

EXAMINING THE ROLE OF SELF-COMPASSION IN RESILIENCE AMONG AFRICAN
AMERICAN WOMEN: A QUALITATIVE PERSPECTIVE

by

Vivian W. France

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

This study aimed to fill an important gap in the literature by exploring the role of self-compassion in resilience among African American women. This study was an investigation of some of the challenges African American women face in their lived experiences that impact their self-compassion and to provide an understanding of the role self-compassion plays in their pursuit of higher education. A qualitative design with a phenomenological approach and thematic analysis for gathering and extrapolating primary themes and subthemes from the participant data sets was used. Semistructured interviews were conducted with five African American women ages 27–58 years who had attended predominantly White universities. Each participant answered three scripted questions and reviewed responses on Self-Compassion Scale questions (administered previously) on which they scored 4 or 5. Six emerging themes were identified (a) self-compassion is lacking, (b) self-compassion is prevalent, (c) self-compassion is restorative and reassuring, (d) self-compassion promoted motivation and determination, (e) self-comparisons and self-critical, and (f) perseverance and resilience. Self-compassion was found to be both lacking and prevalent among African American women. Perseverance and resilience was realized as persuasive in the role of self-compassion in the participants' lived experiences. However, self-comparisons and self-critical factors cannot be ignored as significant contributors to self-compassion for African American women who are pursuing higher education. In future studies, larger and more diverse samples are suggested for enveloping broader and more inclusive research to better understand how self-compassion is viewed among African American women pursuing higher educational attainment.

Keywords: African American women, self-compassion, resilience, self-compassion theory, resilience theory, biological-psychological-social-spiritual model, holistic approach

Dedication

My initial and foremost dedication of this study is to God. I will remain eternally grateful, humbled, and with a life of servanthood because His grace has made the initiation and completion of this study possible. Additionally, this study is dedicated to the women who harness self-compassion while being resilient amidst life's distressing, challenging, and adverse events. Further, it is dedicated to all African American women who have ever struggled with having self-compassion because of various challenges in their lives. This study is dedicated as a reminder to African American women that they can persevere toward whatever they have set for themselves as success. Regardless of what others may think of African American women, this study should serve as a reminder that they are unique beings with an apparent and perhaps innate ability to thrive despite all the challenges that life may bring.

Acknowledgments

Some years ago, in a dream, I stood at the foot of a very steep hill with my bike at my side and a backpack weighted down with books. It was then that I realized a path, a great and effectual door, had been open for me (1 Cor. 16:9). More importantly, I realized that with God's help I could conquer that mountain. All along this PhD journey, I have witnessed the help of the Holy Spirit, who has been my strength and guide, methodically bringing that dream to pass and I am eternally grateful.

Further, I am so very grateful to my husband, Anthony, and my four children, Travian, Haven, Levi, and Journie Rayne, for their encouragement and tolerance of this seemingly never-ending endeavor. It has been because of my family's faith in me and my faith in God that the end has become a reality. In hindsight, I will say, I did not expect God to direct me to such endearing colleagues for support in this endeavor. However, He did, and I am so grateful to my friends, Patricia Combs, Mary Olvera, Kathy and Tom Ratcliffe, and Doni Ward, for their amazing tireless and always very timely support.

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List of Abbreviations

Biological-psychological-social-spiritual model (BPSS)

Compassion meditation (CM)

Coronavirus disease 2019 (COVID-19)

Doctor of Philosophy (PhD)

Research Question 1 (RQ1)

Research Question 2 (RQ2)

Self-Compassion Scale (SCS)

Strong Black woman (SBW)

CHAPTER ONE: INTRODUCTION

Overview

Educational attainment is a fundamental human right. However, it was once denied to many people, including the poor (Urban et al., 2019), all women, and African Americans¹ (Pifer, 1973; Tomasevski, 2003). While educational opportunities significantly expanded starting in the mid-20th century (Blossfeld et al., 2016; Jackson, 2013), educational attainment has been historically disproportionate among cultures. Specific to African American women, the present study's focus, their voices have largely been silenced in research, and they have faced and continue to face many challenges in pursuing higher education. Yet, these women continue to pursue despite their historical and contemporary challenges (Baker & Arroyo, 2018).

The present study's purpose was to explore the phenomenon of self-compassion in resilience in adverse or challenging situations through the lived experiences of African American women enrolled in graduate programs. Chapter One includes an overview of the challenges women face that seem to influence their personhood, and in some cases, their mental and physical health as well as challenges that give rise to the question of the phenomenon of self-compassion and that illustrate resiliency. Briefly illustrated are some of the pivotal hardships, challenges, or disparities throughout the course of history that women have faced and the history of the adverse circumstances and hardships that marginalize the female experience. Also provided is a perspective aimed at formulating an appreciation of the disparities that distinguish a particular group of people. Also reviewed are women's issues in such areas as educational attainment, socioeconomic status, and social class for the purpose of examining the role of self-compassion in resiliency. The overview on educational attainment, socioeconomic status and

¹ African American is used interchangeably with Black throughout this study.

social class issues offers insights into the longstanding hardships and challenges that are prevalent among women.

Discussed next are some of the stigmas that may plague women. I introduce self-compassion and mark its phenomenon as individuals showing themselves more kindness and less self-judgment, increased feelings of common humanity, less isolation, and increased mindfulness (Neff, 2003a). Also in this chapter are a statement of the research problem, the research questions, assumptions and limitations, delimitations, definitions, the study's significance, and the theoretical frameworks that guided this study.

Background

The Challenges of Educational Attainment

To begin, as the present study's participants were master's- and doctoral-level students, I first discuss educational attainment, in this case higher education attainment, one of the fundamental human rights. As noted, this fundamental human right was once denied to many people, including the poor (Urban et al., 2019), all women, and African Americans (Pifer, 1973; Tomasevski, 2003). This is no longer the case, and more women are completing postsecondary and graduate programs. In a 2020 study, Camarena noted that in 2016, women earned 57% of all bachelor's degrees, 59% of all master's degrees, and 53% of all doctoral degrees. The overall graduation rate is 63% for women and 57% for men (Camarena, 2020). According to de Brey et al. (2019), Black women fall in the lower postbachelor graduation rate percentile (44%), just above American Indian females, with Alaska Native female cultural groups ranking at the 42nd percentile. The report also indicated that White women rank in a higher percentile than both of these groups, locking in at the 69th percentile in successful completion of postsecondary degree programs (de Brey et al., 2019).

While statistics such as these suggest that women are advancing in educational attainment, such attainment remains disproportionate among various groups of women. Further, the voices of African American women have been marginalized in higher education research, and these women continue to struggle in their pursuit of higher education (Commodore et al., 2018). Yet, they continue to persevere despite past and present challenges (Commodore et al., 2018).

The fact that African American women do persevere in their pursuit of higher education suggests the need for a greater appreciation of the self-compassion and resiliency that seemingly is required in facing the rigor and challenges of obtaining higher education degrees. According to Egenti and Omoruyi (2011), women pursuing advanced degrees often face challenges such as time constraints, greater marital demands, narrower economic or financial bases, fewer learning opportunities, lack of encouragement from employers and spouses, and increased social pressure. These challenges can sometimes lead to negative psychological and physical health outcomes, particularly in African American women. These outcomes were apparent in a study by Assari (2018), which indicated that African American women are at a slightly greater risk of suffering negative mental health outcomes such as depression and other psychological distress. As the focus of the present study was on the role of self-compassion in resilience among African American women, factors such as these were important for framing the rich insights drawn from the lived experiences of African American women who are seeking a master's or doctoral degree.

In examining the role of self-compassion in the resiliency of women, it would be inappropriate to omit some of the other historical factors that have incited some of the challenges or hindrances women face, particularly as these hinderances have impacted mental and physical

health outcomes, keeping in mind that self-compassion embodies the makeup of one's mental or cognitive state (Neff, 2003a). Two of these factors, socioeconomics and social class status, are discussed next.

Socioeconomics

Socioeconomics holds its place in history as having an important impact on mental and physical health outcomes that may cause one to question one's self-compassion. For example, socioeconomic issues such as longstanding inequality in salaries among genders are continuing concerns. Women have long received unequal employment and wages for the same work as men (Engstrom, 2018; Fan et al., 2017). These inequalities are illustrated as far back as 1937 when General Motors was sued by 29 female factory workers who claimed unequal pay (Engstrom, 2018).

History has shown that this type of discrimination against women created unfair wages as well as gaps in hiring, job placement, and promotional opportunities. Women have long found themselves working beside or with others doing the same type of work, yet the women are paid considerably less (Fan et al., 2017). According to Hegewisch et al. (2019), the gender wage gap in weekly earnings for full-time workers has expanded in the United States. In 2018, the ratio of women to men's average full-time salaries was 81.1%, leaving a wage gap of 18.9% compared with 18.1% in 2016.

