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DEGREE OF SELF-COMPASSION IN INJURED HIGH PERFORMANCE ATHLETES

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Abstract. It has been observed how self-compassion improves adaptive coping, well-being and reduces anxiety in situations of stress. The present study tried to see if there were significant differences in the level of self-compassion in high-performance athletes with or without injury at different times of the season. With a sample composed of 79 athletes from different disciplines, it was carried out through the Scale of Self-compassion SCS in Spanish, summarized from 12 articles (García-Campayo, Navarro, Andrés, Mortero, López and Piva, 2014). The results collected in this research were not conclusive or significant, so it would be advisable for future studies with a larger sample, in contexts of sports injury and with a psychological intervention of the environment.

Keywords: Athletes, high performance, injuries, self-compassion.

GRADO DE AUTOCOMPASIÓN EN DEPORTISTAS DE ALTO RENDIMIENTO LESIONADOS

Resumen. Se ha observado como la autocompasión mejora el afrontamiento adaptativo, bienestar y reduce la ansiedad en situaciones de estrés. El presente estudio trató de ver si existían diferencias significativas en el nivel de autocompasión en deportistas de alto rendimiento con o sin lesión en momentos diferentes de la temporada. Con una muestra compuesta de 79 deportistas de diferentes disciplinas, se llevo a cabo a través de la Escala de Autocompasión SCS en español resumida de 12 ítems (García-Campayo, Navarro, Andrés, Mortero, López, & Piva, 2014). Los resultados recogidos en esta investigación no fueron concluyentes ni significativos, por lo que se recomendaría efectuar estudios futuros similares con una mayor muestra, en contextos de lesión deportiva y con una intervención psicológica de por medio.

Palabras clave: Deportistas, alto rendimiento, lesiones, autocompasión.

Introduction

The psychology of physical activity and sport is a specialized area of psychology that, in recent years, has grown rapidly as a supporting science in all areas of physical culture. This area of psychology employs mental preparation techniques such as

motivation, anxiety management, attention control, concentration development, personality management, and self-confidence. Similarly, it seeks, through some group strategies such as leadership, the development of communication and group cohesion, and increase the sporting potential of athletes. On the other hand, applied psychology supports the processes of initiation and sports performance in basic sports training, as well as in the management of eating disorders, injuries, and disability (Sánchez Jiménez & León Ariza, 2012).

The following is a brief review of the significant role of psychology in high performance sport, together with the study of self-compassion in recent years, both at a more general (clinical) level and at a more specific level, in sport, which is where we will focus our research.

Psychology in high performance sport

It has long been known that the performance and sporting results of an athlete or team is multifactorial. That is, its success or failure depends on the computation of physical, technical, tactical, and psychological capabilities (Williams C. y., 2001). Here the role of the sport psychologist is understood as a technician in psychology at the service of the coaching staff (coach, physical trainer...) although the coach is the main psychological manager (responsible) of the athlete and/or team. As such, the sports psychologist must participate in the general preparation of the athlete, together with the other technicians and specialists (doctor, nutritionist...). The work of the sports psychologist in grassroots sport, in general, tends to have greater job stability (medium / long term projects) (Garcia-Naveira, 2010). On the other hand, in professional and semi-professional sport, the immediate goal is to achieve results and beat others. For this, the objectives are focused on the psychological well-being of the athlete and the increase of sporting performance, starting from the basic premise that the psychological aspect should definitely be considered as another important part of the overall preparation of the athlete, as one more element that must interact properly with the physical, technical, and tactical aspect (Buceta J., 1998).

We cannot forget the origin of sport psychology, which is psychology itself, and how its base is fixed in clinical psychology, bringing to this new field more meaning. Thus we know how certain disorders (anxiety-stress, obsessive-compulsive disorder...) can be associated with sporting demands in high performance (maximum demand, strict sporting discipline...), and the solution requires an in-depth knowledge of the context in which it takes place, being present at that moment of the season in which it occurs (immediacy), assessing whether or not it interferes in the activity and in their personal life and making an assessment both from the psychological dimension and in its sporting dimension (Ezquerro, 2002).

To conclude this section, we will summarize the main actions that the sports psychologist can have within the high performance: activities aimed at the athlete, psychological evaluation, intervention, gender differences, attention to foreign athletes, training, athlete retreats, aggression in sport, education in values, activities aimed at the team, activities aimed at coaches, work with the family, collaboration with the medical area, collaboration with sports management, and work with referees (Garcia-Naveira, 2010).

