vs. Time 2 for Participants That Completed Both Time Points*

Variable	$M_1$ (SD) ( $n = 38$ )	$M_2$ (SD) ( $N = 38$ )	$M_{Difference}$	$t$ ( $df = 37$ )	Effect Size
Self-compassion	2.90 (.57)	3.19 (.61)	.29	3.30***	.54
Self-esteem	2.94 (.52)	2.98 (.40)	.04	.64	.10
Hypothetical Reaction	5.03 (.82)	4.71 (.96)	-.32	-2.31***	.38
Reactions	--	--	--	--	--
Self-Compassion	2.65 (.86)	3.41 (1.08)	.76	5.59***	.90
Positive	2.55 (1.04)	3.38 (1.09)	.83	4.43***	.72
Perseverant	4.67 (.76)	4.99 (.76)	.32	2.78***	.46
Responsible	4.99 (.61)	5.28 (.63)	.29	2.50**	.41
Ruminative	4.63 (1.10)	4.05 (1.16)	-.58	-3.23***	.52
Passive	1.24 (.50)	1.26 (.53)	.03	.33	.06
Self-critical	4.88 (.98)	4.26 (1.21)	-.62	-4.09***	.67
Internalized shame	2.54 (.78)	2.34 (.70)	-.20	-1.96*	.32
Fear of failure	53.23 (20.20)	55.84 (20.12)	2.61	.93	.15
Fear of negative evaluation	3.22 (.93)	3.10 (.89)	-.13	-1.23	.21
Concern over mistakes	3.39 (.65)	3.14 (.64)	-.24	-2.88***	.46
State rumination	3.54 (1.07)	3.64 (.92)	.11	.65	.11
State self-criticism	5.62 (1.68)	5.40 (1.67)	-.21	-.94	.15
Traditional masculinity	2.44 (.29)	2.35 (.28)	-.09	-3.16***	.53
Inclusive masculinity	4.06 (.59)	4.17 (.54)	.11	1.19	.20

Note. See Table 2 for # of items and scale ranges of all variables.

Note. " $M_1$ " represents mean values at Time 1; " $M_2$ " represents mean values at Time 2.

Note. Significant levels are: \* $p < .10$ ; \*\* $p < .05$ ; \*\*\* $p < .01$ .

Note. Effect sizes shown are Cohen's d values.

Table 4  
*Correlations and Semi-partial Correlations*

Variable	Time 1 <sup>a</sup> Self-Compassion ( <i>N</i> = 83)	Time 1 <sup>b</sup> Self-Compassion ( <i>n</i> = 38)	Time 2 Self-Compassion ( <i>N</i> = 38)
Self-esteem	.57***/ --	.72***/ --	.70***/ --
Hypothetical Reaction Reactions	-.52***/-.47***	-.47***/-.48***	-.36***/-.40**
Self-compassion	-.58***/.44***	.55***/.35**	.66***/.49***
Positive	.47***/.36***	.46***/.35**	.47***/.43***
Perseverant	.36***/.19*	.36**/.19	.26*/.03
Responsible	-.06/-.21**	.20/.00	.11/-.03
Ruminative	-.55***/-.40***	-.61***/-.51***	-.22*/-.30*
Passive	-.23**/-.10	-.30**/-.18	-.16/-.10
Self-critical	-.64***/-.52***	-.54***/-.26*	-.40***/-.38**
Internalized shame	-.64***/-.22***	-.82***/-.35***	-.74***/-.33***
Fear of failure	-.54***/-.42***	-.60***/-.40***	-.50***/-.37***
Fear of negative evaluation	-.43***/-.18*	-.46***/-.30*	-.18/-.09
Concern over mistakes	-.61***/-.40***	-.74***/-.42***	-.67***/-.55***
State rumination	-.40***/-.35***	-.49***/-.26*	-.38***/-.17
State self-criticism	-.53***/-.43***	-.64***/-.57***	-.41***/-.23
Traditional masculinity	-.22**/-.09	-.26*/-.15	-.26*/-.15
Inclusive masculinity	.06/-.16	.08/-.18	.20/.02

<sup>a</sup>Time 1 represents the full Time 1 data set.

<sup>b</sup>Time 1 represents the 38 participants at Time 1 that also completed Time 2.

*Note.* The relationships are presented using the following format: Pearson correlation/semi-partial correlation with the influence of self-esteem removed. \**p* < .10; \*\**p* < .05; \*\*\**p* < .01.

Table 5

*Mean Comparisons at Time 1 for Participants that Completed Only Time 1 vs. Participants that Completed Both Time Points*

Variable	$M_{Partial}$ ( $n = 45$ ) (SD)	$M_{Full}$ ( $n = 38$ ) (SD)	$M_{Difference}$	$t$ ( $df = 81$ )	Effect Size
Self-compassion	3.06 (.62)	2.90 (.57)	-.16	-1.22	.27
Self-esteem	3.06 (.51)	2.94 (.52)	-.12	-1.02	.23
Hypothetical Reaction	5.04 (.90)	5.03 (.82)	-.02	-.10	.02
Reactions	--	--	--	--	
Self-Compassion	2.66 (.99)	2.65 (.86)	.00	-.02	.00
Positive	2.66 (1.27)	2.55 (1.04)	-.10	-.40	.09
Perseverant	4.98 (.75)	4.67 (.76)	-.31	-1.85**	.41
Responsible	4.88 (.79)	4.99 (.61)	.11	.69	.15
Ruminative	3.96 (1.45)	4.63 (1.10)	.68	2.36**	.52
Passive	1.16 (.41)	1.24 (.50)	.08	.81	.17
Self-critical	4.51 (1.34)	4.88 (.98)	.37	1.42*	.31
Internalized shame	2.33 (.75)	2.54 (.78)	.21	1.22	.27
Fear of failure	50.52 (20.46)	53.23 (20.20)	2.72	.61	.13
Fear of negative evaluation	2.82 (.85)	3.22 (.93)	.40	2.05**	.45
Concern over mistakes	3.14 (.65)	3.39 (.65)	.24	1.70**	.37
State rumination	3.68 (1.02)	3.54 (1.07)	-.15	-.64	.14
State self-criticism	5.45 (1.51)	5.62 (1.68)	.17	.48	.11
Traditional masculinity	2.38 (.25)	2.44 (.29)	.06	.97	.02
Inclusive masculinity	4.08 (.60)	4.06 (.59)	.02	-.13	.03

Note. See Table 2 for # of items and scale ranges of all variables.

Note.  $M_{Partial}$  represents Time 1 for the 45 participants that *only* completed Time 1;  $M_{Full}$  represents Time 1 for the 38 participants that completed both time points

Note. Significant levels are: \* $p < .10$ ; \*\* $p < .05$ ; \*\*\* $p < .01$ .

Note. Effect sizes are represented by Cohen's  $d$  values.

Table 6  
*Mean Comparisons at Time 1 for Participants Representing Non Body-Confrontational vs. Body-Confrontational Sports*

Variable	$M_{Non\ body-confrontational}$ ( $n = 52$ ) (SD)	$M_{Body-confrontational}$ ( $n = 31$ ) (SD)	$M_{Difference}$	$t$ ( $df = 81$ )	Effect Size
Self-compassion	3.10 (.62)	2.79 (.51)	-.32	-2.40***	.55
Self-esteem	3.13 (.51)	2.80 (.47)	-.32	-2.87***	.65
Hypothetical Reaction	4.81 (.89)	5.42 (.67)	.61	3.31***	.75
Reactions	--	--	--	--	--
Self-Compassion	2.89 (.88)	2.25 (.88)	-.64	-3.23***	.73
Positive	2.78 (1.16)	2.32 (1.14)	-.46	-1.75**	.40
Perseverant	4.87 (.81)	4.79 (.69)	-.08	-.43	.10
Responsible	4.95 (.72)	4.89 (.70)	-.06	-.40	.08
Ruminative	4.08 (1.40)	4.58 (1.18)	.50	1.68**	.38
Passive	1.19 (.44)	1.19 (.48)	.00	.01	.00
Self-critical	4.42 (1.30)	5.11 (.85)	.69	2.63***	.60
Internalized shame	2.26 (.79)	2.71 (.63)	.45	2.70***	.61
Fear of failure	47.31 (19.88)	59.22 (18.95)	11.91	2.69***	.61
Fear of negative evaluation	2.93 (.94)	3.13 (.84)	.20	.97	.22
Concern over mistakes	3.15 (.66)	3.44 (.63)	.29	1.95**	.45
State rumination	3.44 (1.02)	3.91 (1.01)	.48	2.07**	.47
State self-criticism	5.24 (1.51)	6.01 (1.61)	.77	2.19**	.50
Traditional masculinity	2.38 (.29)	2.45 (.24)	.07	1.20	.26
Inclusive masculinity	4.17 (.53)	3.91 (.66)	-.25	-1.93**	.43

Note. See Table 2 for # of items and scale ranges of all variables.

Note. Significant levels are: \* $p < .10$ ; \*\* $p < .05$ ; \*\*\* $p < .01$ .

Note. Effect sizes are represented by Cohen's d values.

**Chapter 5: General Discussion**

### **General Discussion**

The overlying purpose of my dissertation research was to explore and better understand the potential role(s) of self-compassion as a potential resource for men athletes. With growing support in the literature for the viability of self-compassion as a helpful resource across various populations, including women athletes (e.g., Adam et al., 2021; Ferguson et al., 2014, 2015; Ingstrup et al., 2017; Mosewich et al., 2013; Wilson et al., 2019) and general populations of men (e.g., Booth et al., 2019; Heath et al., 2017; Reid et al., 2014; Reilly et al., 2014), my research was designed to explore whether self-compassion can also help men *athletes* deal in healthier, more adaptive ways with difficult experiences they encounter in sport. An important consideration woven throughout my dissertation research, given its potential to impact men athletes' experiences, acceptance, and practices of self-compassion, was masculinity and its varied representations by individual men athletes (e.g., traditional/hegemonic masculinity, inclusive masculinity). Prior to the onset of my dissertation research, Waslykiw and Clairo's (2018) work pointed to masculinity potentially playing a pivotal role in men athletes' self-compassion, while gender-based research suggested masculinity is at the core of the majority of men athletes' difficult experiences in sport (e.g., subordination and/or marginalization of men athletes who fail to excel at traditional masculine values, like speed, aggression, violence, and strength; Anderson & McGuire, 2010; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011). Thus, at the crux of my sport-specific research with men athletes were the constructs of self-compassion and masculinity.

### **Summary and Overview of Dissertation Studies**

To accomplish my overlying research goal of exploring the potential of self-compassion as a resource for men athletes, three studies were developed, each with a unique focus. Study 1



featured an examination of potential relationships between self-compassion and variables that preexisting literature demonstrated were related to self-compassion (at minimum  $r > .40$ ) in at least one of the following populations: (a) men athletes (e.g., self-stigma of seeking help; Wasylkiw & Clairo, 2018); (b) women athletes (e.g., rumination; Mosewich et al., 2011); and (c) non-athlete men (e.g., shame; Reilly et al., 2014). My findings showed that self-compassion was related in hypothesized directions to nearly all variables that were examined, which implied that self-compassion is likely a viable resource for men athletes, similar to related populations (e.g., women athletes). Study 2 featured an in-depth exploration of men athletes' self-compassion through a combination of two semi-structured interviews and a reflexive photography task, with a focus on the men's experiences of self-compassion, masculinity, and sport. The men athletes were generally supportive of self-compassion as a resource to help them and other men athletes navigate and deal with sport-specific challenges, whether rooted in masculinity or not. Notably, the men were particularly willing to accept and practice self-compassion if they believed it could help them cope with difficult experiences in sport in more healthy and adaptive ways, and ultimately help them improve their respective sport performance.

Combined, findings of Study 1 and Study 2 were encouraging for the potential of self-compassion as a useful resource for men athletes, which supported my intent to move forward with Study 3 as a feasibility study examining the utility of Mosewich et al.'s (2013) self-compassion intervention in a population of men athletes (with minor alterations, including an entirely online delivery as opposed to Mosewich et al.'s in-person "psychoeducation" and practice writing components). Findings suggest that the men athletes were generally receptive to a self-compassion intervention, and despite my inability to make any causal claims about intervention efficacy (due to lack of a control group), changes from pre-intervention to post-

intervention were all in “healthy”, hypothesized directions (e.g., increased self-compassion levels post-intervention), aligning with Mosewich et al.’s (2013) findings in a sample of women athletes. Accordingly, I concluded that the delivery of an entirely online, one-week self-compassion intervention is feasible in a population of men athletes, and one that shows promise for having positive impacts on their health. In light of the findings of the three studies that comprise my dissertation, it is evident that self-compassion is relevant to men athletes.

### **The Role(s) of Self-Compassion in Men Athletes**

The findings of my research generally indicate that self-compassion can be a resource for men athletes, but clarity is needed on the ways it might be most beneficial. At the onset of my dissertation, little research was available on men athletes’ self-compassion, with one notable exception (i.e., Wasylikiw & Clairo, 2018). Study 1 and Study 2 were designed to differentially explore (i.e., cross-sectional relationship testing, conversations with men athletes, respectively) whether self-compassion is relevant in populations of competitive men athletes. In the relative absence of literature in the field of men athletes’ self-compassion, my research was guided by how self-compassion relates to key variables in populations deemed “similar” to men athletes (i.e., women athletes, non-athlete men). Study 1 offered resounding support for self-compassion being relevant in a population of men athletes, since it was related to all outcome variables in conceptually healthy directions, aligning with how self-compassion had previously been related to the same variables in other populations (e.g., Ferguson et al., 2015; Mosewich et al., 2011; Reilly et al., 2014; Reis et al., 2015; Wasylikiw & Clairo, 2018). As well, most relationships between self-compassion and key variables examined in Study 1 (e.g., positively related to psychological well-being) were upheld after removing the influence of self-esteem (as was common practice in research with women athletes, due to self-compassion and self-esteem being

closely related constructs; Mosewich et al., 2011; Reis et al., 2015), which offered support for self-compassion as a potential standalone resource for men athletes.

Despite a cross-sectional analysis of Study 1 confirming that self-compassion is related in conceptually healthy directions to key variables, it remained less clear if competitive men athletes would embrace, accept, and/or practice self-compassion. Findings of Study 1, while important for identifying variables important in research on men athletes' self-compassion, were limited in the sense that they did not provide insight as to whether or not self-compassion might be a useful resource *in practice* for men athletes. As well, even if more self-compassionate men athletes are generally more likely to have healthier outcomes than less self-compassionate men athletes, it was possible that men athletes might generally reject self-compassion (e.g., Mosewich et al., 2019), so Study 2 represented an exploration of men athletes' views and perceptions about self-compassion. Specifically, given that men athletes are a population found to have higher levels of traditional masculinity than other men (e.g., Waslykiw & Clairo, 2018), there was concern that they might be predisposed to dismiss a construct rooted in openness, understanding, and acceptance (Neff, 2003a; Yarnell et al., 2019). Study 2 enabled me to have exploratory, in-depth conversations with men athletes about their representations of masculinities and how they viewed self-compassion. The men were also given the opportunity to visually represent both masculinities and self-compassion through photographs, and reflect on the potential relationship between the two constructs (i.e., masculinity and self-compassion), before returning to discuss them further with me in a second interview. While a number of the men struggled to accept self-compassion during their initial interviews, all that returned for a second interview (i.e., 15 of 16) shared that they saw at least some value in self-compassion. An important takeaway from Study 2, in terms of applied practice and acceptability of self-compassion amongst men athletes, was

that major barriers to men athletes' self-compassion include a lack of adequate education on the meaning of self-compassion (e.g., the realization that self-compassion does not mean simply "taking it easy" on oneself or letting oneself "off the hook") and language surrounding self-compassion, most notably the term, "self-compassion", itself. Despite varied interpretations of how men athletes might "use" self-compassion in practice (e.g., a resource to help navigate challenging experiences in sport through a mindful, objective breakdown of the event, which could lead to reduced rumination and/or reduced overidentification with it), perhaps the single most important takeaway from Study 2 was the shared opinion of the men that they would embrace, accept, and practice self-compassion if it could lead to improved sport performance.

With Study 1 and Study 2 offering support for self-compassion as a resource for men athletes, Study 3 represented an examination of the feasibility of an existing self-compassion intervention, albeit one designed initially for women athletes (i.e., Mosewich et al., 2013). Drawing on key findings from Study 1 (e.g., selection of outcome measures, which were ultimately refined with use of a PLM) and Study 2 (e.g., shaping of follow-up interview questions), Study 3 enabled me to reexamine potential relationships between self-compassion and a number of variables identified in Study 1 as related to self-compassion (e.g., concern over mistakes), assess whether changes occurred from pre-intervention to post-intervention in outcome measures, both collectively and individually, and have conversations with men athletes about both the feasibility of the self-compassion intervention and their views and perceptions of self-compassion. Study 3 offered further support for self-compassion being a relevant resource for men athletes, since it was related to nearly all outcome measures in conceptually healthy directions, similar to findings of Study 1. As well, follow-up interviews with the men athletes provided reaffirmation of Study 2 findings, notably that self-compassion can play an important

role in reducing negativity stemming from emotionally difficult experiences in sport for men athletes, and also that if self-compassion can help improve sport performance, men athletes seem likely to embrace it.