Hegewisch et al. (2019) added that women of all race and ethnic groups have lower wages than men in these same groups and also earn lower wages than White men. Further, on average, Black women earn 39% less than White men and 21% less than White women (Hegewisch & Williams-Baron, 2018). White working women once earned 54% fewer wages

than working White men, while Blacks experienced an even greater pay gap of 63.5% (Hegewisch et al., 2019).

Another aspect of social inequality in the workplace is that many Black women carry larger burdens of responsibility than White women (University of Oregon Social Sciences Feminist Network Research Interest Group, 2017). For instance, Hartmann (1999) noted that African American women were likely to receive as much as \$5,000 less in salary than White women working full time and year-round. They are also likely to manage their households on their own (Hegewisch et al., 2019). Although educational attainment has improved wages for college-educated people (Strumbos et al., 2018); a wage gap in the United States still exists wherein college-educated Black workers earn only 80% of what college-educated White workers earn, (i.e., \$25 versus \$32) for the same work (Hernandez et al., 2019). Fan et al. (2017) stated that the average Black–White pay differential is 10.4%. These inequalities may be viewed as demoralizing and subsequently impacting one’s self-compassion as they create hardships in African American women’s overall socioeconomic status as well as social class status (Assari, 2018), discussed next, and help to maintain poverty in this population.

Social Class Status

In addition to socioeconomic challenges, women have long suffered difficulties and differences in social class status. It remains clear that social identity such as gender, race, and ability status are what define a person (Warner et al., 2018). History shows that White women held rank as plantation masters while Blacks were their slaves. White women were also slave owners and may have owned as many as 20 to 30 Black slaves in the 1830s (Fox-Genovese, 2000). Other accounts (Jones-Rogers (2019) put the number as closer to five to 10. Nonetheless, White slave owners could hold many slaves during the 1830s and 1840s (Jones-Rogers, 2019).

Regardless of the number of slaves owned, being a slave was demoralizing and is something that African American women know as part of her history.

While White women oversaw the house, Black women worked for them as house slaves and mammies (Fox-Genovese, 2000; Parkhurst, 1938). This later evolved to African American women being unemployed or working minimal jobs as domestics for White women while earning wages that kept them in socioeconomic disparity (Romero, 2016).

Socioeconomics and social status can contribute to a wide range of health outcomes including mental health issues, namely major depressive disorder, among African American women (Assari, 2018) as well as physical health issues (Mozaffarian et al., 2015; Roger et al., 2012; Spikes et al., 2018). These and other unique experiences such as stigmas surrounding mental and physical health that are associated with women, discussed next, bring attention to the phenomenon of self-compassion and create questions regarding the personal challenges African American women may have in being kind to themselves, loving themselves, and coping with life.

Stigmas Among Women

A number of stigmas are associated with women. Identifying stigmas associated with mental health is important for understanding how they may influence self-compassion in women. Along with stigmas, current issues related to African American women's mental and physical health are generating attention. There are growing concerns related to depression and anxiety and women's health (Assari, 2018; K. T. Watson et al., 2012). Mozaffarian et al. (2015), Roger et al. (2012), and Spikes et al. (2018) purported that the mental anguish African American women may experience can result in poor physical health outcomes that place this group at far greater risk of developing significant health issues such as cardiovascular disease and diabetes. Some of these

mental and physical health issues can create burdensome situations that impact not only African American woman but women from other backgrounds as well (Jones et al., 2018). Freeman-Hildreth et al. (2018) agreed with Jones et al. (2018) that women in general may also have difficulty managing health and coping with life's perplexities and need attention or intervention. The literature shows that women are twice as likely as men to experience symptoms of depression and anxiety due to biological and social factors (K. T. Watson et al., 2012) but may not seek needed interventions (Alonso et al., 2004; N. N. Watson & Hunter, 2015).

Seeking Mental Health Treatment

Women may face stigmas associated with seeking mental health treatment (Alonso et al., 2004; N. N. Watson & Hunter, 2015). As much as 54% to 74% of people with mental disorders in the United States do not seek intervention, often because of the stigma associated with mental disorders (Clement et al., 2015). Education, socioeconomic, and social status play a role in which social groups may be at a greater disadvantage in seeking help (Clement et al., 2015). Yet, history clearly indicates that while only a fraction of those needing mental health services end up with actual intervention (Codony et al., 2009), White women who struggle with life's complexities are more likely to seek professional help than Black women (K. T. Watson et al., 2012). One important reason is that White women are perceived as having more support (e.g., family, friends, finances, insurance, referral sources), while some Black women, often with less support, may elect to maintain a "strong Black woman" (SBW) image (N. N. Watson & Hunter, 2015). This seems to suggest that Black women can handle their own mental health issues and that a specialist's intervention is not necessary (N. N. Watson & Hunter, 2015). It may also imply that in addition to the barriers of financial strain and the stigma of seeking a therapist, some Black women possess a SBW type of cognition that infers one should "trust in God" and

everything will be okay (Coats et al., 2017). This is a resilient mentality that can be traced back to spiritual development during slavery (Musgrave et al., 2002; Young, 2005), with possible origins in masking distress.

Masking Distress

Various life challenges can be ascribed to masking distress. Hardships come in all shapes and sizes, including job loss and difficulty affording housing, buying food, or affording health care and/or childcare. Some people who are struggling with these issues or similar issues may pretend they are okay, while the opposite may be true. People may present pleasant countenances that hide sadness or depression. Nonetheless, resilience is often realized, and the degree to which life's hardships impact people or how they respond to hardships varies. The aforementioned information implies that women do have struggles and can rebound from struggles.

Although the literature provides interesting examples of resilience among Black women, there is a dearth of literature that evidences their self-compassion (Babatunde-Sowole et al., 2020). Society seems to hold the belief that White women “have it all together” and White women seem to present with a worry-free philosophy. For instance, when self-compassion is observed among White women, there is sometimes the appearance of a grace that gives them permission to believe “they will be fine” because society supports their overall personhood. In comparison, while Blacks may also appear unaffected by stressors (N. N. Watson & Hunter, 2015), a belief that all will be well may be quite the contrary. African American women may be masking feelings of being overwhelmed by stressors and instead present an external disposition that exemplifies faking the wellness of personhood. Thus, it leaves the potential for developing poor mental and physical health outcomes such as contemplating suicide in depression (Zhang et al., 2018).

Although White males are more likely than White women to commit suicide, White women are more likely to commit suicide than Black women (Stone et al., 2018). Although this demonstrates resilience, it is noteworthy that African American women have the stress of significant and often overbearing racial issues that heighten mental and emotional disturbances (Conway-Phillips et al., 2020; N. N. Watson & Hunter, 2015). These issues and their related stressors may have more a significant influence on their self-compassion and be more concerning than the suicide rates. Other stressors that may challenge the role of self-compassion in resilience are psychological factors from glamorized body images or ideals that ultimately may induce feelings of blame, shame, and self-criticism, discussed next.

Body Image

The body image stigma centers on mental or psychological nuances of blame, shame, and self-criticism in African American women (L. B. Watson et al., 2019). Blame, shame, and self-criticism look strikingly different in African American women than in women of other groups who may also experience body image concerns (L. B. Watson et al., 2019). Peers, society, romantic partners, family, and especially media sources help to glamorize the White women (Kelch-Oliver & Ancis, 2011), making them seem entitled and worthy of the “Barbie image.” Many women around the world try and idolize racist beauty ideals of body image or develop a look that is supposedly most appealing to society (De Casanova, 2004). White women have straighter hair and lighter skin that society has glorified as more attractive. In comparison, many Black women often consider themselves as having large hips and lips; thus, sometimes developing perceptions of themselves as ugly (De Casanova, 2004). These negative mental cognitions and schemas create self-critical and judgmental concepts (Barnard & Curry, 2011)

among some African American women such as feeling too fat or heavy, being too dark skinned, and/or too curly haired (Kelch-Oliver & Ancis, 2011).

Racist beauty ideals also place African American women in a sociocultural context that shapes their lived experiences based on systems of power (L. B. Watson et al., 2019), potentially dampening any sense of self-compassion amid any resilience. Feelings such as isolation, loneliness, suicidal ideation, or depression that may result can lead to negative physical health outcomes including cardiovascular disease, diabetes, and obesity (Belgrave & Abrams, 2016; Mozaffarian et al., 2012; Spikes et al., 2018). African American women may tend to feel degraded, rendering negative self-judgment, shame, and possibly self-hate, along with other negative cognitions, which can create potential stagnation in self advancement (Horsford et al., 2019). Hence, issues with skin tone and body image differences may only amplify what it means to be an African American woman in today's society.

African American Women Stand Out

All people, regardless of their challenges, appear to have some degree of resilience when faced with difficulties, along with an innate sense to demonstrate self-compassion in resilience (Shepherd & Cardon, 2009). Even though a number of challenges may exist among African American women, one could argue that African American women's sufferings are potentially greater and more in-depth than those of women in all other groups (Wanzo, 2015). Current events, including those that gave rise to the Black Lives Matter movement, demonstrate the challenges, hardships, and racial disparities that surround African American women and the necessity for addressing long-standing biases and issues that surround these women. Further, the demonstration of challenges, hardships and racial disparities would suggest that African

American women, as a group, have a greater need to realize their own self-compassion while demonstrating resilience amid their struggles.