Self-pity

The concept of self-compassion has existed in Eastern philosophical thought for centuries but is relatively new in the West. It involves treating oneself with kindness, recognizing what we have in common with other human beings, and being aware of one's own deficits or negative aspects. In other words, the self-compassionate person seeks happiness and well-being while fully accepting his or her limitations. In the West, the term self-pity is associated with feeling sorry for oneself, instead of assuming with us the compassion that we would feel towards other people, in seeing ourselves with kind eyes, or even taking care of ourselves. In painful situations, some people exercise self-punishment instead of understanding, which would lead to self-pity. The concept of self-compassion was defined by Kristin Neff, a psychologist at the University of Texas, Austin, who locates it as a concept derived from Buddhist psychology, conceptualizing it in recent years in terms and in a way that allows its scientific investigation.

Self-compassion is a key psychological construct for evaluating clinical outcomes in mindfulness-based interventions. Subsequently, several studies have appeared showing the relationship of self-compassion with psychological health. First, it is important to distinguish between self-compassion and self-esteem. Self-esteem refers to the degree to which we value ourselves and is often based on comparisons with others. In contrast, self-compassion, which is not based on positive judgments or evaluations, is how we relate to ourselves. People who feel self-compassion feel it because they are human beings, not because they are special or tend to feel better than others in order to feel good about themselves, offering more emotional stability as opposed to self-esteem and being a better predictor of happiness (Neff & Vonk, *Self-compassion versus global self-esteem two different ways of relating to oneself*, 2004). Thus self-compassion (as opposed to self-esteem) helps protect against anxiety when faced with ego threat in a controlled environment and increases in self-compassion elapsed over a one-month interval have been associated with greater psychological well-being (Neff K. D., 2007). Related to positive psychological functioning and personality traits, self-compassion was found to have a significant positive association with measures of happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness. In addition, it also had a significant negative association with negative affect and neuroticism. Self-compassion predicted significant variance in positive psychological health beyond that attributable to personality (Neff K. D., 2007). On the other hand, its influence on pain has been proven. In a sample of patients with chronic pain, self-compassion was associated with greater acceptance of pain (Costa & Pinto-Gouveia, 2011). Another study conducted in patients with chronic pain, found that self-compassion is an important indicator to explain variability in pain, and that high levels of self-compassion are associated with better psychological functioning in these patients (Wren, et al., 2011). Self-compassion is positively related to indices of health and psychological well-being (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Thus, not surprisingly, people who score high on self-compassion also tend to score low on neuroticism and depression, and higher on life satisfaction and subjective well-being (Leary, Tate, Adams, Allen, & Hancock, 2007) (Neff K. D., 2007) (Neff K. D., 2007) (Neff K. D., 2007).

Drawing on the writings of Buddhist scholars, Kristin Neff has divided self-compassion into three main interacting components, each of which has two parts. They are self-kindness, as an alternative to self-criticism; the feeling of belonging to a common humanity, as an alternative to the feeling of isolation; and mindfulness, as an alternative to over-identification with one's own thoughts or emotions (Neff K. , *Self-compassion:*

An alternative conceptualization of a healthy attitude toward oneself, 2003). The central aspect of self-compassion, treating oneself kindly when things go wrong, has been observed through public demonstrations, taking time off to give oneself an emotional break or even through simply having thoughts of kindness and forgiveness (Gilbert, Clarke, Kemple, Miles, & Irons, 2004).

Self-kindness (instead of self-criticism)

Self-kindness is the tendency to view oneself in a positive, benevolent, and understanding way, rather than harshly criticizing or judging oneself. It is especially emphasized when a person fails or has problems. An example is thinking, "When I'm going through a difficult time, I get the care, attention, and affection I need." Self-compassionate people recognize that being imperfect, failing, and experiencing life's difficulties are inevitable. Therefore, when they fail at something or face painful experiences, they maintain a kind attitude toward themselves, rather than becoming angry or self-critical. Kindness to oneself means accepting that one cannot always be or get what one wants, and if that reality is denied or we resist accepting it, our suffering increases in the form of stress, frustration, and self-criticism. On the other hand, when we accept it graciously, we experience greater emotional equanimity. Thus, one's own shortcomings and deficits are treated sympathetically, and the emotional tone of the inner language (of thoughts and self-talk, referring to oneself) is one of warmth and support. Instead of criticizing, angering, and self-condemning ourselves for our failures or limitations, we calmly accept the fact that we are imperfect. Similarly, when external circumstances are difficult, self-compassion allows us to offer ourselves as much support and comfort as possible (NeffK. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself, 2003).