More research is needed to clearly define the role(s) that self-compassion might play in populations of men athletes, but findings from my research align with self-compassion research in combined samples of women athletes and men athletes (e.g., Huysmans & Clement, 2017), as well as samples of exclusively men athletes (e.g., Wasylkiw & Clairo, 2018), exclusively women athletes (e.g., Ferguson et al., 2015), and exclusively men non-athletes (e.g., Reilly et al., 2014). Notably, self-compassion seems likely to reduce negative emotional responses, including destructive reactions (e.g., ruminative), to a hypothetical emotionally difficult sport-specific situation (i.e., “You are responsible for losing an athletic competition for your team”; Ferguson et al., 2015), as supported by Study 1 and Study 3 findings. As well, self-compassion appears to have a mitigating or buffering effect on men athletes’ conceptually unhealthy outcomes, since it was found to be negatively related to the majority of measures that represent unhealthy outcomes in Study 1 and Study 3. Additionally, positive outcomes (e.g., psychological well-being) also seem more likely when men athletes are more self-compassionate. The table below (i.e., Table 1) offers a breakdown of my quantitative findings in relation to self-compassion in Study 1 and Study 3, and links them to self-compassion research in samples of exclusively men athletes, combined samples of women athletes and men athletes, samples of exclusively women athletes, and samples of men non-athletes. Importantly, the table below only links my findings to the studies that the original inclusion of variables in Study 1 were drawn from, since it represents a visual depiction of whether my initial expectations were supported, and also for parsimonious

reasons<sup>15</sup>. It should be noted that relationships between self-compassion and masculinity variables (e.g., traditional masculinity) will be discussed in subsequent sections, as additional detail is needed to explain what appears to be a complex interplay between self-compassion and masculinities in populations of men athletes.

Table 1  
*Summary of Study 1 and Study 3 Relationships with Self-compassion*

Variable	Study 1 Relationship	Study 3 Relationship	Studies with Same or Similar Populations	Supported
Psychological well-being	+	N/A	<sup>a</sup> Ferguson et al. (2014, 2015)	✓ (Study 1 only)
Self-esteem	+	+	<sup>a</sup> Mosewich et al. (2011); <sup>b</sup> Reilly et al. (2014); <sup>a</sup> Reis et al. (2015)	✓
Constructive reactions:				
Self-compassionate	+	+	<sup>a</sup> Ferguson et al. (2015)	✓
Positive	+	+	<sup>a</sup> Ferguson et al. (2015)	✓
Perseverant	+	+	<sup>a</sup> Ferguson et al. (2015)	✓
Responsible	+	N.S.	<sup>a</sup> Ferguson et al. (2015)	✓ (Study 1 only)
Destructive reactions:				
Ruminative	-	-	<sup>a</sup> Ferguson et al. (2015)	✓
Passive	-	-	<sup>a</sup> Ferguson et al. (2015)	✓
Self-critical	-	-	<sup>a</sup> Ferguson et al. (2015)	✓
Shame	-	-	<sup>a</sup> Mosewich et al. (2011); <sup>b</sup> Reid et al. (2014); <sup>b</sup> Reilly et al. (2014)	✓
Fear of failure	-	-	<sup>a</sup> Mosewich et al. (2011)	✓
Fear of negative evaluation	-	-	<sup>a</sup> Mosewich et al. (2011)	✓
State Rumination	-	-	<sup>a</sup> Mosewich et al. (2013)	✓
State self-criticism	-	-	<sup>a</sup> Mosewich et al. (2013)	✓
Concern over mistakes	-	-	<sup>a</sup> Mosewich et al. (2013)	✓
Self-stigma of seeking help	-	N/A	<sup>b</sup> Heath et al. (2017); <sup>d</sup> Wasylikiw & Clairo (2018)	✓ (Study 1 only)
Fear of compassion for self	-	N/A	<sup>a</sup> Ferguson et al. (2015)	✓ (Study 1 only)

Note: "Constructive reactions" and "Destructive reactions" are in response to the hypothetical emotionally difficult sport-specific scenario, "You are responsible for losing an athletic competition for your team" (Ferguson et al., 2015; Leary et al., 2007).

Note: "Shame" was "Internalized Shame" in my research, but is referred to here more generally as "Shame", to enable me to link different representations of shame to multiple studies (e.g., Mosewich et al., 2011 examined "Shame Proneness", while Reilly et al., 2014 examined "Trait Shame").

Note: "+" indicates a positive relationship; "-" represents a negative relationship.

Note: "N/A" indicates that the variable was not examined in this study.

Note: "N.S." indicates a non-significant finding.

<sup>a</sup>Study includes exclusively women athletes.

<sup>b</sup>Study includes exclusively men non-athletes.

<sup>c</sup>Study includes combined population of men athletes and women athletes.

<sup>d</sup>Study includes exclusively men athletes (also a control group of men non-athletes, but relationships presented here were found in the experimental group of men athletes).

<sup>15</sup> Due to recent additions to the literature examining relationships between self-compassion and many of the variables we tested, it would be difficult to include all in a table.

My findings indicate that self-compassion likely operates in similar ways in populations of exclusively men athletes (i.e., Study 1, Study 3) as it does in similar populations (e.g., exclusively women athletes). Accordingly, I am highly encouraged that self-compassion can offer a helpful resource for men athletes, as has been previously shown to be the case in related populations (e.g., Ferguson et al., 2015; Huysmans & Clement, 2017; Mosewich et al., 2011; Mosewich et al., 2013; Reilly et al., 2014; Reis et al., 2015; Wasylkiw & Clairo, 2018).

Providing further support for my overlying takeaway that self-compassion appears to offer a helpful resource for men athletes, are qualitative findings from Study 2 and Study 3. Based on a similar methodological (and conceptual) approach (i.e., semi-structured interview → reflexive photography task pertaining to experiences of self-compassion → second semi-structured interview ~one month later, featuring discussion about photographs taken in the reflexive photography task) to Sutherland et al.'s (2014) exploration of the narratives of young women athletes' experiences of emotional pain and self-compassion, highlights of Study 2 findings include the general acceptance of and willingness to practice self-compassion by men athletes. A common discussion point in Study 2 interviews was the shared opinion that self-compassion could be particularly beneficial for men athletes following a difficult sport-specific experience. Specifically, self-compassion was viewed as a way to reduce the emotional pain and negativity surrounding perceived sport-specific hardships, aligning with Sutherland et al.'s (2014) findings in women athletes.

Findings of follow-up interviews in Study 3 also support the perceived optimal use of self-compassion for men athletes being tied to the mitigation of emotional pain following difficult experiences in sport, regardless of the source (e.g., setbacks, failures, injuries). As well, the men frequently discussed self-compassion as a facilitator in helping to reframe their views

towards past negative sporting events such that they could see them in more realistic, objective, less catastrophizing ways, while also enabling the process of constructively working through them. Ultimately, the combined findings of my three studies indicate that self-compassion is a viable resource for men athletes, and that it might particularly be useful for helping men react less destructively with less negativity to sport-specific emotionally difficult experiences, which could lead to faster recovery and improved sport performance.

### **Masculinities and Self-compassion**

Masculinities were a core component of my research, representing both the source of many negative experiences in sport for men athletes (e.g., negative evaluations from not meeting expectations of traditional masculinity, such as not being “tough” enough) and a potential barrier (or facilitator, depending on the representation of masculinity) to men’s self-compassion. While the source(s) of men’s difficult experiences in sport was not an overlying focal point of my research, it *was* important to explore how sport-specific hardships vary between men athletes and women athletes, and to identify problematic experiences unique to men athletes. By exploring men’s unique difficult experiences in sport, which are often tied to traditional masculinity (e.g., win-at-all-costs attitude, which can lead to disregard towards bodies; Connell & Messerschmidt, 2005; English, 2017), I hoped to better understand the potential role(s) of self-compassion in populations of men athletes, since self-compassion is typically most helpful in the wake of emotionally difficult experiences (Neff, 2003a).

Study 2 interviews did shed some light on the roles that masculinities and men athletes’ (and important others, including coaches’) representations of masculinities play in their sport-specific challenges. For instance, some of the men athletes explained how they felt greater expectations to perform at a high level *because* they are men, while others talked about the



negativity that often stems from certain sporting cultures (e.g., football) where coaches commonly use phrases like, “man up” and “are you hurt or are you injured?”, with the latter representing a questioning of the severity of their injuries. Notably, the men athletes in Study 2 seemingly represented a more inclusive masculinity (i.e., open, accepting attitude towards other men’s masculinities and their embodiment of masculinities; Anderson, 2005) in most cases, while acknowledging that an “old school” mentality rooted in traditional masculine norms and values was particularly problematic in men’s sports for various reasons (e.g., arrogance, pressure to play/perform/compete through injuries, limited emotional expression). Overall, traditional masculinity was commonly viewed as either the primary source of men’s difficult experiences in sport (e.g., having their “manhood” questioned by others when failing to meet performance-based expectations) or an amplifier of already difficult experiences in sport (e.g., pressure from others to “suck it up”, following the difficult experience of injuries). On the other hand, despite not being discussed specifically by the term, “inclusive masculinity”, in interviews, the core elements of inclusive masculinity (e.g., equal treatment and non-judgmental attitudes towards other men’s masculinities; Anderson & McGuire, 2010) were generally perceived in a positive light, and even lauded by some of the men. My findings align with other research in masculinities and men’s sports, in the sense that traditional or hegemonic masculine views and practices are often at the core of men athletes’ sport-specific challenges, and that inclusive masculinity is seemingly a healthier representation of masculinity (Alsarve, 2021; Anderson & McGuire, 2010; Connell & Messerschmidt, 2005; English, 2017; Hawkes, 2018; Tischler & McCaughy, 2011).

With my findings supporting past research indicating that masculinities play at least some role in the majority of men’s difficult experiences in sport (e.g., Connell & Messerschmidt, 2005;

Tischler & McCaughtry, 2011), my exploration of whether self-compassion is accessible to men athletes when they face sport-based hardships was of utmost importance. Despite some inconsistency in the literature, in terms of how self-compassion relates to traditional masculinity (e.g., traditional masculinity a positive predictor of self-compassion, Yarnell et al., 2019; self-compassion negatively related to traditional masculinity, Ramon et al., 2020), my findings suggest that men athletes representing a more traditional masculinity are less likely to be self-compassionate (i.e., Study 1 and Study 3 indicate a negative relationship between self-compassion and traditional masculinity), which might ultimately represent a roadblock to their respective practice of self-compassion in sport-specific difficult times. Recent additions to the masculinities and self-compassion literature typically align with my findings, with most indicating a negative relationship between self-compassion and traditional masculinity (e.g., Booth et al., 2019; Ramon et al., 2020), so my findings serve as both reinforcement and additional support for traditional masculinity being a potential roadblock to self-compassion.

The intersection of masculinities and self-compassion appears both complex and essential in the context of men athletes' self-compassion research (e.g., Waslykiw & Clairo, 2018), but results of my studies generally match my expectations at the onset of my work. Notably, my findings indicate that self-compassion is negatively related to traditional masculinity and positively related to inclusive masculinity, though the latter is less clear due to inconsistent quantifiable findings between Study 1 and Study 3 (i.e., inclusive masculinity positively related to self-compassion in Study 1, unrelated to self-compassion in Study 3). However, interviews with men athletes in both Study 2 and Study 3 involved discussion of masculinities and self-compassion, with the men typically seeing conceptual similarities between self-compassion and inclusive masculinity, and agreeing that open, understanding, and emotionally available men

(i.e., men that align more with inclusive masculinity than traditional masculinity) seem more likely to accept and practice self-compassion. Perhaps most importantly, all of my studies point to a negative relationship between self-compassion and traditional masculinity, and reinforce the notion that strong adherence to or valuation of traditional masculine norms might be a barrier or roadblock to self-compassion (e.g., Mosewich et al., 2019), regardless of the reason. For example, men who strongly value traditional masculine norms, like emotional restrictiveness, might struggle to accept a construct like self-compassion, which is centered in the acknowledgement and exploration of one's own emotions (Di Fabio & Saklofske, 2021; Yarnell et al., 2019). Moreover, men athletes might reject self-compassion simply because they fear that self-compassion might be considered a weakness (Yarnell et al., 2019), and that they may receive backlash or judgment from important others (e.g., teammates, coaches) who strongly align with traditional masculinity, as expressed by men in Study 2 and Study 3 interviews.

### *Performance of Masculinities*

An additional consideration, with respect to the findings of my studies that included interviews (i.e., Study 2 and Study 3), is how the possible performance of masculinities by the men athletes might have impacted the interview data. Given that gender is socially constructed, at least in part through our bodies, speech, dress, and movement, identifying as a “man” or “woman” is largely created and reinforced by performance and interpretation (Schwalbe & Wolkomir, 2001). Men often perform “man” (e.g., autonomous thought and action), whether intentionally or not, to preserve and reinforce their privilege over others (e.g., women), and to signify their membership in or sense of belonging to the dominant group (Brittan, 1989). Historically, performance of traditional masculinity (e.g., dominance, aggression, emotional restrictiveness) would serve as reinforcement of belonging to the dominant or hegemonic group,

and may have explained some men athletes' initial reservations towards self-compassion in their interviews. In an interview setting, like in the Study 2 and Study 3 interviews, the men athletes might have intentionally or unintentionally aimed to establish power and/or control in the interviewer/participant dynamic by demonstrating traits of traditional masculinity, such as referring to self-compassion (a construct that does not align with traditional masculinity norms and values) as weak, soft, or wishy-washy (Schwalbe & Wolkomir, 2001). Notably, most men's reservations towards self-compassion were at the first of two interviews in Study 2, which could have represented their respective lack of comfort/rapport with me as the interviewer, and a tendency to withhold emotions or any commentary that could be perceived as weakness or divergent from traditional masculinity. Thus, the might have been *performing* traditional masculinity.

However, the men who initially dismissed or voiced reservations towards self-compassion were in the minority, with all in Study 2 expressing some value to self-compassion in their second interviews. My interpretation is that the men athletes in my study represented a more inclusive version of masculinity, with the majority being open to self-compassion in both Study 2 interviews and also the follow-up Study 3 interviews. But, given the potential that masculinities were being performed in interview settings (Schwalbe & Wolkimor, 2001), it is also possible that the men were performing a masculinity which they perceived I, the interviewer, valued (i.e., inclusive masculinity). This might explain the shift in some men's views from the first set of interviews to the second set of interviews in Study 2. Specifically, the men might have realized that I value both self-compassion and an inclusive representation of masculinity through my questions, responses, and non-verbal behaviours (e.g., unknowingly head-nodding to responses that I agreed with) in the first interviews, and aligned more with what

they believed I wanted to hear from them in their second interviews. Alternatively, the men athletes who initially expressed reservations towards self-compassion in Study 2 might have become more comfortable with the interview setting and having discussion on the topic of masculinities and self-compassion by the second set of interviews, which enabled them to not feel an obligation to perform traditional masculinity. Perhaps then, with respect to the performance of masculinities in the interviews, men athletes' overall support for inclusive masculinity and self-compassion might have been partly because I evoked the sense in them that most men should represent inclusive masculinity. On the other hand, the men might have been performing what they believe is the current prevailing representation of masculinity in the particular context (i.e., sport culture in Western Canada). The latter of these two possibilities would support a societal shift in the dominant or hegemonic masculinity, even if some or all of the men were performing inclusive masculinity.

While the performance of masculinities is highly likely in the interview setting, at least to some degree (Schwalbe & Wolkimor, 2001), it is also possible that the men athletes' interview responses were accurate representations of their perceptions and views towards self-compassion and masculinities. It is possible that having time to reflect on self-compassion and masculinities either between Study 2 interviews (while engaging in a reflexive photography task in between) or following the self-compassion intervention in Study 3 might have helped the men realize that self-compassion is not the weak or wishy-washy construct some initially perceived it to be. In other words, the men's views towards self-compassion and their representations of masculinity genuinely shifted in some cases, were upheld in others (e.g., those that valued self-compassion in both Study 2 interviews), and possibly point to a societal shifting of the prevailing masculinity from traditional to inclusive. It is also worthwhile to note that Schwalbe and Wolkimor's (2001)

article on the performance of masculinities was from a time (i.e., 2001) when traditional masculinity – particularly homophobia, which fuels traditional masculinity – was more rampant in the Western World sporting culture than in recent years (Anderson & McCormack, 2018; Connell & Messerschmidt, 2005). Thus, even if the men athletes in my Study 2 and Study 3 interviews were *performing* inclusive masculinity, including an open attitude towards self-compassion, it might represent a shift in men athletes' perceived dominant masculinity. Regardless, it is difficult to know to what degree masculinities (and specifically which masculinities) were performed in the Study 2 and Study 3 interviews; but as the interviewer/researcher, I am woven into the co-creation of knowledge (Smith & McGannon, 2018) with participants and it is impossible (nor advisable) to attempt to remove my own influence from the interview data. The interviewer can only attempt to make interviewees feel as comfortable as possible in the interview setting, while enabling them to believe that their opinions are valued (Schwalbe & Wolkimor, 2001), something I did to the best of my ability.