The disparities illustrated previously may be far deeper and life impacting among African American women than in women of some other races, thus creating an imbalance in suffering and a greater depth of suffering among African American women. These challenges and disparities appear to cause African American women to stand out from women of other cultures to the extent that their adverse situations may potentially impact their resilience and their ability to show self-kindness and love and be nonjudgmental and forgiving of themselves (e.g., demonstrate self-compassion; Neff, 2003a). While other women may experience similar issues as previously described, these issues may be significant among African American women.

Self-Compassion and Resilience

Emotional, mental, and physical health issues reflect what can happen to a subgroup of people who face challenging circumstances in life. The hardships previously noted speak to the severity of strain, struggle, and adversity African American women experience. Identifying these hardships signify the need for investigating the role of self-compassion in resilience among African American women. Particularly, studies are needed to help acquire data demonstrating how self-compassion in resilience can impact the potential for success and academic achievement among African American women. I next discuss specific aspects of self-compassion as illustrated in the literature.

Self-Compassion Develops Pride and Well-Being

African American women appear to have an inner strength that enables them to care enough about themselves (i.e., have self-compassion) inasmuch as they have a willingness to continue onward despite the challenges, hardships, and racial disparities that surround them.

However, while phenomenological construct of self-compassion has been the focus of recent research, few researchers have explored this construct among African Americans (Babatunde-Sowole et al., 2020). Hence, research on self-compassion as it relates to adverse life experiences in African Americans that includes the whole person perspective (biological-psychological-social-spiritual [BPSS]; Engel, 1980; Wright et al., 1996) merits further effort.

Research on other populations has reflected self-compassion's psychological health benefits and self-compassion's link to positive mental health outcomes (Bluth & Neff, 2018). One study, although not on African Americans, reflected positive outcomes of self-compassion. Beard et al. (2017) studied predominately gay White gay men and found that self-compassion helped them develop a sense of pride and well-being (i.e., positive mental health; A. Clarke et al., 2011), thus reducing factors like rumination and self-criticism.

Self-Compassion Improves Mental Health

Another study reflecting self-compassion as a positive mental health aid showed why self-compassion reduced factors like rumination and self-criticism and buffered against psychopathologies such as depression and anxiety. Trompetter et al. (2017) recruited 349 participants from the general population to investigate whether self-compassion, as it postulates a friendly, accepting, and situational context for adverse experiences, operates as a resilience mechanism and adaptive emotion regulation strategy that shields against psychopathology in individuals with positive mental health. The results showed that self-compassion significantly mediated the negative relationship between positive mental health and psychopathology (Trompetter et al., 2017). The findings showed that the participants with higher positive mental health levels had self-compassion skills that promoted resilience against psychopathology (Trompetter et al., 2017).

Having self-compassion suggests that people should see their adversities as being common among human beings and should care and love themselves and not display harsh self-judgment while going through adverse times (Neff, 2003a; Neff & Dahm, 2015). It is important to note that recognition of self-compassion as a related and complementary component to wellness has recently grown, and empirical data on the construct are increasing exponentially (Nelson et al., 2018). Nelson et al. (2018) stated that self-compassion involves treating oneself with the same kindness, concern, and support one would show to a good friend. Nelson et al. further stated that when faced with life's perplexing issues, or when confronting personal mistakes, failures, and inadequacies, people with self-compassion respond with kindness rather than harsh self-judgment, recognizing that imperfection is a shared human experience. They added that in order to practice self-compassion, people must be able to turn inward, recognize, and accept that they are suffering (see also Neff, 2003a), as shown in Nery-Hurwit et al. (2018), discussed next.

Self-Compassion Eases Suffering

Nery-Hurwit et al.'s (2018) findings align with other findings showing that self-compassion encompasses wanting to ease one's own suffering by gifting self-kindness and nonjudgmental understanding toward oneself. Nery-Hurwit et al. examined the relationship between self-compassion and resilience among 259 individuals with multiple sclerosis. Correlation analysis was conducted to examine the nature of the relationships among self-compassion, resilience, and health-related quality of life. The researchers hypothesized that resilience would mediate the relationship between self-compassion and health related quality of life. Their findings were consistent with other recent data that linked self-compassion with resilience among people with a physical health disparity or chronic disease (Vitali, 2010), as self-

compassion was significantly and positively related to health-related quality of life and resilience (Nery-Hurwit et al., 2018). Additionally, Nery-Hurwit et al. found that self-compassion was linked to improving one's resilience, signifying an ability to cope with stressors associated with chronic pain and disability.

All people will face perplexing situations in their lifetimes. Those who choose to show self-compassion or even demonstrate resilience when confronted with hardships may present differently than other individuals (Trompetter et al., 2017). Yet, it is studies like Trompetter et al. (2017) and others that begin to reflect self-compassion and resilience among women, warranting a closer look at some of the issues relevant to the role of these constructs among women; specifically, African American women.

Self-Compassion in African American Women

The literature reflects that African American women can be resilient; however, it also implies that there is room for these women to be kinder to themselves and perhaps less judgmental (Mistretta, 2019). While resilience is advantageous in improving the impact of stressors from life on one's mental health outcomes, Hall et al. (2013) stated that self-compassion would be more beneficial among African American women, particularly as self-compassion is associated with psychological and physical well-being. The phenomenon of self-compassion for African American women is reflected in the definition of self-compassion, which includes having "an emotionally positive self-attitude that protects against the negative consequences of self-judgment, isolation, rumination" (e.g., depression, shame, self-criticism; Neff, 2003a, p. 85). Self-compassion should comprise three interacting components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus overidentification (Neff, 2003a; Neff & Dahm, 2015; Smeets et al., 2014). So, as Liss and

Erchull (2015) asserted, “A great many women have the possibility of benefiting from a compassionate attitude toward the self” (p. 10). As with all women, African American women should strive to relinquish and overcome challenges and hindrances to gain and maintain compassion for themselves.

Resilience as a Mechanism for Self-Compassion

Resilience has been conceptualized as the capacity to persist or recover through positive adaption during times of distress or stressors related to adversity (Nery-Hurwit et al., 2018) and is relevant to all genders and races. The construct of resilience among females fosters strength and mutual relationships that develop courage and self-esteem (Jordan, 2013). Also, resilience may be one mechanism by which self-compassion promotes perceptions of health-related quality of life (Nery-Hurwit et al., 2018), because similar to resilience, self-compassion promotes an individual’s sense of well-being (Nelson et al., 2018). Further, the literature indicates that resilience is crucial to basic human existence and survival, which is particularly true for people of African descent (Babatunde-Sowole et al., 2020). While resilience can be seen among women of all races, it has been noted as an important construct to examine in empirical trials related to African American women (Babatunde-Sowole et al., 2016). Although there have been some studies on resilience, there remains a need for deeper investigations of this construct among African people (Babatunde-Sowole et al., 2016). Further, literature on whether resilience supports the successful development of self-compassion among African American women or that resilience has taught African American women to love themselves, or that they can be successful in spite of the adversity, is limited (Babatunde-Sowole et al., 2016).

Statement of the Problem

According to Zessin et al. (2015), there is sufficient evidence to support self-compassion as a significant factor in people's psychological, cognitive, and affective well-being. However, few researchers have investigated self-compassion and contingent self-worth in the well-being of African Americans (Zhang et al., 2018). In regard to emotional, mental and physical health of the African American woman., Zhang et al. (2018) concurred that self-compassion in African American women is largely minimized and the literature. Further, according to Commodore et al. (2018), African American women have been marginalized in the research and in many conversations centered around higher education. There has been a silencing of African American women's voices in research (Commodore et al., 2018).

The extant literature lacks data supporting self-compassion's role in the lives of African American women, and there is limited evidence on role of self-compassion in resilience among this marginalized group (Zhang et al., 2018). I found no studies on the role of self-compassion in the lived experiences of resiliency among African American women and in this subgroup when striving for academic achievement amid challenges. Babatunde-Sowole et al. (2020) and Mistretta (2019) concurred that investigations of self-compassion among African American women are needed. Hence, this gap in the literature creates questions about African American women's lived experiences that impact their self-compassion and about the role of self-compassion in their efforts to obtain higher education.

Purpose of the Study

The purpose of this study was to provide an in-depth investigation of the phenomenon of self-compassion in resilience through the lived experiences of African American women enrolled in graduate programs. Few studies have been conducted using phenomenological methodology

for exploring the in-depth experiences of African American women related to the role of self-compassion in their lives. The present study was important as it helped to fill this research gap by examining the role of self-compassion in resilience among African American women who are pursuing higher education degrees.

Research Questions

Two primary research questions drove this study:

RQ1: How do African American women describe the role of self-compassion in their lived experiences?

RQ2: How do African American women describe the role of self-compassion in their pursuit of their educational attainment?