Shared humanity (instead of a feeling of isolation)

This component implies having a sense of common humanity, which recognizes that imperfection is typical of the human experience, and which allows one not to feel odd or different from others when facing one's own failures or limitations. Neff believes that the frustration of not being or not having what we want is often accompanied by an unhealthy sense of being inadequate or different, as if one is the only one who suffers or makes mistakes. But the reality is that we all have faults and deficits and suffer in some way, as we are all mortal, vulnerable, and imperfect. Therefore, self-compassion includes recognizing that suffering and feelings of inadequacy are part of the shared human experience, something we all experience. It also means recognizing that one's thoughts, feelings, and actions are influenced by factors that are not dependent on oneself, such as genes, interaction with caregivers in childhood, culture, lived situations, and the behavior and expectations of others. Being aware of these allows us to be more understanding of our failures. Acknowledging our interdependence helps us to take our failures and difficulties in a more self-compassionate way; for example, by thinking, "When I feel inadequate, I remember that this is a feeling that most people have experienced at times." The sense of common humanity, central to self-compassion, involves recognizing that all people fail, make mistakes, and feel inadequate at times. Imperfection is assumed to be part of the human condition, so personal weaknesses are seen in a broader perspective. Difficult life circumstances are also framed as shared human experience, so that when one experiences suffering, one still feels connected to others. Self-compassion makes it easier for us to maintain a similar attitude toward others. Compassion leads us to see them as fallible people, to accept them as such, and to wish them to develop the best of themselves and to be free of any suffering. It is an open attitude in which the boundary

between self and others is softened, considering that all human beings are worthy of respect and compassion. The feeling of shared humanity constitutes a healthy alternative to competitive social comparisons, which are automatically carried out in fragile self-esteem (Neff K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself, 2003).

Mindfulness (rather than identifying with thoughts or emotions)

Also called mindfulness, it involves experiencing the present moment without being carried away by the tendency to over-identify with one's emotions. It involves a receptive state of mind in which one observes one's thoughts and feelings as they are, without trying to suppress or deny them but without magnifying them. Such a balanced attitude can be facilitated by relating one's own experiences to those of others who experience similar emotions; by seeing one's own current experience from a broader perspective; or by becoming accustomed to observing one's own thoughts and emotions with openness and clarity, as is done in mindfulness practice. Some characteristics of mindfulness, according to Neff, are the following:

- Observe one's thoughts and emotions with openness and clarity, as they appear in consciousness.
- Don't over-identify with them, lest they trap or drag us down.
- Being aware of the experience of the present moment, in a clear and balanced way, without ignoring the things we don't like about ourselves, others or life, and without exaggerating them or focusing too much on them.
- Recognize when we feel bad about something, since many times we don't detect it because we don't pay attention to ourselves, or because we are too busy judging ourselves or trying to solve problems.
- Adopting a broad perspective of one's own experience, in order to consider it more objectively and not be dragged down by one's own discomfort, something that can lead to an obsessive fixation on negative thoughts and emotions, and prevent a clear vision of oneself and one's problems (Neff K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself, 2003).

Self-compassion in athletes

Previous literature indicates that self-compassion improves adaptive coping and well-being by reducing anxiety in stress-provoking situations. Stress has been linked to a number of adverse consequences, including an increased risk of sports injuries. The history of stressors, coping resources, and personality factors will moderate the stress response to a potentially stressful situation and subsequently alter susceptibility to injury (Williams & Andersen, 1998). Research already conducted with self-compassion intervention on negative cognitive states in female athletes demonstrated the effectiveness of self-compassion intervention in managing self-criticism, rumination, and preoccupation with errors over a 5-week period. Asserting that fostering a self-compassionate state of mind is a potential resource for female athletes dealing with negative events in sport (Mosewich, 2013). Another later study but within the same field, measured measures of self-compassion, self-esteem, and narcissism, as well as reactions, thoughts, and emotions in response to hypothetical and withdrawn scenarios. Subsequently and with prior intervention, the results were favorable for those athletes with higher levels of self-compassion. They generally responded more healthily to emotionally difficult and recalled hypothetical situations in sport than their less compassionate counterparts (Reis, 2015).

Self-compassion had not yet been studied in the context of injury history and as a possible moderator of the association of stress and sports injury. This latest research showed that self-compassion may buffer the experience of somatic anxiety and worry, reducing the engagement of avoidance-focused coping strategies. Notably, there were no significant findings related to self-compassion and injury reduction, i.e., self-compassion did not significantly contribute to injury frequency (Huysmans & Clement, 2017).