### ***Hegemonic Masculinity Theory, Inclusive Masculinity Theory, and Traditional Masculinity***

While on the topic of varied representations of masculinities (i.e., inclusive masculinity, traditional masculinity) by men athletes, it is important to revisit my review of inclusive masculinity theory and hegemonic masculinity theory and clarify what might have been a misleading statement in Study 2. Specifically, in Study 2, I noted that inclusive masculinity has “independent” theoretical merits compared to hegemoninc masculinity theory, particularly in contemporary men's sports settings, where inclusive masculinity is most commonly studied and referenced (Anderson & McCormack, 2018). It should be made clear that there is a great deal of overlap between hegemonic masculinity theory and inclusive masculinity theory, with the latter being most (and perhaps only) relevant in contexts with diminished levels of homophobia and

homophobia. However, while hegemonic masculinity theory is suited to accommodate fluctuating prevailing or dominant masculinities in a given context (e.g., sporting culture), it is particularly tied to traditional masculinity. In fact, hegemonic masculinity and traditional masculinity are often used interchangeably or synonymously with one another (Everitt-Penhale & Ratele, 2015). But, it is important to clarify that traditional masculinity is the representation of masculinity that features strong adherence to norms like dominance, aggression, and violence – characteristics of traditional representations of masculinities – while hegemonic masculinity is simply the prevailing or most commonly demonstrated/followed representation of masculinity in a given context (Connell & Messerschmidt, 2005). Thus, traditional masculinity does not necessarily equate to hegemonic masculinity (Everitt-Penhale & Ratele, 2015). However, it is imperative to point out that hegemonic masculinity is rooted in the continual positioning of men above other gendered representations (e.g., women; Everitt-Penhale & Ratele, 2015). Moreover, hegemonic masculinity is tied to a particular representation of masculinity, one that conceptually aligns with traditional masculinity norms and values and relies on the subordination and marginalization of anyone that fails to reach the status of hegemonic masculinity in a given context (e.g., anyone representing a group divergent from heterosexual white men; Tischler & McCaughy, 2011). Thus, the continued valuation and renewal of hegemonic masculinity depends largely on a broad cultural “buy-in” that positions hegemonic masculinity at the top of the gender (and masculinity) hierarchy (Anderson & McGuire, 2010; Everitt-Penhale & Ratele, 2015). Accordingly, traditional masculinity and hegemonic masculinity are not the same, but it is difficult to disentangle the two concepts from one another since both are integral to the maintenance of patriarchal gendered relations between men and women and of certain men above other men (Connell & Messerschmidt, 2005; Everitt-Penhale & Ratele, 2015).

Despite hegemonic masculinity and traditional masculinity not being the same concept, the high degree of overlap between them often leads to their interchangeable usage and presumably some degree of confusion by readers on how they differ (e.g., traditional masculinity features a set of masculine values/norms, like aggression, violence, dominance; hegemonic masculinity is the dominant representation of masculinity in a given context or culture). In the past, particularly in the 1980s and 1990s, the interchangeable use of traditional masculinity and hegemonic masculinity was less confusing, since the dominant representation of masculinity (i.e., hegemonic masculinity) was almost always a traditional representation of masculinity. However, with rates of homophobia and homophobia decreasing in some cultures in recent years, including sporting culture (Anderson & McCormack, 2018), traditional masculinity might no longer be the prevailing masculinity. And, while hegemonic masculinity theory would, in principle, enable a different representation of masculinity (e.g., inclusive masculinity) to be the “hegemonic masculinity” of a given culture, hegemonic masculinity has become characterized by a certain representation of masculinity, one that aims to position itself above all others (Everitt-Penhale & Ratele, 2015). In this sense, hegemonic masculinity and inclusive masculinity are incongruent theories, with the latter representing a non-hierarchical arrangement of masculinities and the former being reliant on it. As such, a cultural “buy-in” to inclusive masculinity as the dominant representation of masculinity is counterintuitive to hegemonic masculinity, since inclusive masculinity inherently does not position any representation of masculinity at the top of the cultural hierarchy, while hegemonic masculinity is precisely that. At the very least, inclusive masculinity theory can help to prevent confusion, especially when homophobia and homophobia are diminished or absent in a particular context or culture (Anderson & McCormack, 2018).



Overall, my research supports the expanding body of literature linking adherence to traditional masculinity with negative health effects on men (e.g., English, 2017; Ramon et al., 2020), with traditional masculinity being not only negatively related to self-compassion, but also related in conceptually unhealthy ways to a number of other outcome measures (e.g., positively related to internalized shame; Study 1, Study 3). I am reluctant to conclude that adherence to traditional masculinity *prevents* self-compassion in men athletes, but it does appear to present a barrier. Inclusive masculinity, while inconclusive in terms of being quantifiably related to self-compassion in my research, conceptually aligns with self-compassion and may represent a growing proportion of masculinity orientation for men athletes, particularly in current and future generations of men athletes.

### **The Sports Men Play**

Sports deemed as “body-contact confrontational” (e.g., hockey, football) are said to function as continually renewed symbols of hegemonic masculinity, though the relationship between sport and hegemonic masculinity is not exclusive to these types of sports (Messner & Sabo, 1990). Findings from each of my studies offer support for self-compassion being less accessible to men athletes that strongly value traditional masculine norms (e.g., dominance, violence), with men representing body-contact confrontational sports, (e.g., hockey, football) in particular, indicating that they would likely be ridiculed, mocked, or judged by important others (e.g., teammates, parents, coaches, peers) for practicing or discussing self-compassion (i.e., Study 2). With body-contact confrontational sports representing one of the few remaining avenues for men to gain prestige and power through symbolic representation of traditional masculinity often embodied by violent acts of physical aggression and overcoming and taking of pain, for instance (Bourdieu, 2001; Maclean, 2020; Messner & Sabo, 1990; Wacquant, 2004), it

is unsurprising that body-contact confrontational men athletes seem particularly reluctant to accept and/or practice self-compassion, a construct centered in kindness, warmth, and understanding (Neff, 2003a). Exploratory analyses in Study 3 also revealed that body-contact confrontational men athletes had lower levels of inclusive masculinity and self-compassion than non body-contact confrontational men athletes, aligning with research suggesting that the types of sports men play contributes to their masculinity orientations and roles/expectations (e.g., playing through pain; Hughes & Coakley, 1991; Jessiman-Perreault & Godley, 2016; Messner, 1990).

While it is not exclusively body-contact confrontational men athletes that express hesitation towards self-compassion and practices of self-compassion, they might have “more to lose” by embracing self-compassion than men athletes that represent non body-contact confrontational sports. Some of the men in Study 2 explained that simply participating in a self-compassion research study would likely be a source of ridicule and/or mockery from others, making their confidentiality in the study highly important to them. Moreover, the stigma that is seemingly attached to self-compassion in populations of men that highly value traditional masculine norms, might be particularly salient in cultures of body-contact confrontational sports and amongst the men who play them, making them unlikely to participate in a self-compassion program (Yarnell et al., 2019). Paradoxically, body-contact confrontational men athletes might be most in need of self-compassion, with Study 3 comparative analyses of groups (i.e., body-contact confrontational vs. non body-contact confrontational athletes), indicating nearly unanimously less healthy overall responses from body-contact confrontational men athletes (e.g., higher levels of internalized shame), aligning with past research highlighting negative health

outcomes tied to body-contact confrontational sport participation and disregard for men's bodies (e.g., suicidal ideation; Messner, 1990).

While body-contact confrontational men athletes might be more likely to value traditional masculine norms than non body-contact confrontational men athletes (Connell & Messerschmidt, 2005; English, 2017; Tischler & McCaughtry, 2011), a Study 3 analysis comparing groups (i.e., body-contact confrontational vs. non body-contact confrontational) somewhat surprisingly revealed no mean group difference in traditional masculinity levels. However, findings of the same analysis showed that men athletes representing non body-contact confrontational sports had higher levels of inclusive masculinity and self-compassion than body-contact confrontational athletes, which might indicate that non body-contact confrontational men athletes are less resistant to self-compassion and that they might also represent a more contemporary, less hierarchical version of masculinity (i.e., inclusive masculinity). However, it should be noted this interpretation is made with caution, particularly considering it was a preliminary finding of an exploratory analysis that was not a primary aim of the current study.

## **Limitations and Future Directions**

### ***Varied Masculinities and Sports***

Due to inconsistent findings in how self-compassion relates to inclusive masculinity (i.e., Study 1 indicated a positive relationship between self-compassion and inclusive masculinity; Study 3 indicated no relationship between self-compassion and inclusive masculinity), I encourage future researchers to further explore how the two constructs relate, if at all. While the IMT, which was created by myself and based largely on guidance provided by Dr. Eric Anderson (personal communication, December, 2017) who is an expert in the field of inclusive masculinity, demonstrated reasonable validity and reliability when employed in both Study 1 and

Study 3, some of the men in Study 3 explained they were confused and/or “off-put” by certain items in the measure. Specifically, the IMT question, “I would have no hesitation or reluctance to physically embrace another male by kissing him on the cheek, if it were culturally appropriate (e.g., in parts of Europe)”, was described as confusing by some of the men. Perhaps revising some of the IMT items and/or further developing the IMT might provide a more accurate measure/representation of inclusive masculinity, particularly for men athletes in North America, where acts like “kissing other men” likely remain less socially acceptable than in parts of Europe, for example.

If inclusive masculinity, whether through further development or revisions to the current version of the IMT, ultimately demonstrates consistently positive relationships with self-compassion, similar to how traditional masculinity has been trending in the direction of having predominately negative relationships with self-compassion (e.g., Ramon et al., 2020), I encourage future researchers to explore whether there is a role for inclusive masculinity in self-compassion interventions tailored to men athletes. Specifically, enhancing inclusive masculinity might be an effective approach to increasing men athletes’ self-compassion. Likewise (or alternatively), increasing self-compassion levels might help to unlock a kinder, more accepting representation of masculinity in men athletes. Interestingly, while inclusive masculinity levels were not statistically different from pre-intervention to post-intervention in Study 3, traditional masculinity levels were lower at post-intervention, which warrants further investigation of the potential role(s) of masculinities in self-compassion interventions delivered to men athletes. As well, moderation analyses, like ours in Study 1 (e.g., self-compassion moderates the relationship between inclusive masculinity and attitudes towards gay men in conceptually healthy directions)

and in other self-compassion research that includes masculinity (e.g., Reilly et al., 2014), might shed additional light on how self-compassion and varied masculinities are related.

Another possible explanation for the inconsistent relationships between self-compassion and inclusive masculinity in Study 1 and Study 3 is that the body-contact confrontational men athletes in Study 3 represented a group of men that were particularly low in inclusive masculinity, thereby impacting any potential relationship between self-compassion and inclusive masculinity. Considering the discrepancies in group mean levels between body-contact confrontational men athletes and non body-contact confrontational men athletes in Study 3 (i.e., non body-contact confrontational men athletes had significantly higher levels of inclusive masculinity), it is feasible that inclusive masculinity levels of the body-contact confrontational men athletes in Study 3 were low enough to reduce the overall mean level of the Time 1 data set, making inclusive masculinity unrelated to self-compassion. Since I did not examine group differences in body-contact confrontational vs non body-contact confrontational men athletes in Study 1, it is difficult to make any conclusions on this matter, but future researchers should further examine inclusive masculinity levels in men who play body-contact confrontational sports compared to men who play non body-contact confrontational sports.

### ***COVID-19 Implications***

One additional challenge that I faced in my research (i.e., Study 3) were restrictions due to COVID-19. Specifically, with COVID-19 restrictions suspending sports leagues and limiting gatherings, it was particularly difficult to recruit men athletes that were currently or recently (i.e., within the past year) participating in competitive sports. The initial goal of Study 3 was to deliver a replication of Mosewich et al.'s (2013) self-compassion intervention to competitive men athletes. However, due to recruitment challenges stemming from COVID-19, along with an

inability to bring participants together, I had to adjust my Study 3 approach. Accordingly, the delivery of the self-compassion intervention to men athletes differed from Mosewich et al.'s (2013) in two important ways: (a) I did not include a control group, partly due to recruitment challenges related to COVID-19, which prevented me from making any causal claims about the efficacy of the self-compassion intervention in a sample of competitive men athletes; and (b) my introductory component featured a video in which I discussed self-compassion, rather than an in-person component, which prevented participants from asking questions in real time and interacting with other participants in the study. Despite my inability to make causal claims about the self-compassion intervention's efficacy in Study 3, I am encouraged by consistent trends in "healthy" directions from pre-intervention to post-intervention. As well, based on feedback from the men athletes in follow-up interviews, which were an important inclusion of my Study 3 that was not featured in Mosewich et al.'s (2013) study, there appears to be value in an entirely online delivery of the self-compassion intervention, with some men stating they would not have participated if an in-person component was required. Ultimately, I am encouraged by the results of my Study 3 self-compassion intervention, and believe it provides a strong base for future iterations of self-compassion interventions for men athletes. With minor adjustments (e.g., the inclusion of an interactive, online focus group session with other men athletes and the lead researcher), the structure and content (e.g., modules) of Mosewich et al.'s (2013) one-week self-compassion appears to be feasible for future delivery in a population of men athletes.

### **Critically Reflecting on Self-Compassion**

My doctoral work represents a mixed methodological approach to studying men athletes' self-compassion, with important consideration given to the role(s) of masculinities. The three studies that combine to make up my dissertation represent approaches unique from one another,

with a goal of more wholly understanding the phenomenon of men athletes' self-compassion. Having already highlighted the key findings and takeaways from my doctoral research, it is important to also engage in critical reflection on what is “known” about self-compassion, along with important avenues of future self-compassion research focused on men athletes.

### ***What is Self-Compassion?***

When Neff (2003a, 2003b) introduced self-compassion to the Western World, she identified three underlying components that combined to make up self-compassion. Specifically, Neff conceptualized self-compassion as being comprised of self-kindness, common humanity, and mindfulness. The vast majority of research to date positions self-compassion as a combination of these three components, and the most commonly used measure of self-compassion (i.e., the Self-Compassion Scale – SCS; Neff, 2003a) features six first-order factors contrasting “compassionate self-responding” (i.e., self-kindness, common humanity, mindfulness) with “uncompassionate self-responding” (i.e., self-judgment, isolation, over-identification) and one second-order general self-compassion factor, as outlined by Neff (2003a, 2003b, 2020). Neff is the foremost self-compassion scholar in the world, and while I defer to her on self-compassion conceptualizations, it remains important to critically reflect on what many self-compassion researchers consider knowledge about the construct.

At one time, there was concern that self-compassion had little merit beyond self-esteem, its closely related cousin (e.g., Leary et al., 2007), but those concerns have largely been dispelled through research showing self-compassion to be a unique predictor of numerous psychosocial variables (e.g., shame, psychological well-being) beyond self-esteem (e.g., Ferguson et al., 2015; Mosewich et al., 2011; Reis et al., 2015). Recently, however, an examination of the factor structure of the SCS showed that a bifactor model comprised of 2 general factors (i.e., self-

coldness, self-compassion) and the same six first-order factors (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) demonstrated the best fit to the data (Brenner et al., 2017). Importantly, self-coldness predicted unique variance for depression, anxiety, and stress, while self-compassion predicted unique variance for only depression. Although it would be irresponsible to suggest that Neff's factor structure (and conceptualization) of the SCS is inaccurate, the same could be said of any refusal to challenge the existing factor structure of the SCS (and the overall conceptualization of self-compassion). Thus, I support the call by Brenner et al. (2017) to reexamine relationships between self-compassion and psychosocial outcomes (e.g., anxiety, depression), since previous assessments included both self-coldness and self-compassion to measure self-compassion. At the very least, efforts might be considered by future researchers to account for self-coldness in self-compassion research, similar to approaches that were taken to establish self-compassion as a construct with standalone merits beyond self-esteem (e.g., hierarchical regression analysis to remove the influence of self-coldness).

It is possible that self-coldness might represent a second general factor and account for some unique variance that has been attributed solely to self-compassion in past research. Perhaps of equal importance, however, is to challenge whether the underlying components of self-compassion (i.e., self-kindness, common humanity, mindfulness) fully and adequately combine to represent self-compassion. As well, it is important to question whether any of the components of self-compassion are more or less representative of self-compassion than others. In a study that examined how the three components of self-compassion are related and influence one another (and self-compassion as a whole), Dreisoerner et al. (2021) administered writing tasks to each of three treatment condition groups, with each group featuring tasks rooted in one of the three self-



compassion components (i.e., self-kindness, common humanity, mindfulness). Findings showed that participants randomly assigned to the mindfulness and common humanity groups had increased levels of the respective self-compassion component they were assigned to, and also increased overall self-compassion levels from pre-treatment to post-treatment. Participants assigned to the self-kindness group, however, had no increases in self-kindness levels or in overall self-compassion.

While Dreisoerner et al. (2021) concluded that the ineffectiveness of the self-kindness tasks might have been rooted in cultural barriers to developing self-kindness and letting go of self-judgment and that the “training” (i.e., the writing exercises) in the self-kindness condition might have been unspecific and/or ineffective, it is also possible that self-kindness is less representative of self-compassion than mindfulness and common humanity. As well, as noted by Dreisoerner et al. (2021), it is also possible that mindfulness, for instance, is first needed before self-kindness can truly be achieved. Thus, it seems reasonable to continue to explore whether the three self-compassion components identified by Neff (2003a, 2003b) carry equal weight in their make-up of self-compassion. Moreover, Dreisoerner et al. (2021) discussed self-acceptance as fundamental for self-compassion, again pointing to mindfulness as a way to enhance self-acceptance, and in turn, self-compassion. Other researchers have noted the importance of mindfulness as a particularly important component of self-compassion (e.g., Birnie et al., 2010; Shapiro et al., 2007), and it would be worthwhile for future researchers to further assess the weighting (and possibly the belonging) of the components that are currently conceptualized to make up self-compassion. Perhaps self-acceptance represents a fourth component of self-compassion, or maybe self-coldness accounts for some of the unique variance previously believed to be fully accounted for by self-compassion. Regardless, the takeaway point from this

section is that while self-compassion is *likely* based on the three underlying components identified by Neff, an approach used and supported in my research, it is important to continually challenge and critically reflect on how self-compassion is conceptualized and structured.