Assumptions and Limitations

One major assumption was that the African American women in this study were resilient. Another assumption was that the women in this study possessed and could demonstrate some degree of self-compassion. There were also a few noteworthy limitations. One limitation that may threaten the validity of outcomes was that the participants may not have had clear recollection of stories or past situations for sharing in-depth narratives. Second, the information the participants shared was sometimes emotionally provoking. Third, the participants were students, and their schedules may have created time constraints in gathering all possible information.

Delimitations

There were a few specific delimitations in this study. First, using convenience sampling, specifically snowball sampling, of African American graduate students as participants may not have provided data that can be generalized to African American female populations.

Additionally, because the participants were university students, the sample may have been less generalized among socioeconomic statuses and among nonacademically advanced groups. Further, the snowball sampling technique and the university emailing used to solicit participants for recruitment limited responses to individuals who could be reached using these approaches.

Definitions

Biological-psychological-social-spiritual model—The BPSS model offers four dimensions as a way of conceptualizing individuals' issues or problems, using the components in formulating an understanding of individuals and how they got to their current psychiatric status (University of Nevada, Reno School of Medicine, n.d.). An individual's biological dimension includes one's genetics as well as physical data, medical history, current illnesses, history of pregnancy and birth, medications, medical or psychiatric treatment history, and any history of familial psychiatric problems or substance use revealed (De Zulueta, 2006). The psychological dimension reflects data that allow observers to see the impact of past trauma, self-image, source of positive role models, and any experiences with loss (De Zulueta, 2006). This dimension also considers how the individual is functioning in self-care and daily living. The social dimension has to do with one's relationships and interests (De Zulueta, 2006). In research studies, observers consider the role of participants' support systems and peer influences as well as past or present medical problems and substance use, and housing and legal issues. The social dimension considers the role of agencies, work or nonwork, the environment, financial and social resources and any cultural influences on the individuals (De Zulueta, 2006). The spiritual dimension indicates how one's way of life is guided by one's conduct and is the essence of a person's existence that integrates and surpasses the physical, emotional, intellectual, volitional, and social dimensions (Bellamy et al., 2007). Patton and McClure (2009) defined spirituality as involving

“an individual process, communion with others, and a relationship with someone greater than oneself” (p. 44). According to De Zulueta (2006), observers of this dimension seek to understand the individual’s past and present religious and spiritual affiliations and how spirituality contributes to one’s ability to cope and hope for a positive future.

Resilience—Resilience is the process of adapting well when facing adversity, trauma, tragedy, threats, or even significant sources of stress (American Psychological Association, 2014).

Self-compassion—Self-compassion is described as accepting one’s inadequacies, mistakes, failures, and painful life situations and consisting of three interacting components: (a) self-kindness versus self-judgment, (b) a sense of common humanity versus isolation, and (c) mindfulness versus overidentification (Neff, 2003a; Smeets et al., 2014). Having self-compassion entails forgiving one’s failings and foibles and respecting oneself as fully human and therefore a limited and imperfect being (Neff, 2003a). In the present study, self-compassion was associated with a more general definition of the term compassion. Compassion involves being affected by the suffering of others and realizing or being aware of others’ pain and not avoiding or detaching from it, so that feelings of kindness and a desire to alleviate others’ suffering emerges (Wispe, 1991).

Significance of the Study

This study added to the limited literature on self-compassion in resilience among African American women. The study findings may benefit African American women in understanding the role self-compassion plays in resilience. The findings may demonstrate that being strong is persevering forward, loving oneself, and giving oneself permission to feel well even during difficult times. These findings reflected the perspectives of African American women, which

may benefit counselor educators and students as well as clinicians who work with culturally diverse populations. As mental health clinicians and others who invest in the lives of African American women gain better understanding of the possible lack of self-compassion among these women, their professional relationships may be improved.

Furthermore, findings from this study may encourage greater instructional emphasis on understanding self-compassion and resilience in African American female students. Giving attention to self-compassion when teaching multiculturalism in counseling and other courses including ethics, techniques, practicum, and theories could be beneficial. Having this focus on self-compassion may also enable student counselors to grow and develop during their counselor training programs. Self-compassion strategies incorporated into the classroom may be an additional way to facilitate self-care, foster resilience among students, and contribute to an environment conducive to learning. Additionally, focusing on self-compassion may increase the ability to engage in self-care and develop the necessary skills to become better students and practitioners. Learning and understanding self-compassion may help to support counseling strategies and techniques during critical times of client interventions, because there may be times when students experience countertransference (Hayes et al., 2018). Counselors engaging in their own self-compassion strategies can teach these concepts to clients, which may have a positive impact on therapeutic outcomes (Nelson et al., 2018). Also, results from investigating the perspective and experiences of African American women's self-compassion may help researchers and practitioners gain a better understanding of the challenges these women face in developing self-compassion as well as ways to overcome potential obstacles.

Theoretical and Conceptual Frameworks

Self-Compassion Theory

Two theoretical frameworks were embraced in this study. First, in viewing self-compassion as a phenomenon, it seemed appropriate to draw from the structure of the self-compassion theory. This theory was pioneered by Neff (2003a) and is relatively new to psychological literature (Riopel, 2019). According to Neff, self-compassion theory has three components: (a) self-kindness, being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, (b) common humanity, the ability to recognize ones' own humanity and understand that no one is perfect and that everyone experiences despair or pain, and perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness, holding painful thoughts and feelings in balanced awareness rather than overidentifying with them.

Self-compassion theory maintains that an emotionally positive self-attitude should protect against the negative consequences of self-judgment, isolation, and rumination, such as depression. Because of its nonevaluative and interconnected nature, self-compassion should also counter tendencies toward narcissism, self-centeredness, and downward social comparison that have been associated with attempts to maintain self-esteem (Neff & Dahm, 2015).

While self-compassion theory considers self-esteem, the theory is more about self-acceptance (Riopel, 2019). Neff and Dahm (2015) maintained that self-compassion theory's central aspect is treating oneself with kindness even when something goes wrong. Neff and Pommier (2013) stated that this theory involves directing the same type of kindness, care, and compassion toward oneself that one would show toward someone else who is suffering. Riopel (2019) concurred that treating oneself with kindness may include taking time off to give oneself

emotional relief. It may mean engaging in mental acts of kindness (i.e., positive self-talk) or saying encouraging words to oneself (Neff & Dahm, 2015). According to Neff and Dahm, being compassionate to oneself can also include practicing forgiveness. Neff and Knox (2017) stated that self-compassion theory includes holding a more balanced perspective of one's unique situation so as to not get carried away with raw emotions. Self-judgment can come into play when people judge their own inadequacies or flaws too harshly. However, mindfulness is invoked when people take a more balanced viewpoint of their situations if something harsh does happen (Riopel, 2019).

Resilience Theory

Resilience theory was developed by Pearlin and Schooler (1978) and has been recognized as helpful in studying the lived experience of African Americans (Anderson, 2019). Ungar (2013) stated that "Resilience is far more complex than an individual process that occurs in isolation; rather it is a multifaceted, dynamic process with substantial influences from culture and context" (p. 256). Ungar maintained that the process of resilience consists of *first order change* and *second order change*. First order change involves making changes and dealing with the changes necessary for altering adverse situations. Second order change focuses on the environment and making the necessary changes in the environment that alter adverse conditions (Ungar, 2013).

Moreover, resilience centers on two basic qualities: recovery and sustainability. Recovery is the ability to rebound or come back from stress and to quickly regain one's initial state of homeostasis, or balanced health (Zautra et al., 2010). Resilience is about regaining and maintaining functionality (Anderson, 2019). The American Psychological Association defines resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or even

significant sources of stress (Sher, 2019). Resilience is associated with healthy development, positive health outcomes, and the ability to withstand life stressors (Anderson, 2019).

The concept of resilience involves a process of sustainability that averts and reduces psychological disorders after an experience of significant stress or trauma and involves a process of speedy recovery from psychological problems following adverse experience (Anderson, 2019). For many years, resilience research focused on identifying the psychosocial determinants of resilience (Everett et al., 2016; Sher, 2019). The common belief regarding the resilience theory is that families with the qualities of flexibility and adaptiveness for being able to respond to disruptions to their viability will have the ability to withstand adverse challenges (Conger & Conger, 2002). They will also be strengthened by the challenges and will more than likely avoid such difficulties in their future (Conger & Conger, 2002). It is important to note that resilience theory is not a categorical construct wherein families can be deemed resilient or not resilient (Sheridan et al., 2013). Instead, resilience can be viewed from a spectrum where families display differing degrees of resilience depending on varying circumstances (Sheridan et al., 2013).

Resilience theory is similar to self-compassion theory in that it reflects the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal psychological and physical functioning (Neff, 2003a; Neff & Dahm, 2015). It is important to note that the BPSS concept or model for examining the holistic person (Engel, 1980; Wright et al., 1996) was also used in the present study.