Method

Sample

We had a heterogeneous sample of convenience, formed by 79 high performance athletes from the community of Cantabria belonging to different sports [rugby = 26 (32.9%), basketball = 3 (3.8%), handball = 11 (13.9%), football = 10 (12.7%), badminton = 7 (8.9%), volleyball = 12 (15.2%), and athletics = 10 (12.7%)]. Of these, 67 were male (84.8%) and 12 were female (15.2%). The age range ranged from 10 to 53 years ($M = 22.09$, $SD = 7.35$).

The study was conducted in two phases. A first phase where all subjects were injury free at the beginning of the season (September 2017), and a second phase where only 7 athletes of the total (8.8%) had been injured halfway through the season (February 2018).

Measuring instruments

The reported internal consistency indices of the different scales (Cronbach's α) correspond to the data of the present investigation (See APPENDIX I).

Self-Compassion Scale (SCS)

The brief version was applied (Neff K. D., The Development and Validation of a Scale to Measure Self-Compassion, 2003) adapted to Spanish (Garcia-Campayo, Navarro, Andrés, Mortero, López, & Piva, 2014), 5-point Likert type (1 = Almost Never; 5 = Almost Always) composed of 12 items and which assesses the degree of self-compassion through three scales, both in the first measurement in September ($\alpha_S = .59$) and in the second measurement mid-season in February ($\alpha_F = .68$). The first scale was self-kindness or kindness to self ($\alpha_S = .44$, $\alpha_F = .40$, example of the item: "I try to be understanding and patient with those aspects of my personality that I don't like"), common humanity ($\alpha_S = .16$, $\alpha_F = .26$, example of the item: "I try to see my defects as part of the human condition") and mindfulness ($\alpha_S = .42$, $\alpha_F = .49$, example of the item: "When something painful happens to me, I try to keep a balanced view of the situation"). On the other hand, we find its opposite scales whose items must be reversed in the final result: self-judgment (example of the item: "I disapprove of my own shortcomings and am very critical of them"), isolation (example of the item: "When I am low in mood, I tend to think that most people are probably happier than I am"), and over-identification (example of the item: "When I fail at something important to me, I am consumed by feelings of ineffectiveness") (Neff K. D., The Development and Validation of a Scale to Measure Self-Compassion, 2003).

Results

We tried to find significant differences between the first and second measurements with respect to the level of self-compassion. To do so, we compared the means of the scales of the two independent samples in both the first and second measurements in injured and non-injured athletes. After that, we could not determine that there were significant statistical differences in any of the scales from the first to the second measurement (See Table 1 and Table 2). Due to the lack of differences between the scales, what was expected to be the second part of this research was not included in this study. This second part consisted of semi-structured interviews carried out for injured athletes. The objective of this was to relate the mindfulness scale with various psychological variables studied and influenced to date with a higher risk of injury (level of attention, level of activation, among others) (Buceta J. M., 1996).

Table 1

Differences between groups with and without pretest injury

	S		S/C		t.	Sig.
	n=72		n=7			
	M	SD	M	SD		
Self-kindness	3.25	.67	3.42	.57	.673	.503
Shared Humanity	3.45	.57	3.57	.67	.491	.625
Mindfulness	3.53	.63	4.00	.50	1.90	.061

Note: Pre, refers to the first measurement taken in September 2017; S, refers to the group of athletes who remained uninjured throughout the research; S/C, refers to athletes who came in uninjured and ended up with injury.

Table 2

Differences between groups with and without post-test injury

	S		S/C		t.	Sig.
	n=72		n=7			
	M	SD	M	SD		
Self-kindness	3.34	.65	3.57	.44	.905	.368
Shared Humanity	3.37	.61	3.53	.71	.647	.520
Mindfulness	3.52	.68	3.78	.79	.963	.338

Note: Post, refers to the second measurement taken in February 2018; S, refers to the group of athletes who remained uninjured throughout the research; S/C, refers to the athletes who came in uninjured and ended up with injury.

Discussion and conclusions

The aim of this study has been to deepen the knowledge of self-compassion in the sports field, with the purpose of finding significant differences in these scales of self-compassion in high performance athletes with and without injury. A second part of the research was also developed in order to relate self-compassion with other psychological variables studied to date that are influential in the suffering of sports injuries (such as the level of attention or activation, among others), through semi-structured interviews for those injured athletes.