### ***Men Athletes' Self-Compassion***

An overlying takeaway from my doctoral research is that at least some men athletes struggle with the language surrounding self-compassion, particularly the term, “self-compassion” itself. And, while my Study 2 and Study 3 interviews with men athletes helped establish that hearing or seeing the term, “self-compassion” can elicit feelings ranging from mild discomfort to “you have to change that word” in men athletes, my research was limited in that I did not focus my research efforts on adequately exploring potential alternatives. However, despite not being explicitly part of my interview guide in Study 3, I made reference to the “yang” of self-compassion (Neff & Germer, 2018) in my follow-up interviews with some of the men athletes. When asked whether words like “protecting”, “motivating”, “providing” (i.e., the “yang” of self-compassion) would be more palatable than “self-compassion to the men athletes I interviewed in Study 3, they generally agreed that the “action-oriented” words would be a welcome alternative to “self-compassion”, with some being particularly enthusiastic. Still, others were less convinced, and I encourage future researchers to further explore what self-compassion language resonates best with men athletes. However, I make this recommendation with caution, as veering too far from the term, “self-compassion”, when attempting to describe self-compassion, might open the door to misrepresentation of the construct, something that some of the men in Study 2 astutely pointed out. Thus, a key consideration in finding language that men athletes feel comfortable with when referring to the construct of self-compassion is to ensure, possibly through statistical analyses (e.g., factor analysis, structural equation modeling) as one approach,

that any alternatives remain accurate representations of self-compassion (i.e., construct validity; Kowalski et al., 2018). Ultimately, I believe that the optimal starting point is likely Neff and Germer's (2018) "yang" of self-compassion, but it would be worthwhile to first examine whether the words, "protecting", "motivating", "providing" represent self-compassion in a population of men athletes.

Another approach to finding alternative language to self-compassion for men athletes would be to engage them in a "story completion" task (i.e., writing a story stem or cue and having participants complete or continue it; Smith & Sparkes, 2016). This open-ended approach to data collection seems ideal for enabling men athletes to identify self-compassion language that works best for them, without the constraints of having them choose from pre-identified options, like Neff and Germer's (2018) "yang" of self-compassion terms (i.e., protecting, motivating, providing). Following a prospective story completion task, however, it would also be important to further examine whether the language identified by men athletes remains representative of self-compassion.

Regardless of the approach taken by future researchers to identify self-compassion language that best resonates with men athletes, an important first step would be to have the men describe or explain what they believe self-compassion is, and also to have them describe their experiences of self-compassion, in a concerted effort to connect the concept of self-compassion to the lived experiences of men athletes' self-compassion. It should also be noted that in cases where men athletes provide an inaccurate description of self-compassion (at least within Neff's framework) upon being asked to explain/describe it in an interview setting, future researchers can and should help paint a clearer picture of what self-compassion is, representing co-creation of knowledge (Smith & McGannon, 2018). Initially overcoming a potential disconnect between

men athletes' lived experiences of self-compassion and their descriptions and/or understandings of self-compassion would help pave the way to identifying optimal language that maintains accurate representation of self-compassion by ensuring the researcher and men athletes are discussing the same concept.

### *Next Steps in Men Athletes' Self-Compassion Research*

I maintain the opinion that the most logical (and arguably most important) next steps in self-compassion research focused on men athletes are to: (a) deliver the self-compassion intervention from Study 3 in a true experimental design (i.e., RCT) to a group of competitive men athletes, with the inclusion of a control group and potentially some minor tweaks to the intervention, which will enable causal claims to be made about its efficacy (or lack thereof); (b) identify language surrounding self-compassion that best resonates with men athletes; and (c) further explore the complex interplay between masculinities and self-compassion. Having already discussed my recommendations to address points (a) and (b), one approach to addressing point (c) would be to reconsider my approach of treating self-compassion as a potential moderator in relationships between masculinities and psychosocial variables. In Study 1, I examined whether self-compassion moderated relationships between both inclusive masculinity and traditional masculinity with all other outcome measures, but found minimal significant moderating effects (i.e., self-compassion moderated relationships between both inclusive and traditional masculinity and the following outcome measures: attitudes towards gay men, the autonomy subscale of the PSWB). Recent research with athletes has shown self-compassion to have a mediating role (e.g., self-compassion mediated relationship between mindfulness and happiness; Tingaz et al., 2022), but little support for a moderating role. Thus, self-compassion

might best be considered (and examined) as a potential mediator, rather than moderator, between masculinities and important outcome variables in men athletes.

### ***Further Down the Road***

Thinking further into the future of self-compassion research with men athletes, important considerations are rooted in: (a) tailoring interventions specifically to men athletes, and (b) appealing to coaches. With respect to tailoring interventions specifically to men athletes, it is important to first establish language surrounding self-compassion that best resonates with men athletes, as discussed above. As well, while the self-compassion intervention that was delivered in Study 3 (i.e., a fully online replication of Mosewich et al.'s [2013] self-compassion intervention that was delivered to women athletes) appears feasible in men athletes, it can likely be optimized through intentional efforts to tailor it to men athletes (Robertson et al., 2016). One way to tailor a self-compassion intervention to men athletes might be through the incorporation of prompts/exercises designed to minimize value placed on traditional masculine norm adherence and/or enhance value placed on a representation of masculinity rooted in non-judgment and acceptance of others (i.e., inclusive masculinity), which conceptually aligns with self-compassion. Another approach that might enhance the efficacy of a self-compassion intervention for athletes (both men and women athletes) could be through ecological momentary intervention (EMI). For example, athletes enrol in the prospective self-compassion intervention study, but only start the intervention once they endure a self-perceived emotionally difficult experience in sport). EMIs are steadily gaining traction in the psychosocial intervention field, being readily delivered and accessible through smartphones, with encouraging results (e.g., increased well-being, reduced mental health symptoms; Marciniak et al., 2020). A recent sport-specific self-compassion study (i.e., Rothlin et al., 2022) used an ecological momentary

assessment (EMA) design to collect data on athletes' sport-specific daily stress (SSDS). Importantly, self-compassion lessened the effect of athletes' SSDS on shame, an encouraging finding for the utility of EMAs/EMIs in future self-compassion studies with athletes. Finally, one other possible direction of future self-compassion research for men athletes is rooted in contextual/cultural acceptance. Specifically, men athletes in my Study 2 and Study 3 interviews suggested that appealing to coaches might ultimately lead to greater buy-in from athletes. If the coach of a team believes in self-compassion as a means to increased sport performance of their players, for instance, the buy-in from the top (i.e., coach) is likely to trickle down to the players, leading to potentially greater acceptance of men athletes. This might be particularly important in sports where traditional masculinity is highly valued (i.e., body-contact confrontational sports), since coaches and players alike might both experience greater discomfort or reservations towards self-compassion.

### **Contributions to Research**

My three dissertation studies represented some of the first explorations of men athletes' self-compassion. With limited research in the field of men athletes' self-compassion at the onset of my dissertation, there was uncertainty surrounding whether men athletes would experience self-compassion and/or benefit from self-compassion in similar ways to populations that I deemed similar to men athletes (e.g., women athletes, men non-athletes). Considering men athletes have been shown to have particularly high levels of traditional masculinity (Waslykiw & Clairo, 2018), a representation of masculinity that conceptually conflicts with self-compassion, it was possible that men athletes would generally reject self-compassion. However, the findings of my studies provide support for the potential of self-compassion as a useful resource for men athletes. Notably, self-compassion was related in conceptually healthy ways to the vast majority

of variables I examined in both Study 1 and Study 3, aligning with existing research on both women athletes' self-compassion (e.g., negatively related to concern over mistakes; Mosewich et al., 2011) and men non-athletes' self-compassion (e.g., negatively related to internalized shame; Reilly et al., 2014). As well, my findings align with those of recent studies focused on combined samples of women athletes and men athletes (e.g., Amemiya & Sakairi, 2020; Jansen, 2021; Walton et al., 2020), which all provide evidence that self-compassion can be a helpful resource for athletes.

In addition to my findings indicating that self-compassion appears to be related in healthy ways to most of the variables I examined in samples of exclusively men athletes, my interviews with men athletes about their experiences of self-compassion (i.e., Study 2) also provided a unique contribution to the literature. To my knowledge, there had been no prior interviews with men athletes about self-compassion, nor the intersection of self-compassion and men athletes' masculinities; so the men's perspectives in Study 2 provided novel insight on how men athletes experience and view self-compassion. As well, Study 3 findings indicate that Mosewich et al.'s (2013) one-week self-compassion intervention is feasible in a sample of exclusively men athletes. While some additions (e.g., online focus group session with men athletes and the lead researcher) were suggested by the men athletes to improve the intervention, the core components (e.g., structure of 5 modules in 7 days) were received favourably by the majority of the men in my study.

### **Contributions to Theory**

As touched on above, perhaps the greatest limitation to my research as a whole is that I am unable to make any causal claims with respect to self-compassion in populations of competitive men athletes. However, with the lack of research in men athletes' self-compassion at

the onset of my work, I ultimately viewed exploratory/feasibility studies as a necessary initial approach in the field. My research enabled me to explore and obtain valuable knowledge about: (a) which variables are relevant in self-compassion research featuring populations of exclusively men athletes, (b) how self-compassion is related (if at all) to outcome measures that have been previously identified as related to self-compassion in similar populations (i.e., if self-compassion is a healthy attribute for men athletes), (c) if self-compassion upholds value after removing the influence of self-esteem, a closely related variable, (d) if self-compassion moderated relationships between key outcome variables and varied masculinities, (e) how men athletes experience and perceive self-compassion in their own words through in-depth, rich conversations with competitive men athletes, and (f) whether a one-week self-compassion intervention previously found to increase self-compassion levels in women athletes (i.e., Mosewich et al., 2013) is feasible in a population of competitive men athletes.

My research enables me to conclude that self-compassion is related in conceptually healthy directions to nearly all variables examined, above and beyond self-esteem in most cases. As well, though my Study 1 moderation analyses revealed that self-compassion moderated relationships between both inclusive masculinity and attitudes towards gay men and traditional masculinity and attitudes towards gay men, in conceptually healthy directions, I encourage future researchers to further explore how/if self-compassion moderates relationships between masculinities and other variables. The interviews conducted with men athletes in Study 2 were groundbreaking in the sense that they were the first interviews with men athletes about self-compassion and masculinities, to my knowledge, and enabled me to contribute important takeaways to the literature (e.g., men athletes see self-compassion as a way to navigate through challenging times in sport and improve their sport performance, though some are wary of



language surrounding self-compassion, suggesting “relatable” experts adequately educate them about self-compassion). Finally, Study 3 provided support for the feasibility of Mosewich et al.’s (2013) self-compassion intervention in a sample of competitive men athletes, through both follow-up interviews with participants and preliminary analyses of data trends from pre-intervention to post-intervention. Additionally, exploratory comparisons of group means at Time 1 indicate that men athletes who particularly struggle with sport-specific difficult situations (e.g., heightened concern over performance mistakes) might be most likely to start *and* finish a self-compassion intervention. As well, exploratory comparisons of group means at Time 1 indicate that body-contact confrontational men athletes have lower levels of self-compassion, inclusive masculinity, and overall less healthy responses (e.g., higher levels of internalized shame) than non body-contact confrontational men athletes.

### **Contributions to Practice**

Findings of my research leave me with several important recommendations to future researchers. First, I encourage future researchers to further explore if/how self-compassion moderates relationships between varied masculinities and other variables (e.g., fear of performance failure). With other studies indicating moderating effects of self-compassion between masculinities and other variables in healthy directions (e.g., internalized shame, self-stigma of seeking psychological help; Booth et al., 2019; Heath et al., 2017; Ramon et al., 2020; Reilly et al., 2014), I believe this is an important area for additional research, since self-compassion might have a buffering effect that was relatively undetected/under-researched in my work. I also recommend future researchers revisit and possibly further develop the IMT, due in part to inconsistent findings in how inclusive masculinity relates (or does not relate) to self-compassion in our research. Perhaps the adjustment of some IMT items (e.g., “I would have no

hesitation or reluctance to physically embrace another male by kissing him on the cheek, if it were culturally appropriate”), might facilitate a more culturally accurate representation of inclusive masculinity in North America, for example. Another important recommendation for future researchers is to deeply examine language surrounding self-compassion. While the term, “self-compassion”, was accepted by some men athletes in my study, others initially dismissed it before ultimately learning that it did not represent what their preconceived notions of it were (e.g., weakness, shirking of responsibilities). The language of self-compassion might be particularly important amongst men representing body-contact confrontational sports, where sporting cultures are largely rooted in traditional masculinity (Messner & Sabo, 1990), and language that can be interpreted as “soft” is likely to be dismissed or considered deviant. Finally, I encourage future researchers to deliver a one-week, entirely online self-compassion intervention, with the addition of a focus group in an RCT, to competitive men athletes. Importantly, I recommend the inclusion of an attention control group and a four-week follow-up (i.e., Time 3) measure of all outcomes, similar to Mosewich et al.’s (2013) original approach with a group of women athletes and other self-compassion intervention studies (e.g., Mifsud et al., 2021). Doing so will enable researchers to make causal claims about the efficacy of the intervention, and to know whether effects are upheld over time.

## **Conclusion**

While sport participation is associated with numerous benefits (e.g., improved social and psychological health; Andersen et al., 2019), it also comes with challenges and hardships, many of which tied to negative emotional responses when experiencing failures, setbacks, and/or negative evaluations in sport (Mosewich et al., 2011). Self-compassion, a resource that has shown promise in helping to mitigate or reframe some of the negative experiences that athletes

endure (e.g., Adam et al., 2021; Barczak & Eklund, 2018; Mosewich et al., 2013; Sutherland et al., 2014), was previously understudied in populations of exclusively men athletes. The three studies that combine to make my dissertation were driven by an overlying objective to explore whether self-compassion can benefit men athletes in similar ways to how it has been shown to help women athletes (e.g., increased psychological well-being; Ferguson et al., 2015) and non-athlete samples of men (e.g., decreased internalized shame; Reilly et al., 2014). With traditional masculinity representing not only the most frequent source of men athletes' emotional difficulties in sport (e.g., negative emotions, like shame, stemming from failure to meet certain expectations of masculinity in sport, including violence, speed, and strength; Connell & Messerschmidt, 2005; Tischler & McCaughtry, 2011), but also a potential barrier to self-compassion (e.g., Ramon et al., 2020), masculinities and men's representations of masculinities were a focal point of my research. In addition to identifying unique challenges to men athletes that often stem from masculinity, questions surrounding whether men athletes would accept, embrace, and/or practice self-compassion were paramount, woven throughout each of my three studies. The findings of my research are not only encouraging for the potential of self-compassion in populations of men athletes, but also point to the potential shifting of masculinity representation in the current (and possibly future) generation(s) of men athletes. Inclusive masculinity, a masculinity that conceptually aligns with self-compassion, seems to be gaining traction as a representation of masculinity that devalues the steep hierarchical arrangement of traditional masculinity (Anderson, 2005; Connell & Messerschmidt, 2005) and welcomes varied embodiments of masculinities in a horizontal alignment. At the very least, a societal shifting of masculinities away from traditional masculinity may open the door to a more self-compassionate generation of men athletes.

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**Appendices**

### **General Introduction Appendix**

This is the verbatim version of a published translation of knowledge article (i.e., SIRCuit, 2021).

## **Self-Compassion in Sport 101**

*Nathan A. Reis<sup>a</sup>, Kent C. Kowalski<sup>a</sup>, Amber D. Mosewich<sup>b</sup>, & Leah J. Ferguson<sup>a</sup>*

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If you have been involved in the coaching or administrative side of competitive sport, chances are you have seen athletes experience emotionally difficult setbacks. These setbacks can range from devastating performance failures (e.g., “choking” during an important competition), to facing harsh, negative evaluations by others (e.g., spectators, teammates, competitors, parents) and/or themselves (the self-critic is often very cruel). For some athletes, these types of setbacks can offer an opportunity for personal growth. For others, without sufficient coping resources, setbacks can negatively impact athletes’ well-being and/or sour their overall sport experience, putting them at risk of dropping out from sport altogether. Fortunately, self-compassion is steadily gaining traction as a personal resource that athletes can use to help navigate setbacks experienced in sport in a healthy and positive way (e.g., Mosewich et al., 2011; Reis et al., 2015; Wilson et al., 2019).

### **What is Self-Compassion?**

Self-compassion requires an awareness of personal suffering and a desire to help oneself through an emotionally difficult time. Dr. Kristin Neff (2003) describes self-compassion as having three components:

1. Self-kindness - treating oneself with warmth and understanding in the face of failure or difficult experiences;

2. Common humanity - understanding that we are all part of the greater human condition and that everyone goes through difficult times; and
3. Mindfulness - includes moment-to-moment awareness, and taking a more objective, rational approach to negative situations rather than overidentifying with them too strongly or ignoring them.