Biological-Psychological-Social-Spiritual Model as a Conceptual Framework

The present study's theoretical frameworks were supported by the conceptual framework of the BPSS model, which reflects relevant connections in empirical studies and demonstrates a clear relationship to the variables related to self-compassion in resilience among Africa

American women. The BPSS concept or model was developed by Engel (1980) and Wright et al. (1996). As this model provides a holistic concept (King, 2000; McKee & Chappel, 1992; Sulmasy, 2002), it also allowed identifying relevant cultural data in the literature and helped to ensure that I maintained the context of the participants' perspectives, per Gale et al. (2013).

The BPSS model has been largely used in health psychology (Hatala, 2013), allowing for appreciation of the whole person (Bogue, 2019). This model also establishes a foundation for understanding people's well-being (Bogue, 2019). The BPSS or whole person concept is a holistic approach (King, 2000; McKee & Chappel, 1992; Sulmasy, 2002) and includes four human dimensions: biological, psychological, social, and spiritual (Engel, 1978, 1980; Love & Pinkowitz, 2013; Saad et al., 2017; Sulmasy, 2002; Wright et al., 1996). The spiritual dimension of this holistic model is considered a fluid concept that can refer to several things (Saad et al., 2017). Using these dimensions in the present study helped to further the understanding of the biological, psychological, social, and spiritual factors that may be viewed as significant cultural factors in African American women. This model incorporates the individual's psychological, social, and other cultural aspects into the comprehensive framework of understanding disease, health, and illness (Engel, 1980; Wright et al., 1996). Thus, the BPSS dimensions that Engel (1978) and Wright et al. (1996) proposed ascribe the biological dimension encompassing one's genetic predisposition.

The BPSS's psychological dimension considers people's behaviors and lifestyles as well as their mental and physical health factors. Hatala (2013) stated that the social dimension includes the individual's socioeconomic status, family relationships, and social support. The spiritual dimension reflects characteristics such as meaning, social support, and purpose in suffering. Thus, using BPSS model was important in this study because it postulates that

researchers must focus on other aspects of the individual in order to understand complex interactions occurring on various systemic levels (Richtig et al., 2016).

Summary

Chapter One was an overview of the constructs of self-compassion and resilience and how these constructs have been used in empirical studies of African American women. Self-compassion's limited attention in research among African American women was noted. Self-compassion theory and resilience theory were identified as the two primary frameworks that guided this study and the BPSS model as a subsidiary concept that facilitated understanding of the cultural dimensions of the whole person. Chapter Two is a review of the literature on self-compassion and resilience that supported this study.

CHAPTER TWO: REVIEW OF THE LITERATURE

Overview

The role of self-compassion in resilience among African American women was examined in this study. Some of the literature reviewed showed how African American women are resilient during adverse times; yet it only provided minimal evidence supporting the role of self-compassion in their lives (Zhang et al., 2018). The literature clearly denotes that people's circumstances impact their emotional selves (Conway-Phillips et al., 2020). Strikingly, in some cases the literature reviewed illustrated some self-compassion among an array of both negative and positive circumstances evoking such emotions as shame, self-criticism, depression, self-judgment, loneliness, isolation, optimism, and determination. However, in addition to studies depicting self-compassion among various groups are studies that reflect resilience. What is apparent among an individual's given range of feelings is that although life's challenges may be difficult, resilience is most reflected.

The following studies supported conducting a qualitative investigation into the role of self-compassion in resilient African American women. While there are mentions of self-compassion possibly improving coping skills in students in academic settings in the literature reviewed, Horsford et al. (2019) resembled the current study in recognizing the strength of African American women pursuing educational attainment. The review of the literature begins with a discussion on self-compassion, followed by discussions on the behavioral-psychological-social-spiritual (BPSS) model's dimensions, which relate to examining people through the lens of behavioral health sciences, and relevant studies.

Self-Compassion

Even though self-compassion theory is fairly new in psychological research, this theory is useful in understanding emotional (e.g., mental health) issues like self-criticism, shame, depression, and anxiety. (Interestingly, Kopala-Sibley et al., 2015, noted that self-criticism contributes to an individual feeling stuck, particularly if it stems from depression or anxiety.) Zessin et al. (2015) stated that individuals with high self-compassion experience greater outcomes; thus, implying that these individuals are not as likely to experience depression or have anxiety as those with low self-compassion. Moreover, the components in self-compassion theory (e.g., self-kindness, the perception of personal experience as common human experience, and mindfulness; Neff & Dahm, 2015) are suggested antidotes for working through inclinations of self-centeredness or negative behaviors (Allen & Leary, 2010).

As the self-compassion theory implies, replacing disapproval and self-judgment with self-compassion enables people to accept their mistakes in a gentle way that helps to maintain well-being (Kopala-Sibley et al., 2015) and improves motivation (Breines & Chen, 2012). In their 2012 study, Breines and Chen illustrated that self-compassion motivated self-improvement. Breines and Chen compared participants in a self-compassion condition to participants in a self-esteem control condition, a no-intervention condition, and a positive distraction control condition. The participants were told that the researchers were attempting to understand the different ways individuals think about personal weakness. Breines and Chen hypothesized that self-compassion motivated individuals to improve their weaknesses, moral transgressions, and test performances.

In each of four experiments, the results indicated that self-compassion was significantly more helpful than engaging in positive distractions and significantly more helpful than relying on

self-esteem (Breines & Chen, 2012). Additional findings indicated that self-compassion promoted motivation across diverse domains (Breines & Chen, 2012), which suggest that self-compassion may improve coping skills in students in higher education settings. Results also showed that self-compassion may help students respond to failure in a way that aids growth and improvement and may serve as a buffer against debilitating self-criticism and depression symptoms (Breines & Chen, 2012). Depression and self-criticism are evidenced in the biological dimension of self-compassion, discussed next.

The Biological Dimension of Self-Compassion

The biological dimension relates to behavioral health sciences and is one dimension of the whole person concept (King, 2000; McKee & Chappel, 1992; Sulmasy, 2002). Literature that defines the biological dimension of the whole person is limited; however, the University of Nevada, Reno School of Medicine (n.d.) provides a relatively clear understanding of this dimension in its BPSS model. According to this model, the biological dimension includes genetical components such as psychiatric or mental problems and history or exposure to substances, trauma, and illnesses. The scope of the literature review for this study considered the biological dimensions of mental health complexities and related matters primarily among African American women. As such, I begin by discussing self-compassion in studies related to shame and depression.

Shame, Depression, and Self-Compassion

Zhang et al. (2018) investigated self-criticism in African American women and provided a closer look at resilience and self-compassion in African Americans. This study was a longitudinal investigation with questionnaires to assess the effect of a compassion-based intervention on socioeconomically disadvantaged African American males and females at an

urban public hospital following a suicide attempt. Participants were recruited from the hospital's inpatient and outpatient clinics and the emergency room. The study focus was on resilience among the African American population. Specifically, Zhang et al. examined whether self-compassion and/or contingent self-worth (e.g., family support and God's love) mediated between shame and symptoms of depression. Zhang et al. hypothesized that promoting resilience among African Americans would help decrease the probability of developing depressive symptoms. The researchers also emphasized the importance of self-compassion in the psychological reliance of African Americans who receive care in medical environments. The study findings showed that self-compassion mediated shame and depressive symptomology.

In Zhang et al. (2018), self-compassion was thought to be a potential defense against the symptoms of depression (see also MacBeth & Gumley, 2013; Trompetter et al., 2017) because of its inverse connection with self-criticism (see also Neff, 2003a). However, Zhang et al. was not without limitations. One limitation regards generalizability as the participants primarily represented lower-income African Americans with histories of suicide attempts. The authors concurred that more work was needed to replicate the analysis in populations with more diverse samples of African Americans from various socioeconomic backgrounds as well as diversity in social classes and participants' clinical backgrounds. Another limitation was that the study's cross-sectional nature did not allow for forming causality between the constructs of the experience of shame, self-compassion, and depression symptoms. Although theoretical and empirical evidence have supported the impact of shame and self-compassion on the development of depressive symptoms, it was challenging to determine whether self-compassion mediated the link between shame and depressive symptoms or between depressive symptoms and shame based on the cross-sectional data set used in this study.

Despite these limitations, Zhang et al.'s (2018) results support the lists of constructs found to mediate the well-established relationship between shame and depressive symptoms, as detailed in Pinto-Gouveia Matos (2011). Also, given suggestions that gender differences in self-compassion may be especially noticeable regarding ethnic minority samples (Yarnell et al., 2015), Zhang et al. recommended exploring the strength of the link between both shame and self-compassion and depressive symptoms individually for African American men and women. One important clinical implication was that including self-compassion training into other evidence-based interventions may improve their effectiveness related to amelioration of psychological difficulties such as depressive symptoms (Zhang et al. 2018), a finding similar to Hofmann et al. (2011). Finally, Zhang et al. stated that targeting self-compassion as a resilience mechanism may help to interfere with self-criticism, a vital element of shame, leading to a decrease in self-blaming for negative cognitions and an increase in feelings of self-acceptance, which in turn may result in decreased levels of depression symptoms.