The results obtained have not been conclusive to determine that self-compassion has a significant influence on the suffering of injuries. The small sample has proven to be of little relevance to draw conclusive data and the reliability of the instrument has shown a low internal consistency, as in other previous research with injured high performance athletes (Huysmans & Clement, 2017). Therefore, these even results in these investigations could cast doubt that this scale is a reliable and valid tool to analyze the level of self-compassion in these sport contexts. Similarly, no significant differences were found in these levels of self-compassion in high-performance athletes with and without injury in both investigations.

Despite the data collected, there are many investigations that corroborate the reliable suitability of this instrument to clinical contexts (Gálvez Galve, 2012) and even the author herself re-evaluated the instrument a few years ago (Neff K., 2015). In the clinical setting, previous studies carried out with athletes have obtained significant results in the levels of self-compassion as long as an intervention was carried out with the athletes prior to the last measurement (Neff K. D., 2007) (Mosewich, 2013) (Reis, 2015). Given that these results have not been equally satisfactory in the last study carried out with this

same scale (Huysmans & Clement, 2017), it could then be said that the significant differences between samples have not been perceived since an evaluation of the sample has been made and an intervention has not been carried out.

The results obtained through this research once again highlight the fundamental role of psychological intervention with injured athletes and the importance of continuing research into other concepts that have been little studied to date but which are relevant, as is being demonstrated with self-pity. As Robert Johnson, Jungian analyst, says, people are more reluctant to accept the noble aspects of our shadow than to hide its dark parts. That is, it seems to be more disturbing to discover that you have a deep nobility of character than to admit that you are a slob. Self-compassion, far from seeking pity, requires a balanced approach to negative experiences, it is a form of acceptance but rather than accepting a feeling or a thought, self-compassion is the acceptance of the person to whom a painful situation is happening. It is a process of the heart letting go of effort. (Komfield, 2010)

For future research, it would be appropriate an intervention within the sporting environment as have been carried out in other studies with athletes through the program "Mindfulness and Stress Reduction" (MBSR) to explore self-compassion and empathy in the context of mindfulness-based stress reduction (Birnie, 2010); or the program "Mindfulness and Self-Compassion" (MSC) with 8-week intervention, where it has been observed that with maintenance for 6 more months, it was still possible to see significant differences and results after a year in their participants (Neff & Christopher, Program, A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion, 2013).

Finally, this study carried out with high performance athletes has had several limitations throughout the 8 months that the research has lasted. The first, derived from the small size of the sample, which may not have been sufficiently representative and therefore could not be extrapolated to larger populations. Not being homogeneous in gender, nor in athletes without injury and with injury (only 8.8% of the athletes with injury) may also have limited the results obtained.

Secondly, the fact that it was not possible to intervene in the athletes due to lack of time and means reduced the possibility of conclusive results in the study. Due to these results, we had to discard a qualitative analysis carried out thanks to a semi-structured interview with the injured athletes created exclusively for this research and where we wanted to deepen in the relationship between the increased level of activation, the reduced focus of attention with differences in the mindfulness scale and a higher risk of injury (Buceta J. M., 1996). Given the lack of significant and disparate results between the sample of injured and non-injured athletes in the mindfulness scale, it was discarded to incorporate the data from the interviews to this research. The possibility of using another scale of mindfulness with greater reliability and being able to see differences between the two measurements through the Five Facet Mindfulness Questionnaire (FFMQ) was considered (Baer, 2008). Finally it was discarded, since previous studies conducted to date with this questionnaire, had only been conclusive in clinical settings and with differentiated samples of meditation practitioners and non-meditation patients.

Although athletes are likely to cope with nerves, their responses will vary depending on situational factors and individual differences. Self-compassion may be an alternative way for athletes to respond to stressors in a healthy manner. Existing literature suggests that in response to a situation that elicits novel and therefore stressful situations, self-compassion can be used to enhance adaptive coping and well-being and reduce anxiety (Allen & Leary, 2010). Therefore, in response to a stress-provoking situation, a

compassionate athlete would demonstrate understanding rather than self-judgment and would be able to recognize that stress is part of the human and sporting experience and would not have to resign to the situation. Self-compassion would allow the athlete to create a mental distance from the stressor so that he or she does not over-identify with the experience. In this way, self-compassion would serve as a defense mechanism against suffering from stress and sports injuries.

However, the application of self-compassion in sport is a relatively new area of research which has not yet been thoroughly and comprehensively studied in the injury setting, so further research in this area and in relation to injured and non-injured athletes would be recommended, including a greater diversity of sample within the wide range of sports.

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