Unlike self-esteem, which requires positive self-evaluation in reference to others in order to feel good about oneself, self-compassion features an acceptance of one's own flaws and shortcomings, and thereby, as Neff proposed, emphasizes a positive, supportive self-attitude and approach to life. Notably, self-compassion is related to overall well-being and decreased negative emotions, such as shame, in a variety of populations (e.g., university students, older adults; Allen, Goldwasser, & Leary, 2012; Johnson & O'Brien, 2013; Leary et al., 2007), and there is growing evidence of its benefits for athletes.

## **The Role of Self-Compassion in Sport**

Within the past decade, self-compassion has been studied in the context of sport largely as a tool to help athletes cope or deal with the emotionally challenging setbacks or obstacles they encounter. Especially when outside support networks are limited or unavailable to athletes, self-compassion might be particularly useful to help athletes overcome a variety of setbacks in adaptive, healthy ways. For this article, we focus on links between self-compassion and two types of setbacks because of their relevance to practitioners who work with athletes: (a) injury and (b) negative evaluations and sport-based performance failures.

### ***Injury***

Experiencing injury is a significant setback faced by almost all athletes at some point in their careers. Sometimes sport injuries are minor, and athletes miss little to no time from training,

practice, and competition. Other times, sport injuries are more severe, causing athletes to miss significant time in sport. In these cases, even when athletes do return to sport following injury, they may never (or significantly struggle to) return to the same level of performance. Still other times, sport injuries effectively end the sporting careers of athletes, which can be absolutely devastating and extremely difficult to experience. The key point is that injury can be an emotionally difficult setback for athletes.

The good news is that there is growing evidence that self-compassion can help athletes better manage the negative emotions they experience due to injury. By reducing athletes' anxiety, worry, and avoidance coping strategies in response to injury, self-compassion can enable athletes to focus on healthier, more proactive ways of moving forward with recovery (e.g., adaptive coping, acceptance), particularly as an alternative to ruminating or dwelling on the injury (Huysmans & Clement, 2017). Self-compassion may even reduce injury occurrence by decreasing athletes' physiological activation to stress and facilitating their ability to focus on relevant cues when on the field, court, or ice (Huysmans & Clement, 2017).

Although the benefits of self-compassion in the context of injury are not fully known, it seems to offer a way for athletes to reduce some of the negative emotions experienced due to sport injury (e.g., shame, humiliation), which might make them more driven to overcome and persevere through injury-based adversity (Wilson et al., 2019). To highlight this point, research coming out of our lab at the University of Saskatchewan, led by Karissa Johnson as part of her graduate thesis, has recently shown that self-compassionate athletes rehabilitating from injury tend to be more mentally tough, perceive having more coping resources, and experience less self-criticism. Importantly, Karissa's research also shows that self-compassion might allow injured athletes access to a healthier version of mental toughness, characterized by acceptance and wise



actions, as opposed to a mental toughness characterized by making poor decisions to push through injury in unhealthy ways.

### *Negative Evaluations and Performance Failures*

It would be rare to work with an athlete who hasn't felt they made a mistake or failed in sport at some point, and often in critical moments. Similar to injury, mistakes and failures are part of sport, and like injury, they can be an emotionally difficult setback for athletes. Whether it be feeling responsible for a loss due to a missed free throw in a high school basketball game or missing a soccer penalty kick at the World Cup, athletes are oftentimes harshly evaluated or judged by others and themselves. Sometimes it is teammates, competitors, coaches, and parents who are responsible for providing negative, sometimes debilitating feedback, to athletes. Other times, athletes are their own biggest critics, pointing the finger solely at themselves when things go wrong. In many cases, the negative evaluations come from multiple sources.

Regardless of the source(s) of negative evaluation, the level of competition, and magnitude of the mistake or failure, athletes are highly susceptible to emotional suffering that stems from harsh evaluations of their sport performance (Mosewich et al., 2011). Research has shown that athletes experience a variety of maladaptive emotions (e.g., shame, embarrassment, humiliation) and thoughts (e.g., "I am worthless") when they make mistakes or fail (Reis et al., 2015), while also engaging in self-criticism and self-punishment (Ceccarelli et al., 2019). More generally, performance failures in sport can lead to decreased mental health, a diminished sense of self, and emotional distress (Ceccarelli et al., 2019; Mosewich, Crocker, & Kowalski, 2014).

Similar to its positive impact in helping athletes deal with injury, self-compassion seems to be an effective resource for athletes experiencing difficult emotions resulting from failure and evaluation. By enabling athletes to treat themselves less harshly and put sport failures or

mistakes in perspective, self-compassion promotes adaptive coping and a healthier stress response, both from a psychological (e.g., viewing current shortcomings as changeable and addressable) and physiological (e.g., appropriate heart rate response to stress) perspective (Ceccarelli et al., 2019). Put another way, self-compassion helps athletes get through difficult experiences in sport, such as injury and performance failures (and corresponding negative evaluations), in a way that doesn't require dwelling on them or overidentifying with the setback, leading to a quicker recovery and a more positive overall sport experience.

## **Strategies to Enhance Self-Compassion**

One approach to increase self-compassion amongst athletes is through intervention. For example, Dr. Amber Mosewich and her colleagues developed a one-week sport self-compassion intervention, which effectively enhanced self-compassion levels in highly self-critical women athletes while also decreasing rumination and self-criticism (Mosewich et al., 2013). The intervention was comprised of an initial in-person educational component and a self-compassionate writing exercise, followed by a series of self-compassion writing modules that athletes completed online over the course of seven days. The in-person component of the intervention focused on a brief explanation of self-compassion and discussion of relevant findings from self-compassion research (e.g., self-compassion does not promote complacency or passivity; rather, practicing self-compassion is an adaptive, healthy way to navigate challenges). After the 10-minute educational session, the athletes were asked to think about and write a description of a recalled negative event in sport that had happened to them within the past 10 days. They were then given prompts to write about how they could respond to that scenario, centered on the three core elements of self-compassion (i.e., self-kindness, common humanity, mindfulness). This writing exercise provided the athletes with an opportunity to practice self-

compassionate writing in advance of the take-home component of the intervention, which featured five writing tasks/modules. As two examples of the writing exercises, they were asked to respond to their negative event in sport by (a) writing a paragraph “expressing understanding, kindness, and concern to yourself...as if you are communicating to a close friend in the same situation” (i.e., self-kindness) and (b) listing “ways in which other people experience similar events” (i.e., common humanity).

In an applied study, Rodriguez and Ebbeck (2015) implemented self-compassion strategies with women gymnasts and their coaches. Through weekly or bi-weekly meetings amongst the gymnasts, coaches, and an external sport psychology consultant, gymnasts engaged in a number of activities that were designed to enhance self-compassion. For example, the gymnasts were asked to write about how they would treat a teammate when the teammate felt really bad about herself and struggled during practice or competition. They also integrated self-compassion breaks into their training routines, which involved visualizing a stressful scenario in gymnastics before developing their own self-compassionate response cues rooted in self-kindness, common humanity, and mindfulness. This was designed to help them develop their skills to manage future situations in healthier ways. A particularly unique component of the study involved the gymnasts selecting different coloured beads to indicate when they had demonstrated positive self-talk and affirmation compared to when they had demonstrated negative self-talk or self-criticism. The gymnasts were also encouraged to think of self-compassion as an approach to prevent “suffering,” which was likened to other unfavourable or adverse outcomes (e.g., becoming out of shape during the off-season could be prevented by “keeping up with off-season conditioning and maintaining healthy eating”). To counter the notion that self-compassion is “self-coddling,” a concern we discuss in more detail in the next

section, the gymnasts were asked questions that helped put the use of self-compassion in a balanced perspective (e.g., “Would you withhold water from yourself during your 4-hour practice to be tough on yourself?”).

## **Barriers to Self-Compassion and Potential Solutions**

Despite the potential of self-compassion as a resource to help athletes navigate setbacks and emotionally difficult experiences in sport, there are challenges to its widespread application. One barrier is a belief amongst some athletes that self-compassion might present a roadblock to achieving elite status (Sutherland et al., 2014). Specifically, some women athletes have explained that they felt it was necessary to be self-critical of their own poor performances in sport and their sport-based failures to learn from them and get better as athletes, and that self-compassion represented a mindset that encouraged them to let themselves off the hook too easily. Similarly, in a recent study with men athletes conducted by our research team, some of the men explained that when they heard the term “self-compassion” they immediately thought it was “soft” – a barrier to self-compassion in its own right – and that it would encourage them to be “too easy” on themselves. They also noted that viewing their poor performances and sport failures with a harsh, self-critical lens was an essential part of the process that would lead them to improved performances in the future. While such claims are largely unfounded - self-compassion has in fact been shown to positively related to thriving in sport (Ferguson et al., 2014) and is counter to self-indulgence and deterred motivation (Gilbert et al., 2011) - they represent a challenge to the promotion and practice of self-compassion amongst athletes. Researchers are currently exploring alternative language surrounding “self-compassion” as a way to help remove the “soft” connotation that some people connect with the term. For example, Neff and Germer (2018) introduced the “yin” and “yang” of self-compassion, acknowledging the traditionally feminine

“yin” side of self-compassion with the terms “comforting,” “soothing,” and “validating;” and the traditionally masculine “yang” side of self-compassion with the terms “protecting,” “providing,” and “motivating.”

Some athletes’ beliefs that self-compassion might lead to diminished performance expectations and results also sheds light on another potential barrier to the widespread impact of self-compassion in the sporting world – inadequate understanding of the construct. In our research with men athletes, despite them initially suggesting that self-compassion might lead to complacency, the men went on to explain that an initial lack of education about self-compassion led to their negative views towards it. After learning about self-compassion, the men explained that their initial inclinations to reject self-compassion were rooted in a misconception of what it actually is. They emphasized that education and training is an essential component when promoting self-compassion to other athletes. The men elaborated that athletes need to not only become aware of self-compassion, they need to know that self-compassion can help them overcome adversity in sport, leading to improved performance by learning from mistakes and failures, rather than dwelling on them.

In addition to some athletes’ negative or tepid views towards self-compassion, potentially stemming from inadequate understanding, another current barrier to its widespread practice in the sporting world is likely COVID-19. Specifically, some in-person strategies previously used to increase self-compassion awareness and knowledge, and overall self-compassion levels amongst athletes, like introductory educational components (e.g., Mosewich et al., 2013) and group activities (e.g., Rodriguez & Ebbeck, 2015), are more challenging with COVID-19 restrictions. Accordingly, in the current sport landscape, online self-compassion tools, workshops, tutorials, and interventions are likely the only options available. Fortunately, the vast

improvement of technology in recent years has made the online design and delivery of approaches to enhance self-compassion feasible and potentially as effective as in-person approaches. For instance, the education component of Mosewich et al.'s (2013) intervention could probably be delivered online fairly seamlessly, integrating with the main writing interventions that were already online. As well, group activities, including meetings between coaches, athletes, mental performance consultants, and sport psychologists could occur through online video calls. Neff's online self-compassion meditations and exercises ([www.self-compassion.org](http://www.self-compassion.org)) are readily available to anyone who visits her website, making it easy for coaches and sport administrators to point athletes in the right direction.

## **Gender and Self-Compassion in Sport**

The vast majority of self-compassion research with athletes to date has been with women athletes. However, our recent research has a growing focus on men athletes and suggests that self-compassion levels depend on athletes' individual representation of masculinity (Reis et al., 2019). Specifically, men athletes who aligned with a more traditional version of masculinity (i.e., emphasis on traditional masculine norms like aggression, violence, and self-reliance; Parent & Moradi, 2009) had lower levels of self-compassion than men athletes who aligned with a more contemporary, accepting version of masculinity (i.e., inclusive masculinity, where men see all representations of masculinity on an equal plane; Anderson, 2005).

While women athletes face their own set of unique challenges in sport (e.g., a paradox between fulfilling societal expectations of appearance and expectations of performance), so too do men athletes (e.g., emasculation in the form of subordination and/or marginalization stemming from failure to meet performance-based expectations of men in sport, like [failure to] possess speed and strength; Anderson & McGuire, 2010). This matters in the context of self-

compassion in sport for the following reasons: (a) it is difficult to know whether self-compassion can help men athletes manage and cope with their unique difficult experiences in sport, and (b) some men athletes might be particularly hesitant to accept/embrace/practice self-compassion, because of potential threats to their masculinity.

In our research with men athletes, they discussed how masculinity was the root cause of many of their recalled emotionally difficult experiences in sport. For example, they described societal pressures and expectations to always perform at high levels and to play through injury, with coaches yelling, “man up” from the sidelines. Interestingly, some men explained that refusing to succumb to masculinity-rooted pressures that might cause them harm was itself a masculine quality, and that self-compassion represented masculinity by enabling them to demonstrate mental strength by taking care of themselves. While this line of thinking is encouraging for the implementation and practice of self-compassion amongst men athletes, it would be presumptive to believe that all or even most men athletes feel the same way. However, we are hopeful that the current and future generations of men athletes might gravitate more and more to what seems to be an inclusive representation of masculinity, and one that conceptually aligns with self-compassion.

## **Take-Away Message**

Self-compassion research in sport has grown significantly over the past decade. More and more athletes are experiencing the benefits of self-compassion, particularly as a way to manage and overcome sport-specific setbacks. Though much of the self-compassion research to date focuses on women athletes or a combination of women athletes and men athletes, self-compassion research with a focus on men athletes is starting to surface in the literature, with encouraging results. The potential of self-compassion is fairly untapped, considering it is

relatively new to sport-specific research; but with more education and the possibility of training athletes, coaches, and sport administrators through self-compassion workshops, tutorials, seminars, and interventions, there is much to be gained for athletes and those who support them. Additionally, given the current restrictions resulting from COVID-19 that limit in-person interactions, it might be helpful for self-compassion practitioners to emphasize the development and delivery of online approaches to enhance self-compassion in athletes.

## **5 Strategies to Promote Self-compassion to Athletes**

1. Explain to athletes that self-compassion has been linked to faster recovery from setbacks in sport, which can lead to improved performance.
2. When you see an athlete facing a setback, encourage them to think about what they would say to a friend experiencing a similar situation.
3. Have athletes tell you about other athletes who might have experienced similar events.
4. For a period of 10 days, have your athletes keep track of “beads” electronically. When they engage in positive self-talk or affirmation, they add a green bead. When they engage in negative self-talk or self-criticism, they add a red bead.
5. Have athletes try a guided self-compassion meditation, such as the Compassionate Body Scan, which is available for free on Kristin Neff’s website ([www.self-compassion.org](http://www.self-compassion.org)).

### **About the Authors**

**Mr. Nathan Reis** is a PhD candidate in the College of Kinesiology at the University of Saskatchewan. Nathan’s primary research interest is in the field of men athletes’ self-compassion, with a specific focus on the potential role of masculinity.



**Dr. Kent Kowalski** is a Professor in the College of Kinesiology at the University of Saskatchewan. Kent's primary research interest is to explore the role of self-compassion in the lives of athletes.

**Dr. Amber Mosewich** is an Associate Professor in the Faculty of Kinesiology, Sport, and Recreation at the University of Alberta. Amber's research focuses on self-compassion, stress, coping, and emotion in sport.

**Dr. Leah Ferguson** is an Associate Professor in the College of Kinesiology at the University of Saskatchewan. Leah's research areas include self-compassion and Indigenous peoples' wellness.

### **Dissemination strategy**

Please provide a list of any institutional/organizational or personal social media handles or hashtags that should be integrated into the dissemination strategy for the article.

Twitter:

@nathanreis\_8

@LeahJFerguson

@usask

@USaskKin

@UAlbertaKSR

#selfcompassion

#SelfCompassion

#sportpsychology

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**Study 1 Appendices**

**Appendix A**  
**RECRUITMENT LETTER**

\_\_\_\_\_, 2017

Dear \_\_\_\_\_:

The intent of this letter is to request your help in the recruitment of 150-200 men athletes between the ages of 16 and 35, who have participated in individual or team competitive sports, within the past 12 months to participate in our research study entitled *The Potential Role of Self-Compassion in Men Athletes' Experiences of Masculinity, Shame, and Well-Being in Sport*. **To help us achieve our goals, we request that you contact your athletes and pass along the attached recruitment poster. Please also inform athletes who are interested in participating in the study to contact the student investigator, Nathan Reis, at the corresponding email or phone number.**

While sport participation often comes with a number of benefits (e.g., psychological well-being), sport can also present some seemingly unavoidable challenges. Self-Compassion has been introduced as a way of easing emotional challenges that athletes experience, as it is centered on treating oneself with a kind understanding and acceptance of personal shortcomings. However, self-compassion has currently only been studied in populations of women athletes, and some research suggests that men athletes face unique challenges (e.g., subordination due to “lesser” masculinity) that self-compassion might be useful for. The goal of this study is to determine whether variables previously identified as important in self-compassion research with general populations of men (e.g., shame) and women athletes (e.g., fear of failure) are also relevant for men athletes. Athletes who express interest in participating will be sent a link to participate in an online survey, which should take approximately 45-60 minutes. Participants will receive a \$10 gift card to a sporting apparel store of their choice (e.g., SportChek, Foot Locker, etc.), as compensation for their time. It should also be noted that participants' identities will be kept confidential throughout the research process, including potential publication or conference presentation(s) and we are happy to provide research results to you.

**To help us achieve our goals, we request that you contact your athletes and pass along the attached recruitment poster. Please also inform athletes who are interested in participating in the study to contact the student investigator, Nathan Reis, at the corresponding email or phone number.** Thank you for your consideration, and please ask any questions you may have.