Zhang et al. (2018) seemed to mark a clearer path for directive research on perceiving how self-compassion may help to regulate mood and increase resilience in African American women who have shame, depression, and are perhaps self-critical. Some evidence of this is noted in Petrocchi et al. (2019), discussed next, who examined self-reassurance as a safeguard between self-criticism and depression symptomology.

Self-Criticism, Depression, and Self-Compassion

Relevant to the BPSS biological dimension that encompasses mental and behavioral health are additional empirical data revealing self-criticism and projections of self-compassion among men and women in a study conducted by Petrocchi et al. (2019). Petrocchi et al. concurred that while research purports that self-criticism and self-reassurance do not operate

through the same mechanism, they may interact together. Their study was conducted online via surveying 419 White participants, 251 females and 168 males, who were either self-employed or retired. The study aim was to assess the hypothesis that self-reassurance serves as a safeguard between self-criticism and symptoms of depression in a way that self-esteem may not serve. Petrocchi et al. conducted two separate moderated regression analyses on depression symptoms to test self-reassurance's moderating role on the relationship between self-criticism and depression symptoms. A second analysis was conducted to control for the potential moderating effects of self-esteem.

In their discussion, Petrocchi et al. (2019) purported that self-compassion is triggered when self-evaluation might not be so favorable. They found that self-compassion was associated with “warm positive emotions stemming from the desire to comfort and alleviate the pain of a wounded self” (p. 403). Thus, they added, self-compassion may provide a more stable resilience base that promotes positive emotions not based on a self-evaluation, which would enable navigating life's complexities.

Petrocchi et al. (2019) identified study limitations, including the large White sample, which may have limited generalizability of the outcomes. Also, the cross-sectional and correlational nature of the trial inhibited drawing conclusions regarding causal links between the study variables. Petrocchi et al. recommended future longitudinal research to clarify causal directions of the links between variables. This study closely resembles Johnson et al. (2018), discussed next, who investigated self-image and body image as they relate to self-compassion.

Self-Image, Body-Image, and Self-Compassion

Self-compassion has been shown to promote resilience and can prevent the initial occurrence of risk factors for unfavorable body image outcomes (Thøgersen-Ntoumani et al.,

2017). Therefore, it is worth reporting relevant findings regarding self-image among African American women, particularly as shame and self-criticism were seen as negative outcomes in Johnson et al. (2018). Johnson et al. noted claims in previous studies that shame and self-criticism stem from concepts of one's self-image and are significant among African American women's culture, findings similar to Zhang et al. (2018).

Johnson et al. (2018) investigated self-criticism as a mechanism through which compassion meditation decreased depression symptoms in 59 socioeconomically challenged African American men and women who had recently attempted suicide. The researchers used a longitudinal methodology in which three interviews (e.g., pretreatment, posttreatment, and 6 weeks after the second interview) with each subject were conducted. Subjects were excluded if they did not have adequate cognitive functioning or if they were actively psychotic (Johnson et al., 2018).

Study participants were randomly assigned to either the Grady Compassion and Meditation Program (a compassion meditation [CM] intervention) or to a support group for a total of six sessions in either group (Johnson et al., 2018). The findings indicated a significant direct effect of condition on change in self-criticism as subjects in the CM group demonstrated greater reductions in postintervention self-criticism compared to subjects in the support group. Ultimately, CM reduced depressive symptoms in African Americans who recently attempted suicide (Johnson et al., 2018). Results also indicated that self-criticism was a mechanism of treatment change.

Johnson et al.'s (2018) results reflected that self-judgment habits are often components of enduring self-schema and can make sense and even feel normal to an individual (see also Barnard & Curry, 2011). It is worth mentioning that self-judgment habits also do not align with

self-compassion theory, as this theory promotes laying aside self-judgment behaviors that cause one to be self-critical (Neff, 2003a; Neff et al., 2005).

While Johnson et al.'s (2018) findings extend the literature on the effectiveness of compassion-based interventions by assessing their impact among a clinical sample of low-income African American men and women, there were limitations in this study. One was that the sample solely comprised African Americans with lower socioeconomic status. As such, Johnson et al. suggested that caution should be taken in generalizing the findings to other populations.

Johnson et al. also made the following recommendations:

- Future studies should include assessments of the associations between self-criticism and depressive symptoms among other groups with varying ethnicities.
- Future research should include examinations of different dimensions of self-criticism and each of their effects rather than only looking at self-criticism as a unitary construct.
- Future researchers should strive to assess whether self-criticism would benefit from assessing additional potential mediators such as self-care behaviors, emotional regulation strategies, and efforts to seek social support.

The outcomes of shame and self-criticism may pose psychological difficulties that result in depressive symptomology or negative emotions (Gilbert & Procter, 2006; Johnson et al., 2018; Petrocchi et al., 2019). However, it does seem likely that if CM reduced symptoms of depression in African Americans who recently attempted suicide, there is a need to assess self-compassion in resilience, given suicide may be conclusive if resilience fails. A strength noted in Johnson et al. was that their results added to a developing body of literature that substantiates the role of compassion-based interventions in behavioral health care.

Self-compassion theory maintains that people are open to being moved by their own unique suffering while being caring and kind to themselves (Allen & Leary, 2010). In order for this to happen, people must exemplify nonjudgmental attitudes toward their self-images, even in their inadequacies or flaws (Neff, 2003a). Gilbert (2017) maintained that humans have unique dispositions in how they support social relationships as well as dispositions that shape one's brain and value systems. Gilbert suggested that people can create different patterns of brain activity. This seems to be what drives one's unique self-image. Further, Gilbert (2009) implied that individuals with high levels of shame and self-criticism have great difficulty being kind to themselves, feeling self-warmth, and having self-compassion. For instance, study findings have shown that the facet related to self-image that seems to infer self-criticism and shame is inevitable among women, including African American women, and it stems from body image depictions that can result in low body esteem (Betz et al., 2019).

Betz et al. (2019) investigated perceptions of various media images by examining how state- and trait-level social comparisons operate when females see three different idealized body images (e.g., thin, athletic, and curvy). Study participants were 198 females, 60% White, 7% Black, ages 18–77 years. The participants were randomly assigned to view and then provide a broad range of body image outcomes. Each of the three body images contained eight messages; three were text related, and five were photographs. Messages like “Real women have muscles” and “Real women have curves” accompanied pictures of plus-sized White women in two-piece swimsuits and thin White models in two-piece swimsuits (Betz et al., 2019).

The results showed that any exposure to the three body ideals led to increased social comparisons (Betz et al., 2019). Ultimately, the females in this study were impacted by media–body idealizing and comparisons of polarized body ideals (e.g., thin, curvy, athletic), as results

showed increases in social comparison (Betz et al., 2019). African American women were included in this and other studies on media–body image comparisons. However, Betz et al. recommended that future studies include greater representation of diverse images as well as the capability to employ statistical power for assessing differences between and within racial groups. A study limitation was that little diversity was depicted in the images participants viewed. Betz et al. stated that in order to understand the effects of particular messages and photos, it would have been beneficial to have representation of more diverse (e.g., varying body sizes) participants. Further, using real media may have been responsible for the effects that could have been similar as if one was browsing the internet or thumbing through a magazine. Thus, future researchers might consider using no images or text-based messages (Betz et al., 2019)

It is important to remember that self-compassion encompasses relating to oneself with mindfulness and kindness while honoring one's common humanity (Neff & Dahm, 2015). Self-compassion is associated with enhanced well-being and improved body image (Knox, 2017). These aspects were reflected in a qualitative study by Capodilupo (2015). Capodilupo studied 230 African American women ages 20–26 years to gain a greater understanding of how idealized media images influence body esteem and appearance satisfaction in African American women. The results showed that internalizing idealized media images negatively influenced the participants' body esteem and appearance satisfaction, particularly when the images depicted African American women with fairer skin and long, straight hair. Capodilupo administered the Physical Appearance Discrepancy Questionnaire, which allowed the participants to share their beliefs on important physical features and the most frequently presented body image concerns for African American women. The results indicated that participants' body esteem was negatively impacted by increased levels of internalization of idealized media images, which

resulted in their feeling invisible, thus having lower body esteem. Another interesting conclusion was that internalization of media did not negatively affect appearance satisfaction. Instead, appearance satisfaction was negatively impacted when the images were presumed to have a greater influence on African American men (Capodilupo, 2015).

Capodilupo (2015) noted several important study limitations. One was that the qualitative information from the Physical Appearance Discrepancy Questionnaire was informative; however, the scores may not have been accurate reflections of appearance discrepancies because of problems in the scoring system and the instrument lacking a measure of racial identity or acculturation. Thus, assessing for the moderating effects of racial identity status that may have provided rich intragroup comparisons was not possible. A crucial limitation was that the study lacked a measure of variances in participants' skin tone, hair, or facial characteristics. As such, there was no way to determine if the participants' answers differed based on their actual characteristics. In previous studies, skin tone among African American women has been shown to be an important individual difference variable (Coard et al., 2001; Falconer & Neville, 2000). Similar negative outcomes can also be seen when viewing findings on self-image in African American women.