Sincerely,  
Nathan Reis  
Ph.D. Candidate  
College of Kinesiology  
University of Saskatchewan  
(306) 262-4709  
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## **Participants Needed for Research in KINESIOLOGY**

You are invited to participate in a research study entitled: *The Potential Role of Self-Compassion in Men Athletes' Experiences of Masculinity, Shame, and Well-Being in Sport* looking at various aspects of self-compassion in sport situations

**You are eligible to participate in our study, if:**

- You are a man between the ages of 16 and 35
- You have participated in a competitive team or individual sport in the past year

**If you choose to participate:**

- You will be one of 150-200 participants to complete a 45-60 minute online survey.

***As a small token of gratitude for completing the survey , you will receive a \$10 gift card to a sports store of your choice (e.g., SportChek, Foot Locker, etc.).***

**For more information and/or to participate in this study, please contact:**

*Nathan Reis, Ph.D. Candidate,  
College of Kinesiology, University of Saskatchewan*

**Email:** *nathan.reis@usask.ca*

**OR**

**Text Message:** (306) 262-4709

You may also contact the Principal Investigator of the research:  
**Dr. Kent Kowalski**, Professor, College of Kinesiology, University of Saskatchewan  
Email: *kent.kowalski@usask.ca*  
Phone: 306-966-1079

This study has been reviewed by, and received ethics clearance through the Research Ethics Office, University of Saskatchewan.

**Appendix B**  
**PARTICIPANT CONSENT FORM**



*Participant Consent Form*

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**Project Title:**

The Potential Role of Self-Compassion in Men Athletes' Experiences of Masculinity, Shame, and Well-Being in Sport

**Researchers:**

Ph.D. Student Investigator: Nathan Reis, College of Kinesiology, 306-262-4709,  
nathan.reis@usask.ca

Principal Investigator: Dr. Kent Kowalski, College of Kinesiology, 306-966-1079,  
kent.kowalski@usask.ca

**Study invitation:**

You are being invited to take part in this research project because you are a male competitive athlete between the ages of 16-35 years. If you are under 18, you are advised to discuss your enrollment in this study with a parent/guardian.

**Purpose and Objectives of the Research:**

The purpose of this study is to determine whether variables previously identified as important in self-compassion research with general populations of men and women athletes are also relevant for men athletes.

**Procedures:**

Your participation will involve completing an online survey, which should take about 45-60 minutes. The survey includes general information like your age and a variety of questions, primarily focused on masculinity, sport, and self-compassion. Additionally, there will be questions pertaining to your opinions, attitudes, and perspectives on sport situation topics, as well as your attitudes towards sexuality (e.g., attitudes towards homosexuality). Most survey items will require you to rate how much or how little you agree with the statements presented, on a scale (e.g., "rate how much you agree with the following statement on a scale of 1 to 5, with 1 representing 'strongly disagree' and 5 representing 'strongly agree'").

**Funded by:**

Social Sciences Humanities Research Council (SSHRC), through the Sport Participation Research Initiative (SPRI), awarded to Drs. Kent Kowalski (College of Kinesiology University



of Saskatchewan), Amber Mosewich (Faculty of Physical Education and Recreation, University of Alberta), and Leah Ferguson (College of Kinesiology, University of Saskatchewan).

**Potential Risks:**

Although we do not expect any psychological risk, the research project may be sensitive in nature for you. If you feel uncomfortable continuing with the survey, you can stop at any time. Below is a resource you can use if you would like professional help dealing with your personal experiences.

**University of Saskatchewan Health Services – (306) 966-5768**

**University of Saskatchewan Counseling Services – (306) 966-4920**

**Saskatoon Crisis Intervention Services – free help line: (306) 933-6200**

**Potential Benefits:**

Benefits of participation in this study cannot be guaranteed, but you may develop an increased understanding of self-compassion, which may play a role in easing difficult experiences in sport. Little research in this area has been conducted with a population of men athletes, so the results of this study may be beneficial to you and other men who participate in sport.

**Compensation:**

You will receive \$10 gift card to a sporting apparel store of your choice (e.g., SportChek, Foot Locker, etc.) once you have completed the survey.

**Confidentiality:**

The data from this study will be used to complete the student investigator's Ph.D. dissertation, and may appear in a scholarly journal and/or be presented at an academic conference. However, *your identity* will be kept confidential. Also, the student investigator and the principal investigator will only have access to your email address as a potential identifier, which will not be connected to your survey responses. Also, you will be asked to provide your name and mailing address at the end of the online survey, so that a \$10 gift card can be mailed to you. However, immediately after your gift card is mailed, your name and mailing address will be deleted.

**Storage of Data:**

All research material will be securely stored on the survey tool, which is only accessible to the student investigator and principal investigator. Eventually, the data will be moved from the survey tool into an encrypted password protected file that can only be accessed by the student investigator and principal investigator. Upon publication of the study, the data will be stored in the encrypted password protected file for a minimum of 5 years, before eventually being deleted.

**Right to Withdraw:**

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reasons, at any time without explanation or penalty of any sort. Should you wish to withdraw, any data that you have contributed will be destroyed at your request. However, your right to withdraw data from the study will only apply until results have been disseminated (i.e., the research project has been

submitted for publication to a scholarly journal). After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

**Follow up:**

Results of the study will be distributed by email to all participants upon completion of the research, by the student investigator, Nathan Reis.

**Questions or Concerns:**

If you have any questions about this study or require further information, please contact the student investigator, Nathan Reis, or the principal investigator, Dr. Kent Kowalski, using the information provided at the top of this Consent Form. This project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee through the Research Ethics Office ([ethics.office@usask.ca](mailto:ethics.office@usask.ca) or 306-966-2975). Out of town participants may call toll free 1-888-966-2975.

**Consent:**

By completing and submitting this questionnaire, your free and informed consent is implied and indicates that you understand the above conditions of participation in this study.

**Appendix C**  
**QUESTIONNAIRE PACKAGE**

**Inclusive Masculinity Theory (IMT) Scale**

Please indicate how much you agree (or disagree) with the following statements, using the scale below.

**Scale**

1	2	3	4	5
strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree

- \_\_\_ 1. I feel comfortable being around males, regardless of their sexual orientation (i.e., straight, bisexual, or gay).
- \_\_\_ 2. I do not pass judgment on males, based on their sexual orientation (i.e., straight, bisexual, or gay).
- \_\_\_ 3. If I were to endure a very difficult experience (e.g., the death of a loved one), I would be able to cry around at least one of my male friends.
- \_\_\_ 4. When I go through difficult times and/or experiences, I am able to discuss my emotions about the challenging event with at least one of my male friends.
- \_\_\_ 5. I would have no hesitation or reluctance to physically embrace another male by hugging him.
- \_\_\_ 6. I would have no hesitation or reluctance to physically embrace another male by kissing him on the cheek, if it were culturally appropriate (e.g., in parts of Europe).
- \_\_\_ 7. I think no less of males who wear pink or purple clothes, compared to other males.
- \_\_\_ 8. I think no less of males who take a long time to get ready (e.g., before going to the bar), compared to males who get ready quickly.
- \_\_\_ 9. When possible, it is best to avoid physical confrontation (e.g., fighting).
- \_\_\_ 10. I try to resolve conflict in a calm, civilized manner, instead of turning to violence.

**Study 2 Appendices**

**Appendix A  
RECRUITMENT LETTER**



\_\_\_\_\_, 2017

Dear \_\_\_\_\_:

We would like to ask for your help in the recruitment of participants for our research study entitled *Exploration of Men Athletes' Experiences and Perspectives of Masculinity, Sport, and Self-compassion*. **To help us achieve our goals, we request that you contact your athletes and pass along the attached recruitment poster. Please also inform athletes who are interested in participating in the study to contact the student investigator, Nathan Reis, at the corresponding email or phone number.**

While sport participation often comes with a number of benefits (e.g., psychological well-being), sport can also present some seemingly unavoidable challenges. Self-compassion has been introduced as a way of easing emotional challenges that athletes experience, as it is centered on treating oneself with a kind understanding and acceptance of personal shortcomings. However, self-compassion has currently only been studied in populations of women athletes, and some research suggests that men athletes face unique challenges (e.g., subordination due to “lesser” masculinity) that self-compassion might be useful for. The goal of this study is to explore the challenging experiences that men athletes encounter in sport through their own narratives, and gain an understanding of whether self-compassion may help ease these hardships, ultimately making sport a more positive overall experience.

The intent of this letter is to request your help in the recruitment of 10-14 men athletes between the ages of 16 and 35, who have participated in individual or team competitive sports, within the past 12 months. Individuals who express interest to the student investigator, Nathan Reis, via email, will be contacted to participate in two one-on-one interviews (roughly 3 weeks apart) and a task that requires them to take photographs that represent their respective experiences as a man athlete. Participants will receive a \$50 gift card to a sporting apparel store of their choice (e.g., SportChek, Foot Locker, etc.), as compensation for their time. It should also be noted that participants' identities will be kept confidential throughout the research process, including potential publication or conference presentation(s), with the use of pseudonyms.

Thank you for your consideration, and please ask any questions you may have.

Sincerely,  
Nathan Reis  
Ph.D. Candidate  
College of Kinesiology  
University of Saskatchewan  
(306) 262-4709  
[nathan.reis@usask.ca](mailto:nathan.reis@usask.ca)

Dr. Kent Kowalski  
Supervisor, Professor  
College of Kinesiology  
University of Saskatchewan  
(306) 966-1079  
[kent.kowalski@usask.ca](mailto:kent.kowalski@usask.ca)



## **Participants Needed for Research in KINESIOLOGY**

You are invited to participate in a research study entitled: *Exploration of Men Athletes' Experiences and Perspectives of Masculinity, Sport, and Self-compassion*.

**You are eligible to participate in our study, if:**

- You are a man between the ages of 16 and 35
- You have participated in a competitive team or individual sport in the past year

**If you choose to participate:**

- You will partake in 2 one-on-one interviews about your experiences as an athlete.
- You will complete a photography task, where you will take pictures that represent your experiences as an athlete.

***As a small token of gratitude for your time, you will  
receive a \$50 gift card to a sporting apparel store.  
For example: SportChek, Foot Locker, etc.***

**For more information and/or to participate in this study, please contact:**

*Nathan Reis, Ph.D. Candidate,  
College of Kinesiology, University of Saskatchewan*

**Email:** *nathan.reis@usask.ca*

**OR**

**Text Message:** (306) 262-4709

You may also contact the Principal Investigator of the research:  
**Dr. Kent Kowalski**, Professor, College of Kinesiology, University of Saskatchewan

Email: *kent.kowalski@usask.ca*

Phone: 306-966-1079

This study has been reviewed by, and received ethics clearance through the Research Ethics Office, University of Saskatchewan.

**Appendix B**  
**PARTICIPANT CONSENT FORM**



*Participant Consent Form*

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**Project Title:**

Exploration of Men Athletes' Experiences and Perspectives of Masculinity, Sport, and Self-compassion

**Researchers:**

Ph.D. Student Investigator: Nathan Reis, College of Kinesiology, 306-262-4709,  
nathan.reis@usask.ca

Principal Investigator: Dr. Kent Kowalski, College of Kinesiology, 306-966-1079,  
kent.kowalski@usask.ca

**Purpose and Objectives of the Research:**

The purpose of this study is to explore the narratives of men athletes to develop an understanding of their experiences and perspectives of masculinity and self-compassion. In doing so, we hope to gather rich information about some of the unique challenges that men athletes face in sport and the role that self-compassion might play in their experiences.

**Procedures:**

Your participation will be required in two phases, with each phase being conducted at a time and location of your convenience, and led by Ph.D. student investigator—Nathan Reis. The length of the interviews will not be predetermined, so you can expand and elaborate on your experiences to the extent you desire.

**Phase I** involves a one-on-one interview, beginning with an opportunity to build rapport with the student investigator, Nathan Reis, through discussion of your past experience in sport. Thereafter, you will be asked questions about your perspectives, experiences, and opinions of masculinity, followed by the identification of a difficult experience in sport that may or may not be linked to masculinity. Finally, the construct of self-compassion will be introduced, and you will be asked several questions about your opinions and interpretations of it. After the interview is completed, the student investigator will provide you with instructions about Phase II of the study, including details of a photography task that you will complete before returning for a second one-on-one interview. While the length of the Phase I interview is not predetermined, you can expect it to take approximately 60-75 minutes.

**Phase II** involves a photography task, in which you will take pictures of what your experience might look like through the lens of a camera. The task will be explained with the use of an example at the end of the Phase I interview, and you will be asked to write down

information about why and how the photographs represent your experiences discussed in the first interview. You will be asked to select 5 photographs to discuss in the Phase II interview, which will occur 3 weeks after the Phase I interview, meaning that you will have 3 weeks to complete the photography task. During the Phase II interview, you will be asked to present your photographs to the student investigator, and discuss them in detail. Though the interview length is not predetermined, the Phase II interview should take approximately 30-45 minutes. Both phases will be taped with an audio recorder, and field notes will be taken. The audiotapes will be transcribed (written out) word for word so the research team can review what was said, and develop a rich narrative of the experience presented. You will be given an opportunity to provide feedback on the accuracy of the transcripts.

**Funded by:**

Social Sciences Humanities Research Council (SSHRC), through the Sport Participation Research Initiative (SPRI), awarded to Drs. Kent Kowalski (College of Kinesiology University of Saskatchewan), Amber Mosewich (Faculty of Physical Education and Recreation, University of Alberta), and Leah Ferguson (College of Kinesiology, University of Saskatchewan).

**Potential Risks:**

You will not be subjected to any physical or psychological risks. You have the right to refuse to answer any question, at which time the discussion will be redirected. Not answering a question or withdrawing from the study will result in no penalty to you or anyone else. Although we do not expect any psychological risk, the research project may be sensitive in nature for you. If you feel participation is placing you under stress we will discontinue your involvement in the study, again resulting in no penalty. If you wish, any data collected prior to this point will be omitted from the study and destroyed. Below is a resource you can use if you would like professional help dealing with your personal experiences.

**University of Saskatchewan Health Services** – (306) 966-5768

**University of Saskatchewan Counseling Services** – (306) 966-4920

**Saskatoon Crisis Intervention Services** – free help line: (306) 933-6200

**Potential Benefits:**

Benefits of participation in this study cannot be guaranteed, but you may develop an increased understanding of self-compassion, which may play a role in easing difficult experiences in sport. Little research in this area has been conducted with a population of men athletes, so the results of this study may be beneficial to you and other men who participate in sport.

**Compensation:**

You will receive a \$50 gift card to a sporting apparel store of your choice (e.g., SportChek, Foot Locker, etc.), upon completion of both phases of this study.

**Confidentiality:**

The data from this study will be used to complete the student investigator's Ph.D. dissertation, and may appear in a scholarly journal and/or be presented at an academic conference. However,



*your identity* will be kept confidential. Although direct quotations from interviews might be reported, you will be asked to choose a pseudonym (made up name), and all identifying information (name, coach, address, etc.) will be removed from our report. Names or other identifying information will not be discussed or made public outside of the research team, and audiotapes will be identified by code number and stored in a secure, locked office. The audiotapes, transcripts, and photographs will be stored separately from the master sheet identifying names, pseudonyms, and code numbers.

After your interviews, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts as you see fit. Also, it is important that you are aware that there are certain types of information that the researchers may be obliged to report to relevant authorities, should they arise in our conversations (e.g., child abuse, intent to conduct violence, etc.).

**Storage of Data:**

All research material will be securely stored in the office of the principal investigator, Dr. Kent Kowalski, at the University of Saskatchewan, for a minimum of five years post publication of the findings. Thereafter, paper files (including photographs) will be shredded and audiotapes will be discarded.

**Right to Withdraw:**

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reasons, at any time without explanation or penalty of any sort. Should you wish to withdraw, any data that you have contributed will be destroyed at your request. However, your right to withdraw data from the study will only apply until results have been disseminated (i.e., the research project has been submitted for publication to a scholarly journal). After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

**Follow up:**

Results of the study will be distributed by email to all participants upon completion of the research, by the student investigator, Nathan Reis.

**Questions or Concerns:**

If you have any questions about this study or require further information, please contact the student investigator, Nathan Reis, or the principal investigator, Dr. Kent Kowalski, using the information provided at the top of Page 1. This project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee through the Research Ethics Office (ethics.office@usask.ca or 306-966-2975). Out of town participants may call toll free (866) 966-2975.

**Consent:**

**Phase I:** Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

\_\_\_\_\_ *Name of Participant*                      \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*

\_\_\_\_\_ *Researcher's Signature*                      \_\_\_\_\_ *Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

**Phase II:** I give permission for my photographs to be used under the following conditions only:

\_\_\_\_\_ As raw data, not to be viewed outside the research team,

\_\_\_\_\_ Only those projects that do not reveal my identity may be used for educational purposes (professional and research presentations) and research publications,

\_\_\_\_\_ All projects can be used for educational purposes (professional and research presentations) and research publications.

\_\_\_\_\_ *Name of Participant*                      \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*

\_\_\_\_\_ *Researcher's Signature*                      \_\_\_\_\_ *Date*

## **Appendix C**

### **INTERVIEW GUIDE**

#### **PHASE I:**

##### **Introductions.**

This will be the first in-person meeting between my respective participants and I.

- The overlying objective will be to welcome participants to the research study and briefly describe my project. Also, I will thank them for agreeing to participate in my study.