The Psychological Dimension of Self-Compassion

The BPSS psychological dimension is closely related to the model's biological dimension. It is used to gather a relevant understanding of the psychological dimension of the whole person. The psychological dimension embraces past and present life events of the whole person with a focus on things such as the individual's past history of trauma and medical problems (University of Nevada, Reno School of Medicine, n.d.). It factors in the individual's views of self-image, experiences with loss, quality of relationships, and current stressors. Finally,

this dimension looks at the individual's current developmental demands and the developmental impact any illness may have had on the person (University of Nevada, Reno School of Medicine, n.d.). One significant mental complexity evidenced in the psychological dimension is gendered racism and the strong Black woman (SBW) race–gender schema, discussed next. Gendered racism and the SBW race–gender schema are considered a mental complexity because of the impact they can have on one's mental or psychological development (Jerald et al., 2017; Spates et al., 2020).

Self-Compassion and Gendered Racism

Relevant to mental health matters as well as the psychological dimension and the idea that self-compassion theory upholds having mindfulness (Neff, 2017), is N. N. Watson and Hunter's (2015) study on gendered racism among African American women, in which mindfulness was clearly implied in the mindset of the SBW phenomenon. In N. N. Watson and Hunter, self-compassion theory is reflected in their discussion of the psychological disposition of the African American women. N. N. Watson and Hunter used hierarchical multiple regression analyses in a quantitative study with a cross-sectional design to evaluate whether the SBW race–gender schema, in addition to help-seeking dimensions, would predict anxiety and depression. They also investigated whether attitudes toward seeking professional psychological help intensified psychological distress among the participants. Study participants were 95 African American women ages 18–65 years with incomes approximately \$25,000 to \$100,000. N. N. Watson and Hunter asserted that some African American women may believe that seeking psychological help is incongruent with their cultural obligation to embody strength. They also noted the SBW race–gender schema as pervasive among Black women and that feeling

encumbered from expressing emotions and from seeking professional psychological services can intensify symptoms of anxiety and depression.

Study participants completed three assessments that measured the following: the SBW race–gender schema (the Superwoman and Mammy subscales of the Stereotypical Roles for Black Women Scale), help-seeking attitudes (the Inventory of Attitudes Toward Seeking Mental Health Services), and psychological distress (the Mood and Anxiety Symptom Questionnaire; N. N. Watson & Hunter, 2015). Study results showed that the SBW race–gender schema was significantly linked to increased depression and anxiety in African American women. The study participants’ attitudes toward seeking professional help did not moderate the associations between endorsements of the SBW race–gender schema and anxiety or depression. Results also reflected greater indifference to stigma and one dimension of help-seeking attitudes, which predicted lower anxiety levels (N. N. Watson & Hunter, 2015). Further, the findings showed significant main effects for the SBW race–gender schema and greater anxiety and depression, respectively. Last, the findings showed endorsement of the SBW race–gender schema were inversely and significantly connected to two facets of help-seeking attitudes: psychological openness and help-seeking propensity. Most conclusively, the findings provided empirical evidence for the role of cultural factors, like the SBW race–gender schema, in African American women’s experiences of psychological distress and potential underuse of mental health services (N. N. Watson & Hunter, 2015).

N. N. Watson and Hunter (2015) identified several limitations in their study. One was the reliance on college-age participants from midwestern United States who were primarily single or never married, thus limiting the generalizability of study findings. The researchers recommended including participants from various socioeconomic and educational backgrounds in additional

studies should. Further, it was recommended that participants who are married and are from various regions should be included in future studies. In addition, as a cross-sectional methodology was used in this study, causality could not be inferred from the results. A longitudinal design would enable observing causal relationships between the SBW race–gender schema, attitudes toward psychological distress and psychological help-seeking (N. N. Watson & Hunter, 2015).

One interesting clinical implication is that African American females, who may be consistent with their socialization as the SBW, may present as composed and unaffected by various stressors, which could lead to underreported symptoms and or downplaying the degree of actual distress (N. N. Watson & Hunter, 2015). This can ultimately lead to an underrating of any diagnostic information. Lastly, African American females can give the impression that they are emotionally unaffected by stressors because it would contradict the view of strength and self-reliance. Therefore, clinicians should use care when making assessments (N. N. Watson & Hunter, 2015).

These issues in gendered racism and SBW race–gender schema issues seem to warrant further inquiry regarding African American women’s capacity for demonstrating self-compassion amid anxiety and depression. This seems particularly true, as N. N. Watson and Hunter’s (2015) results provided empirical evidence for the role of cultural factors, like the SBW race–gender schema, in African American women’s experiences of psychological distress and mental health services. N. N. Watson and Hunter’s study clearly supports the notion that women are reluctant to seek help when facing psychological distress, findings similar to those in Alonso et al. (2004) and Clement et al. (2015). Yet, even as there are psychological issues that seem to influence self-compassion, there are also social issues that raise concern.

The Social Dimension of Self-Compassion

In addition to the psychological dimension that demonstrates how African American women face challenges of being self-critical, Michaels et al.'s (2019) study reflects some challenges in the social dimension of African American women's lives. The social dimension considers the individual's current support system and status of relationships with significant others (University of Nevada, Reno School of Medicine, n.d.). This dimension has factors that are inclusive of everyday living such as one's vocational and financial status, legal problems, and peer influences. This dimension also recognizes cultural influences that might impact current situations (University of Nevada, Reno School of Medicine, n.d.).

Self-Compassion and Racial Discrimination

There are a number of contributors to social factors in African American women. Racial discrimination, often experienced in the workplace, is one component in the social dimension that relates to cultural influences that can impact the African American woman's everyday living. When faced with discrimination, people may be challenged with self-compassion as they are vulnerable to being moved by their own unique suffering while caring for and being kind to themselves may be difficult, as suggested in self-compassion theory (Neff, 2005). Certainly, offenses will come in the workplace. Self-compassion theory offers support by suggesting not getting carried away with raw emotions but instead following the theory's central aspect of treating oneself with kindness when things go wrong (Neff & Dahm, 2015; Riopel, 2020). Moreover, when facing issues like racial discrimination, self-compassion theory implies that if people fail or make critical errors, they can still be self-compassionate and treat themselves with self-compassion (Neff, 2011; Riopel, 2019). Furthermore, racial discrimination can also be viewed within the constraints of the social dimension and self-compassion theory as highlighted

in the present study because the literature is richly inundated with data that describe racial injustices as impactful in African Americans' psychological and physiological health (Michaels et al., 2019). Additionally, encouragement may come in realizing that psychological factors also center on resilience theory (Kentner et al., 2019; Southwick & Charney, 2018). Kentner et al. (2019) added that the emotional regulation strategy or cognitive flexibility (sometimes called cognitive reframing) helps to alter how the individual may interpret an event, situation, or an outcome consisting of one's cognitive assessment.

Racial discrimination is a relevant and current concern among African American women, with implications for health outcomes that can include heart disease, chronic psychosocial stress and depression (Hudson et al., 2016; Michaels et al., 2019). Leading to such implications may be social systems that provide advantages for men and deny women equal opportunities and instead create gendered spaces that are biased toward women (Arjmand, 2017, Chapter 4). Duncan (1996) wrote that "Space reflects the power symmetry of the social setting it resides in and is both controlling and confining of power and yet has the potential to disrupt these power relations" (p. 128). Arjmand (2017, Chapter 4) purported that this ideologically laden context exists among women in Iran. She added that women in general are often defined by visible and invisible boundaries created by social structures. Hence, gendered spatial dichotomy is often implemented systematically to evade the transgression of women into public spaces (Arjmand, 2017, Chapter 4).

Similarities in power relationships can be noted among African American female workers who experience racial discrimination in the workplace (Hudson et al., 2016), and such encounters can lead to debilitating health among these women (Flynn, 2019; Mouzon et al., 2017; Mozaffarian et al., 2016). Impairments in one's health may mandate coping skills for

maintaining resilience as well as suggesting that emotional regulation strategies or cognitive flexibility are essential for improving cognitions and promoting resilience as well as challenging self-compassion in racial discrimination (Kentner et al., 2019; Southwick & Charney, 2018).

Self-Compassion and Stress Related to Racial Discrimination

Hypertension and depression are two debilitating, stress-related, mental and physical health issues that disproportionately impact African American females, creating significant outcomes to assess in relation to racial discrimination (Mozaffarian et al., 2016). Michaels et al. (2019) stated that racial discrimination is believed to impair the health of African American people through continuous adaptation to chronic psychosocial stressors. Michaels et al. examined the relationship between psychosocial stressors and mental/physical health among African American females. A total of 208 midlife African American women in Northern California composed the sample for this quantitative within-group study. The design facilitated scale coding to evaluate racial discrimination rather than race as the exposure of interest (Michaels et al., 2019). Among the three coding approaches that were used to examine coding's potential effect on exposure classification and associations of predicted health outcomes, the findings showed a positive relationship between racial discrimination and hypertension prevalence for chronicity-based coding (coding that reflected annual chronicity, which showed that racial discrimination approximately occurred a few times a month). Notably, racial discrimination is frequently conceptualized as a risk factor for hypertension (Brondolo et al., 2011) and was identified as such in Michaels et al.'s study.