##### **Consent.**

Participants will be asked to complete a consent form, pertaining to the current study.

- They will be given time to read through the consent form and ask any questions they may have about consent or content of the study.
- At this time, participants will choose a pseudonym to be used throughout the interview. The same pseudonym will also be used when they return for the second phase of the interview, after the reflexive photography task.
- I will now briefly explain that the interview will be recorded with an audio recorder, at which time I will start recording.
- Participants will then respond verbally to the following demographic questions:

##### **Demographics Questionnaire.**

- Can you tell me your birthday, including the year?
- How tall are you? You can tell me in feet and inches or in centimeters.
- How much do you weigh? You can tell me in pounds or kilograms.
- How would you describe your sociocultural background (e.g., White, Aboriginal, Black, Latin American, etc.)?
- How many years experience do you have playing competitive sport?
- How many times per week do you train or compete?
- What is the highest level of sport you have competed at within the past 12 months?

##### **Rapport Building.**

I will spend a brief amount of time conversing with participants, to make them feel comfortable talking to me, which should make the interview feel more natural. Hopefully, this will result in the sharing of more detail during the interview.

Some of the topics that may be discussed during the rapport building portion of the interview include, but are not limited to:

- Sport

- Based on our brief email exchange, I understand you are a member of the \_\_\_\_\_ team.
  - How many years have you played on that team or competed as a member of that team?

“Thank you for sharing that. I am a Ph.D. student in Kinesiology, and I am conducting research on men athletes’ experience in sport.”

- What position(s) do you play in your sport? Alternatively (if the athlete partakes in an individual sport), what events do you compete in (e.g., track & field athlete competes in 200m and 400m)?
  - What position-related roles do you perform during competition (if team sport athlete)?
- Walk me through an experience that stands out as a memory for you in your sport.
  - It can be from competition or training.
- Is there anything you think particularly differentiates your sport from other sports?

### **Overview of Topics.**

I will offer a description of how the remainder of the interview will unfold, explaining that we will initially discuss the concept of masculinity, followed by sport, and finishing with self-compassion.

### **Masculinity.**

The objective of this portion of the interview is for me to develop an understanding of what masculinity means to my participants, and how it has shaped their experiences of sport and who they are.

- We have briefly discussed who you are as an athlete, but now I would like to know a bit more about you as a person. Briefly describe yourself.
- I noticed that you included (or did not include) the term “man” in your description.
  - Given the nature of our discussion, what does the word “man” mean to you?
    - What things or people influenced your understanding of what it means to be a man?
  - Describe yourself as a man.
    - Does your description of yourself as a man relate to your definition of “man”?
    - How do you see yourself in relation to other men?
- How is the term “man” related to masculinity?
  - What does it mean to act “manly”?
    - Do you believe that your masculinity is based on how manly you act?
    - How do you define “masculinity”?
    - What things or people influenced your definition of masculinity?
- What is your experience of masculinity dependent on?
  - Is there anything in particular that makes you feel more masculine?

- Is there anything that makes you feel less masculine?
- Is your own masculinity related to other people in any way?
- Are you accepting of most other men and how they enact their respective masculinities?
- Are you judgmental of other men's enactment of their respective masculinities?
- Do you see any overlap between masculinity and sport?
  - Have your experiences in sport shaped your definition of masculinity?
  - Have your experiences in sport shaped your understanding of masculinity?
  - Does sport play a role in how manly you are?
  - Does how manly you are play a role in your experiences of sport?
  - Does it make you feel more masculine when you defeat an opponent in sport?
  - Does it make you feel less masculine when you lose to an opponent in sport?
  - Do you feel more masculine when you assert dominance over an opponent (e.g., deliver a hard hit, mock your opponent after beating him)?

### **Sport.**

The goal of this section of the interview is to have participants think about and reflect on some (at least one) of the difficult or challenging experiences they have had in sport, perhaps through the lens of masculinity.

- As a competitive athlete, I am certain you have had many positive experiences, and probably a few negative ones.
  - Can you first tell me about a positive experience that stands out for you in sport within the past year?
  - Thank you for sharing that with me.
  - Now, can you describe an experience in sport that you would consider negative, again within the past year? For example, was there an experience in sport where you felt that you let yourself down or failed to live up to your expectations or goals?
    - How did this experience make you feel?
    - What emotions did you feel?
    - In what way did this experience affect you in your sport?
      - Training?
      - Competition?
      - Attitude?
      - Did the experience affect you in ways outside of sport?
        - How?
      - How did you handle or deal with this situation?
    - Was the experience you described connected to your masculinity in any way?
      - If yes, how so?
      - If no, can you think of any negative experiences in sport that might be connected to your masculinity?

- What is one of the biggest challenges that your experience of masculinity or being a man has led to in sport?
  - Would it be useful to treat yourself in a certain way when you have difficult experiences in sport, whether or not they are related to your masculinity? What might that look like?
- Is there anything else you want to add?

### **Self-Compassion.**

This part of the interview will help me understand how men athletes view the construct of self-compassion, and whether it might be useful to help them deal with challenging experiences in sport.

- Are you familiar with the term compassion?
  - What does that mean to you?
- Have you heard of the idea of applying compassion towards yourself?
  - What would that look like?
  - When might it be appropriate to do so?

“Okay, there is a term for what we are discussing—self-compassion. I am now going to show you a brief video describing more specifically what it is”.

*Show Neff’s brief video on Self-compassion.*

- Is that close to what you thought of when we first discussed the concept a few minutes ago or was there something that surprised you in the video?
- Why don’t you explain what you think it means now that you are a bit more familiar with it.
- Considering our discussion earlier about masculinity and difficult experiences in sport for men athletes, do you think self-compassion can play a role?
  - What might the role of self-compassion in sport look like for men athletes?
- Is self-compassion something you would try to use if you encountered a difficult experience in sport in the future?
  - If yes, can you describe a scenario when it might be particularly helpful for you?
  - If no, can you describe your hesitation to use self-compassion?
    - Do you think that is related to your masculinity? To being a highly competitive athlete?
    - Would you be embarrassed to tell other members of your team about self-compassion?
  - If you were to use self-compassion, would you be embarrassed to tell others (e.g., teammates, friends, etc.) that you did so?
- Is there anything else you would like to add about self-compassion?

*Explain reflexive photography task for Phase II (provide information sheet, as well). This explanation will include information about the purpose of the reflexive photography task, which*

is for the participant to portray his own experiences of masculinity and self-compassion in sport through pictures and comments about the pictures.

1. Explain photography release. Participants will need to sign the photograph use form before photos will be shown to anyone.
2. Explain that photograph release must be obtained from anyone who appears in the photographs. In other words, any third party appearing in photographs also needs to sign a photograph release form. If the third party is less than 18 years of age, the photo will not be used for presentation or publication purposes.
3. Explain that participants will not be judged on their photographs. The photographs are simply a means of generating discussion and promoting understanding.
4. Ask participants if they have any questions.

## PHASE II:

This phase will require participants to return to the same location as the Phase I interview, bringing their 5 selected photographs and notes about the photographs with them.

*Thank participants for completing Phase I and the reflexive photography task.*

“I would like to initially get some of your thoughts on the process of the photography task”.

- Describe your favourite part of the photography task in detail.
  - What did you find beneficial, encouraging, and/or helpful about it?
- Describe your least favourite part of the photography task in detail.
  - What did you find discouraging, frustrating, and/or difficult about it?
- Do you believe that your photographs, notes, and captions are a good representation of your experience as a man athlete?
- Did any new emotions arise from taking the pictures either when you were taking them or after you had them developed?
  - If yes, can you tell me a bit about the emotions?
  - Were the emotions positive? Negative? A combination of positive and negative?

“Now I would like to go through your photographs and discuss them in detail, and what they mean to you. I would really like to focus on how they capture your difficult experience as a man athlete and if self-compassion and masculinity are represented in them”.

*With each of the 5 photographs:*

- What does it symbolize?
- What are some of the emotions that arose for you when you took the photograph, when you wrote about it, and when you are looking at it now?
- What are the emotions that you were trying to capture with this photograph?
- Does this photograph depict a positive, neutral, or negative experience?
  - Can you tell me a bit more about the back-story of it?

*About the photographs overall:*

- How has your behaviour been affected by these photographs, if at all?
- Have you developed a better understanding of your experiences as a man athlete after this photograph taking process?
- Is there anything else you would like to add about the photographs?

**Masculinity and Self-Compassion:**

- Explain how your photographs capture a sport-specific difficult experience of masculinity and how self-compassion either plays a role or does not play a role.
  - What parts of these photographs represent a struggle or difficult experience?
  - How are they related to masculinity in sport?
  - Do you think that self-compassion can lend itself to this experience?
    - In what way?
  - After going through the photography task, do you feel more or less likely to try to use self-compassion if you encounter a difficult experience in sport in the future?
    - Do you feel more or less comfortable talking about self-compassion than you did in the Phase I interview?
- Is there anything you can think of that would make you feel more comfortable in discussing or using self-compassion in the future?
- What, if any, specific role might self-compassion play in men's difficult experience in sport through masculinity?



**Appendix D**  
**PHOTO RELEASE FORM**

**Title of the Study:** *Exploration of Men Athletes' Experiences and Perspectives of Masculinity, Sport, and Self-compassion*

**Researchers:** Nathan Reis, Ph.D. Candidate, College of Kinesiology, University of Saskatchewan  
(306) 262-4709, nathan.reis@usask.ca

Dr. Kent Kowalski, College of Kinesiology, University of Saskatchewan  
(306) 966-1079, kent.kowalski@usask.ca

I, \_\_\_\_\_, (age \_\_\_\*) allow the photograph taken of me for the purpose of the above study to be used:

\_\_\_ for *discussion* purposes ONLY, during a confidential one-on-one interview with the person who took the photo.

\_\_\_ for *discussion* AND *publication or presentational* purposes (e.g., in a scholarly journal or at an academic conference).

I hereby authorize the release of this photo(s) to researchers Dr. Kent Kowalski and Nathan Reis to be used for the above study. I have received a copy of this Photo Release Form for my own records.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Researcher)

\* If the person in the photograph is below the age of 18, the photo will not be used for publication or presentation purposes.

**Appendix E**  
**TRANSCRIPT RELEASE FORM**

I, \_\_\_\_\_, have reviewed the complete transcript of my personal information that was given during the interview sessions in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in the interview with Nathan Reis. I hereby authorize the release of this transcript (to researchers Nathan Reis and Dr. Kent Kowalski) to be used in the manner described in the consent form. I have received a copy of this Transcript Release Form for my own records.

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of Researcher)

**Study 3 Appendices**

**Appendix A: Coach/Administrator/Athlete Recruitment Materials**

**RECRUITMENT LETTER**

\_\_\_\_\_, 2021

Dear \_\_\_\_\_:

The intent of this letter is to request your help in the recruitment of 80-100 men athletes between the ages of 16 and 35, who have participated in individual or team competitive sports, within the past 24 months to participate in our research study entitled *A self-compassion intervention for men athletes*. **To help us achieve our goals, we request that you contact your athletes and pass along the attached recruitment poster. Please also inform athletes who are interested in participating in the study to contact the student investigator, Nathan Reis, at the corresponding email or phone number.**

While sport participation often comes with a number of benefits (e.g., psychological well-being), sport can also present some seemingly unavoidable challenges. Self-Compassion has been introduced as a way of easing emotional challenges that athletes experience, as it is centered on treating oneself with a kind understanding and acceptance of personal shortcomings. The goal of this study is to administer a self-compassion intervention that has been designed for men athletes (similar to a self-compassion intervention previously designed and successfully delivered to women athletes), with the hope that self-compassion can be enhanced in men athletes.

Athletes who express interest in participating will be sent a link to participate in an online survey, which should take approximately 15-30 minutes. Then, they will start a week-long “intervention”, involving an initial educational video on self-compassion (~10 minutes), followed by several writing prompts designed to have them practice writing and thinking in self-compassionate ways. Over the course of the following 7 days, they will complete several journaling activities, each designed to enhance self-compassion. At the end of the intervention, the participants will complete the same online survey as at the study onset, and they will do this survey again 4 weeks later. Participants will be given an opportunity to indicate whether they desire to participate in a follow-up virtual interview with the student investigator, regarding their experience of the intervention, and they may be contacted to do so. Participants will be compensated for their time with the choice of a gift card to a sports store or cash, upon completion of each phase of the study (i.e., intervention & follow-up interview). It should also be noted that participants’ identities will be kept confidential throughout the research process, including potential publication or conference presentation(s) and we are happy to provide research results to you.

**To help us achieve our goals, we request that you contact your athletes and pass along the attached recruitment poster.** Please also inform athletes who are interested in participating in the study to contact the student investigator, Nathan Reis, at the corresponding email or phone number. Thank you for your consideration, and please ask any questions you may have.

\*NOTE: This study has been approved by the USask Behavioural Research Ethics Board.

Sincerely,  
Nathan Reis  
Ph.D. Candidate  
College of Kinesiology

Dr. Kent Kowalski  
Supervisor, Professor  
College of Kinesiology



## **Participants Needed for Research in KINESIOLOGY (Sport Psychology)**

You are invited to participate in a research study entitled: ***A self-compassion program for men athletes***, looking at various aspects of self-compassion and masculinity in sport situations.

**You are eligible to participate in our study, if:**

- You are a man between the ages of 16 and 35
- You have participated in a competitive (i.e., above recreational) team or individual sport in the past 2 years

**The structure of your participation will be as follows:**

**Time 1:** ~20-25 minute online survey

**Self-Compassion Program:** Online introductory/educational piece + 5 modules (~10 minutes each, including introductory/educational piece – 60 minutes total)

**Time 2:** ~20-25 minute online survey

**Follow-up Interview:** ~30-45 minute interview about your experience in the study

You will be compensated for your participation with your choice of **\$70 e-transfer** OR **\$70 gift card** to a sports store of your choice.

**Scan QR Code or visit link to begin Time 1:**



**[https://www.surveymonkey.ca/r/time\\_on](https://www.surveymonkey.ca/r/time_on)**

For more information and/or to participate in this study, please contact: **Nathan Reis, Ph.D. Candidate, Kinesiology, University of Saskatchewan** – Email: [nathan.reis@usask.ca](mailto:nathan.reis@usask.ca); OR Text: (306) 700-7590. You may also contact the Principal Investigator of the research: **Dr. Kent Kowalski, Professor, College of Kinesiology, University of Saskatchewan** – Email: [kent.kowalski@usask.ca](mailto:kent.kowalski@usask.ca) OR Phone: 306-966-1079.

This study has been reviewed by, and received ethics clearance through the Research Ethics Office, University of Saskatchewan.

### **Sample Social Media Recruitment Wording**

*Twitter post by student investigator:* “If you are a man between 16 and 35 who has competed in sport above the recreational level in the past 2 years, you are eligible to participate in the below study, relating to sport, self-compassion, and masculinity. You will be compensated for your time. Click on the link to begin.” (link below)

\*Note: This tweet can be retweeted by others that wish to share the information.

**Appendix B: Consent Forms**





## ***Participant Consent Form (Phase I)***

**You are invited to participate in a research study entitled:** A self-compassion intervention for men athletes.

**Student Researcher(s):** Nathan Reis, graduate student, College of Kinesiology, University of Saskatchewan, nathan.reis@usask.ca, (306) 700-7590

**Principal Investigator/Supervisor:** Dr. Kent Kowalski, Professor, College of Kinesiology, University of Saskatchewan, kent.kowalski@usask.ca, (306) 966-1079. Please note that Dr. Kowalski is the goalkeeper coach of the USask Huskies Men's Soccer Team.

### **Purpose and Objective of the Research:**

- The purpose of this study is to deliver a self-compassion intervention tailored specifically to men athletes, and receive feedback on its efficacy.

### **Procedures:**

- Your participation will involve completing an online survey at three separate time points, spanning 5 weeks in total. You will complete the survey measures, including general information like your age, along with items focused primarily on self-compassion, sport, and masculinity, at each of the three time points. Most survey items will require you to rate how much or how little you agree with the statements presented, on a scale (e.g., "rate how much you agree with the following statement on a scale of 1 to 5, with 1 representing 'strongly disagree' and 5 representing 'strongly agree'"). After your completion of the first online survey, you will observe an educational video about self-compassion, followed by a series of prompts designed to make you think about your sport-specific experiences in self-compassionate ways. During the following week, you will engage in online writing activities, which might involve writing about difficult experiences you have had in sport. Each module (5 total) will take you approximately 10-15 minutes, and you will be asked to complete the writing tasks online in a space provided. At the end of the week, you will complete the online survey again, though you will not be asked about your general information like age. Four weeks later, you will again complete the same online survey. Please note that only the student researcher will have access to any identifying information, and that your data will be de-identified once your participation is complete.

### **Funded by:**

- Social Sciences Humanities Research Council (SSHRC), through the Sport Participation Research Initiative (SPRI), awarded to Drs. Kent Kowalski (College of Kinesiology University of Saskatchewan), Amber Mosewich (Faculty of Physical Education and

Recreation, University of Alberta), and Leah Ferguson (College of Kinesiology, University of Saskatchewan).

### **Potential Risks:**

- There are no known or anticipated risks to you by participating in this research. You have the right to not answer any question, and you may skip questions you feel uncomfortable answering, without any penalty. Also, withdrawing from the study will result in no penalty to you or anyone else. Although we do not expect any psychological risk, the research project may be sensitive in nature for you. If you feel uncomfortable continuing with the survey, you can stop at any time, and there will be no penalty. If you wish, any data collected prior to this point will be omitted from the study and destroyed, until the point at which it has been disseminated (e.g., submitted to an academic journal for publication, included in the student investigator's PhD dissertation, presented at an academic conference). Below is a resource you can use if you would like professional help dealing with your personal experiences.
- **University of Saskatchewan Health Services** – (306) 966-5768
- **University of Saskatchewan Counseling Services** – (306) 966-4920
- **Saskatoon Crisis Intervention Services** – free help line: (306) 933-6200
- **Crisis Services Canada** – 1-833-456-4566
- **24-hour Crisis Center (Mental Health America)** – 1-800-273-TALK (8255)

### **Potential Benefits:**

- Benefits of participation in this study cannot be guaranteed, but you may develop an increased understanding of self-compassion, which may play a role in easing difficult experiences in sport. Little research in this area has been conducted with a population of men athletes, so the results of this study may be beneficial to you and other men who participate in sport.

### **Compensation:**

- You will receive your choice of \$20 in cash or a \$20 gift card to a sporting apparel store of your choice (e.g., SportChek, Foot Locker, etc.) once you have completed the three time points of the online survey (i.e., pre intervention, post intervention, and four weeks post intervention).

### **Confidentiality:**

- The data from this study will be used as part of the student investigator's Ph.D. dissertation, and may appear in a scholarly journal and/or be presented at an academic conference. However, *your identity* will be kept confidential. Although the data from this research project will be published and presented at conferences, the data will be reported in aggregate form so that it will not be possible to identify individuals. Also, the student investigator will only have access to your email address as a potential identifier via a master list, as a means to contact you to participate in a follow-up interview. Thereafter, your survey responses will be de-identified and there will be no connection between them and your email address. As well, the master list will be deleted permanently once data

collection is complete. Only the student researcher will have access to the identifiable data at any point in the research and other team members, will only have access to data once it has been de-identified by the student researcher. You will be asked to provide your name and email address OR your name and mailing address at the end of the four-week post intervention online survey, so that a \$20 e-transfer can be sent to you OR a \$20 gift card can be mailed to you. However, immediately after your gift card is mailed, your name and mailing address will be deleted. This survey is hosted by Survey Monkey. Your data will be stored in facilities hosted in Canada. Please see the following for more information on [Survey Monkey's Privacy Policy](#).

**Storage of Data:**

- All research material will be securely stored on the survey tool (i.e., Survey Monkey), which is only accessible to the student investigator. The data will be exported from Survey Monkey by the student investigator and stored as encrypted files on his computer. Once de-identified, the data will be passed onto the principal investigator on an external drive, and stored in a locked cabinet. Upon publication of the study, the data will be stored in the encrypted password protected file for 5 years post-publication, before being deleted.

**Right to Withdraw:**

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reasons, at any time without explanation or penalty of any sort. Should you wish to withdraw, any data that you have contributed will be destroyed at your request. However, your right to withdraw data from the study will only apply until 1 month after your participation has ended. After this, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. If you wish to withdraw your data, please contact the student researcher at the contact information provided on Page 1. Please note that your participation or lack of participation in this research will not affect any relationships you have, nor will it affect your ability to access services, including health care, university, or school. As well, your participation or lack of participation in this research will not affect your employment or how you will be treated.

**Follow up:**

- A summary of the results of the study will be distributed by email to all participants upon completion of the research, by the student investigator, Nathan Reis.
- You will be debriefed, following your completion of the final online questionnaire.

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: [ethics.office@usask.ca](mailto:ethics.office@usask.ca); 306-966-2975; out of town participants may call toll free 1-888-966-2975.

*NOTE: To participate in this research, your signed (written) **OR** your oral consent is required. Please select one of the following options:*

### **SIGNED CONSENT**

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
<i>Researcher's Signature</i>	<i>Date</i>	

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*

**OR**

### **ORAL CONSENT**

Oral Consent: If on the other hand the consent has been obtained orally, this should be recorded. For example, the Consent Form dated, and signed by the researcher(s) indicating that “I read and explained this Consent Form to the participant before receiving the participant’s consent, and the participant had knowledge of its contents and appeared to understand it.” In addition, consent may be audio or videotaped.

<i>Name of Participant</i>	<i>Researcher's Signature</i>	<i>Date</i>
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\*NOTE: You will be asked for your “continued consent” at the start of Survey 2 and Survey 3. If you agree, you will be directed to begin the survey. Since you will have provided written or oral consent prior to Survey 1, you will only be asked the following question on Page 1 of Survey 2 and Survey 3, in order to continue your consent:

“Do you wish to continue your consent to participate in this research?”

YES       NO



## ***Participant Consent Form (Phase II)***

**You are invited to participate in a research study entitled:** A self-compassion intervention for men athletes.

**Student Researcher(s):** Nathan Reis, graduate student, College of Kinesiology, University of Saskatchewan, nathan.reis@usask.ca, (306) 700-7590

**Principal Investigator/Supervisor:** Dr. Kent Kowalski, Professor, College of Kinesiology, University of Saskatchewan, kent.kowalski@usask.ca, (306) 966-1079. Please note that Dr. Kowalski is the goalkeeper coach of the USask Huskies Men's Soccer Team.

### **Purpose and Objective of the Research:**

- The purpose of this study is to receive feedback on the self-compassion intervention you completed approximately four weeks ago.

### **Procedures:**

- Your participation will involve engaging in a virtual interview with the student researcher, Nathan Reis, approximately four weeks after you have completed the self-compassion intervention tailored specifically to men athletes. The interview will likely take between 30 and 45 minutes via WebEx, though the length of the interview is not predetermined. The primary focus of the interview will be to gather your feedback on the self-compassion intervention that you previously completed. Please note that the interview will be audio and video recorded and transcribed (written out) word for word by the student researcher so the research team can review what was said, and develop a rich description of the experience presented. You will be given an opportunity (2 weeks) to provide feedback on the accuracy of the transcripts, from when the student researcher emails you your fully transcribed interview. You can choose not to make any changes. Please note that only the student researcher will have access to any identifying information, and that your data will be de-identified once your participation is complete.

### **Funded by:**

- Social Sciences Humanities Research Council (SSHRC), through the Sport Participation Research Initiative (SPRI), awarded to Drs. Kent Kowalski (College of Kinesiology University of Saskatchewan), Amber Mosewich (Faculty of Physical Education and Recreation, University of Alberta), and Leah Ferguson (College of Kinesiology, University of Saskatchewan).

### **Potential Risks:**

- There are no known or anticipated risks to you by participating in this research. You have the right to not answer any question. Also, withdrawing from the study will result in no penalty to you or anyone else. Although we do not expect any psychological risk, the research project may be sensitive in nature for you. If you feel uncomfortable continuing with the interview, you can stop at any time, and there will be no penalty. If you wish, any data collected prior to this point will be omitted from the study and destroyed, until the point at which it has been disseminated (e.g., submitted to an academic journal for publication, included in the student investigator's PhD dissertation, presented at an academic conference). Below is a resource you can use if you would like professional help dealing with your personal experiences.
- **University of Saskatchewan Health Services** – (306) 966-5768
- **University of Saskatchewan Counseling Services** – (306) 966-4920
- **Saskatoon Crisis Intervention Services** – free help line: (306) 933-6200
- **Crisis Services Canada** – 1-833-456-4566
- **24-hour Crisis Center (Mental Health America)** – 1-800-273-TALK (8255)

#### **Potential Benefits:**

- Benefits of participation in this study cannot be guaranteed, but you may develop an increased understanding of self-compassion, which may play a role in easing difficult experiences in sport. Little research in this area has been conducted with a population of men athletes, so the results of this study may be beneficial to you and other men who participate in sport.

#### **Compensation:**

- You will receive your choice of \$50 in cash or a \$50 gift card to a sporting apparel store of your choice (e.g., SportChek, Foot Locker, etc.) once you have completed the interview. You will receive the compensation even if you choose to withdraw during the interview.

#### **Confidentiality:**

- The data from this study will be used as part of the student investigator's Ph.D. dissertation, and may appear in a scholarly journal and/or be presented at an academic conference. However, *your identity* will be kept confidential. Although direct quotations may be reported from your responses, you will be asked to select a pseudonym for yourself, and all identifying information will be removed from the report. The interviews will be conducted through a videoconference on WebEx in a private office space in the student researcher's home, where only he will be present. As a participant, we encourage you to also find a private space for the interview, if at all possible. Only the student researcher will have access to identifiable data at any point in the research, via a master list. As well, the master list will be deleted permanently once data collection is complete. Other team members may view de-identified data, which will not be linked to you. You will be asked to provide your name and email address OR your name and mailing address at the end of the interview so that a \$50 e-transfer can be sent to you OR a \$50 gift card can be mailed to you. However, immediately after your gift card is mailed, your name and mailing address will be deleted.

**Storage of Data:**

- The transcribed interviews will be stored in password protected files, initially managed and eventually de-identified by the student investigator, Nathan Reis. To prevent loss of data, files will also be stored on an external hard drive, which will be locked in a secure cabinet in the student researcher's home (during COVID-19) when not in use. If normal activity resumes at USask, the external hard drive will be moved to PAC 375 for locked and secure storage in a cabinet there. The external hard drive will then be stored with the PI, Dr. Kent Kowalski, following the completion of the project, for 5 years post-publication.

**Right to Withdraw:**

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reasons, at any time without explanation or penalty of any sort. Should you wish to withdraw, any data that you have contributed will be destroyed at your request. However, your right to withdraw data from the study will only apply until 1 month after your participation has ended. After this, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. If you wish to withdraw your data, please contact the student researcher at the contact information provided on Page 1. Please note that your participation or lack of participation in this research will not affect any relationships you have, nor will it affect your ability to access services, including health care, university, or school. As well, your participation or lack of participation in this research will not affect your employment or how you will be treated.

**Follow up:**

- A summary of the results of the study will be distributed by email to all participants upon completion of the research, by the student investigator, Nathan Reis.

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: [ethics.office@usask.ca](mailto:ethics.office@usask.ca); 306-966-2975; out of town participants may call toll free 1-888-966-2975.

*NOTE: To participate in this research, your signed (written) **OR** your oral consent is required. Please select one of the following options:*

**SIGNED CONSENT**

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to

participate in the research project. A copy of this Consent Form has been given to me for my records.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
<i>Researcher's Signature</i>	<i>Date</i>	

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*

**OR**

**ORAL CONSENT**

Oral Consent: If on the other hand the consent has been obtained orally, this should be recorded. For example, the Consent Form dated, and signed by the researcher(s) indicating that "I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it." In addition, consent may be audio or videotaped.

<i>Name of Participant</i>	<i>Researcher's Signature</i>	<i>Date</i>
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**Appendix C: Participant Instruction Manual**

*Self-Compassion in Sport**Instructions and Module Links*

Thank you again for your interest, involvement, and support of this study!

This workbook contains a series of modules designed to be completed on **five separate occasions over the next 7 days, and no more than one per day**. **Prior to the Modules, please view/complete the “Educational Video and Practice Exercise”.**

**Your week to complete the 5 Modules begins the calendar day after you view/complete the “Educational Video and Practice Exercise”.**

Remember, there are no right or wrong answers, and no correct or incorrect way to complete the tasks in the online modules. All that is asked is that you reflect on and think about each activity and spend at least 10 minutes on each occasion writing according to the task instructions.

**Please know that your responses to the module tasks will not be read by the research team or anyone else.**

If you have any questions about the writing tasks or anything else related to the study, please contact the researcher at any point at [nathan.reis@usask.ca](mailto:nathan.reis@usask.ca) or (306) 700-7590.

You will be contacted by email one week after completing these modules and again one month later to fill out an online questionnaire on your own time.

Thank you again for your support! The research team wishes you all the best in your sport endeavours!

**Educational Video and Practice Exercise:**

<https://www.surveymonkey.ca/r/F5FYXHH>

**Module 1:** <https://www.surveymonkey.ca/r/F5FWVLD>

**Module 2:** <https://www.surveymonkey.ca/r/F5FMM2X>

**Module 3:** <https://www.surveymonkey.ca/r/F5FG8TK>

**Module 4:** <https://www.surveymonkey.ca/r/F5F6RGQ>

**Module 5:** <https://www.surveymonkey.ca/r/F53855B>

**Appendix D: Phase II Interview Guide**

## Interview Guide

### Introductions.

This will be an online interview between my respective participants and I.

- The overlying objective will be to welcome participants to the research study, thank them for completing the Phase I intervention, and briefly describe my project.

### Consent.

Participants will have completed the online consent form before the interview begins. However, they will be given an opportunity to withdraw their consent in advance of the interview.

- At this time, participants will choose a pseudonym to be used throughout the interview.
- I will now briefly explain that the interview will be recorded with an audio recorder, at which time I will start recording.

### Rapport Building.

I will spend a brief amount of time conversing with participants, to make them feel comfortable talking to me, which should make the interview feel more natural. Hopefully, this will result in the sharing of more detail during the interview.

Some of the topics that may be discussed during the rapport building portion of the interview include, but are not limited to:

- The Phase I intervention
  - Again, thank you for participating in the Phase I study and for talking to me today.
    - Was there anything in particular that you found appealing about the Phase I study, which led to your enrollment?
    - Was there anything in particular that made you decide to talk to me today (i.e., enroll in this Phase II interview)?
- Sport
  - I understand you are a member of the \_\_\_\_\_ team.
    - How many years have you played on that team or competed as a member of that team?

“Thank you for sharing that. I am a Ph.D. candidate in Kinesiology, and I am conducting research on men athletes’ experience in sport”.

- What position(s) do you play in your sport? Alternatively (if the athlete partakes in an individual sport), what events do you compete in (e.g., track & field athlete competes in 200m and 400m)?
  - What position-related roles do you perform during competition (if team sport athlete)?

- Walk me through an experience that stands out as a memory for you in your sport.
  - It can be from competition or training.
- Is there anything you think particularly differentiates your sport from other sports?

### **Overview of Topics.**

I will offer a description of how the remainder of the interview will unfold, explaining that we will predominately discuss their views and perceptions about the Phase I self-compassion intervention. It will be noted that masculinity will be discussed.

### **General Impressions of Phase I Intervention:**

- What are your overall thoughts and/or opinions about the intervention study you participated in?
  - Could you please describe something that you enjoyed or that you found helpful about the intervention?
  - What is something that you did not like about the intervention?
- Were you familiar with “self-compassion” prior to your involvement in Phase I?
  - If yes, can you please tell me about your familiarity with self-compassion?
    - Have you used it in the past?
    - Is it just a term you have heard?
- Can you please explain what you believe self-compassion means? You can describe it in your own words or define it, whichever you prefer.
- Do you think self-compassion can be a useful resource for men athletes?
  - If yes, in what way(s)?
  - If no, why not?

### **Specific Intervention Components:**

- Do you think that the intervention was successful in helping you become more self-compassionate?
  - Which elements/components of the intervention did you find most beneficial and/or helpful?
  - Was there any part of the intervention that you did not like, and/or that you did not find helpful?
  - Was there any part of the intervention that you found problematic or a barrier to your self-compassion?
    - Please explain in detail, if so.
- If you were to add anything to future self-compassion interventions for men athletes, what would it/they be?
  - What do you think might help other men athletes become more self-compassionate, that was not included in the Phase I intervention?
- How might self-compassion be helpful for you in your sport-specific experiences?
  - Can you provide an example?

- Can you think of anything that you believe would have been more effective in the intervention for helping you become more self-compassionate?
  - Along the same lines, do you want to become more self-compassionate?
    - Do you believe there are any sport-specific ways that you might benefit from self-compassion?

## Masculinity

“We are going to briefly talk about your experiences of masculinity now.”

- Can you describe your interpretation of “masculinity”?
  - What does it mean to be a “man athlete”?
- Some research suggests that masculinity and men athletes’ experiences of masculinity play(s) an important role in their sport experiences.
  - Do you believe that is true?
    - Why or why not?
    - If you do think it is true, what role(s) do you think masculinity plays?
  - How is masculinity represented in your sport?
  - How do you represent masculinity in sport?
  - Do you think that some of the significant challenges and/or difficult experiences you have had in sport are in some way related to masculinity?
    - For example (if participant is struggling to respond), have you ever felt judged or evaluated in sport *because* you are a man?
  - Do you think that masculinity is related in any way to self-compassion?
    - If yes, in what way(s)?
    - If no, why not?
- Does your representation of masculinity typically align more with openness and acceptance of other men athletes, or does it align more with judgment and evaluation of other men athletes?
  - Do you think that is typical of other men athletes in your sport?
- Do you think your representation of masculinity enabled the self-compassion intervention to be successful for you?
  - If yes, explain how your masculinity is related to the successfulness of the intervention.
- Do you think your representation of masculinity was a barrier to the success of the self-compassion intervention?
  - If yes, please explain how your masculinity might have impaired your ability to become more self-compassionate?

## Concluding Questions

- Do you think it is worthwhile for researchers to promote self-compassion to men athletes?
  - If yes, explain how you think it can be helpful for men athletes.

- What do you think would be the most effective way to promote self-compassion to men athletes?
  - If no, please tell me why.
- What is your single most important takeaway from the Phase I intervention?
- What is one thing you would be certain to keep in the intervention?
- What is one thing you would change about the intervention?
- Would you like to add anything