Michaels et al. (2019) noted two important limitations in their study. First, because the participants were a group of African American women from Northern California, findings cannot be generalized to the African American population as a whole. Second, racial discrimination may

manifest differently at various socioeconomic levels; thus, they recommended replicating their study on a larger scale. An important study strength was realizing that chronicity-based coding may be most appropriate when trying to strengthen the internal validity of a study on the association between racial discrimination and hypertension among African American women (Michaels et al., 2019).

Michaels et al.'s (2019) findings clearly support further inquiry into self-compassion in resilience among African American women, particularly as social issues surrounding racial discrimination are still prevalent. It seems apparent that a strong sense of self-acceptance, self-love, and self-care, as defined in self-compassion theory (Neff, 2011), would likely be just as beneficial as coping self-efficacy, exercising self-discipline aimed at skill development, and altruism as defined in resilience theory (Southwick & Charney, 2018). Overall psychological well-being (e.g., altruism, sense of self-acceptance, self-love) stems from healthy attachment (Fidantek, 2013).

Self-Compassion and Attachment

When internalizing concepts of self-compassion, it is important to realize that self-compassion theory was formulated around attachment (Neff et al., 2005), thus marking caregivers and family support unique to self-sustainment during hardships (Hermanto & Zuroff, 2016; Neff et al., 2005). Although self-compassion was not originally defined as being something that offers instrumental or emotional support from others, it does imply that individuals with secure attachments show higher levels of self-compassion and seek others for support (Neff et al., 2005). It seems safe to infer that healthy family support systems may help individuals with low self-compassion attain the ability to thrive even through trying times. Neff and McGehee (2010) stated that self-compassion may be one pathway whereby family factors

impact well-being. These authors maintained that external family relationships may be evident in how people relate to themselves (in a healthy or unhealthy manner), which ultimately impacts the individuals' mental health. If people have healthy family connections, opposed to having been exposed to a problematic family environment, they are more likely to have self-compassion, evidenced in the study discussed next.

Self-Compassion and Family Support

Dale and Safren's 2018 qualitative study offered evidence of how African American women find support from family and community members. Dale and Safren assessed social support as a resilience resource in African American women that fosters self-efficacy and self-love. This self-love can be inferred as being associated with self-compassion (Neff, 2003a). The participants were 30 African American women with AIDS/HIV and 15 community stakeholders. Although few researchers have studied resilience in African American women with AIDS/HIV and social support (Dale & Safren, 2017), the women in this study attested that the supportive efforts of their family and AIDS/HIV advocates enabled their feeling a sense of strength for living, coping and striving regardless of their health disparities.

The findings showed that the feelings of support these women felt enhanced their day-to-day quality of life (Dale & Safren, 2018). Family members such as mothers, grandmothers, children, and romantic partners offered love and tangible support (e.g., encouraging the participants to take their daily medicine and to continue to persevere through depression and substance use) for resilience, giving the participants a reason to continue striving for life and living even when they did not seem to love themselves. The African American women with AIDS/HIV also viewed support from friends and the community as an important resilience resource. The participants stated that they felt nonjudgmental attitudes, love, and comfort when

sharing their stories of trauma with their peers and friends who were living healthy with AIDS/HIV. The positive attitudes and behaviors from social support groups not only helped these participants cope with distress and racial discrimination, they also seemed to foster resilience among these women and encouraged adherence to medication, self-efficacy and self-love (Dale & Safren, 2017).

A key limitation in Dale and Safren (2017) was generalizability of the results, which may be limited in other geographical areas because of the sample of African American women with AIDS/HIV and community stakeholders drawn exclusively from a large metropolitan area in the United States. A study strength was that it added to the limited literature on social support as a resilience resource for African American women with AIDS/HIV and highlighted that resilience in this population can be enhanced by members of their support networks (Dale & Safren, 2017). Clearly, this study reflects Neff and McGehee's (2010) perspective of the self-compassion theory that external family relationships may be evident in how people relate to themselves (in healthy or unhealthy ways), which ultimately impacts the individuals' mental health and illustrates that striving through adversity and the processes of adaptation in the family impact external change.

Self-Compassion Promotes Well-Being

Research has confirmed that self-compassion is closely related to psychological well-being (Neff, 2009; Zessin et al., 2015) and is said to have mental health benefits in both Western and Asian cultures (Klinge & Van Vliet, 2019). Neff and McGehee (2010) found a close relationship between self-compassion psychological well-being. Neff and McGehee used the 26-item Self-Compassion Scale to measure self-compassion, the 21-item Beck Depression Inventory to measure depression, the 20-question Trait Anxiety subscale in the Spielberger State-Trait Anxiety Inventory, the 12-item Family Messages Measure to measure family support, and the

Social Connectedness Scale to measure the degree of interpersonal closeness that participants felt between themselves and other people, both friends and society. The study sample was 235 male and female adolescents and young adults (college students), ages 19–21 years living in a large southwestern city in the United States. While there were no African American or Black participants in this study (the group consisted of White, Hispanic, Asian and a small percentage of mixed-race participants), the results regarding self-compassion are relevant to the current study. Neff and McGehee measured whether self-compassion partially mediated the association between well-being outcomes and maternal support and family functioning. Results showed that self-compassion explained a significant additional variance in well-being that exceeded maternal support. Similar findings were demonstrated for family functioning. Neff and McGehee's findings suggested that self-compassion does contribute to well-being. Their analysis showed no significant differences in overall self-compassion levels in adolescents and young adults suggesting, that both groups displayed the same degree of self-compassion. Neff and McGehee's study showed that self-compassion promoted well-being; the following study is similar in that it illustrates that self-compassion helped with coping.

Self-Compassion Promotes Coping

More researchers are finding that self-compassion is relevant to mental health. Vigna et al.'s (2018a) findings aligned with these researchers as they showed that self-compassion was a potent coping response for disrupting the internalization of stigmatized status. Vigna et al. purported that self-compassion may function as a resilience process that prohibits the emergence of mental health inequities that plague stigmatized and marginalized racial minority groups. Their study of 1,872 high school adolescents (70% White, 30% minority, including students of color) provided preliminary evidence that self-compassion may be negatively associated with

stigma messages and ultimately play a role in mental health variability across stigmatized and nonstigmatized youth.

Vigna et al. (2018a) found that along with a significant negative relationship to adverse childhood experiences (exposure to dysfunctional family experiences, bullying, and peer victimization), self-compassion reflected more of the variability in mental health symptoms among youth than all of their adverse childhood experiences combined. Vigna et al. investigated two research questions. The first was, Are there group differences in macro and meso stigma experiences and adaptive self-regulation processes across a diverse sample of youth? Vigna et al. investigated exposure to stigma experiences including economic hardship, perceptions of police, exclusionary discipline processes, school belonging, the number of caring adults perceived in one's life, general peer victimization, and bias-based victimization. Dispositional self-compassion was the adaptive self-regulation process measured.

Some research has shown that White sexual and/or gender minority youth contend with the highest rates of peer victimization and fare the worst in terms of mental health. Vigna et al. (2018b) hypothesized that these youth would have the lowest levels of dispositional self-compassion in comparison with White sexual and/or gender majority youth, sexual and/or gender minority youth of color, and sexual gender majority youth of color. They also hypothesized that sexual and/or gender minority students of color would report the highest rates of exposure to macro and meso stigma aside from peer victimization.

Vigna et al. (2018b) examined the association between dispositional self-compassion and the aforementioned markers of stigma processes that may communicate nonbelonging to the dominant social group as they differed in a diverse group of youth. The researchers anticipated that stigma messages (in the form of bias-based bullying) would have a stronger negative

relationship with self-compassion among White sexual and/or gender minority students than among sexual and/or gender minority students of color. Other reflections of the phenomenological abstract of self-compassion and some observations of resiliency lie in the following studies related to spirituality in disparities.

The Spiritual Dimension of Self-Compassion

The spiritual dimension is the last of the BPSS dimensions. This dimension can be viewed as relevant to self-compassion theory because just as spirituality can be viewed as metaphysical or abstract (Joyce, 2018), so too can self-compassion (Berry et al., 2010). The spiritual dimension targets the role of spirituality in an individual's life. It can be used to determine if the individual has a spiritual community of some kind and if spirituality contributes to the individual's ability to have hope and a sense of support (University of Nevada, Reno School of Medicine, n.d.).

Spirituality can have different meanings to different people. Patton and McClure's (2009) definition holds that spirituality is an individual process involving communication with others and a relationship with someone higher than oneself. Therefore, it may be appropriate to say that spirituality is an indefinable relationship, uniquely developed, that evokes respect and honor for the sacred that one holds dear to oneself.

It is difficult to mention spirituality and not reference religiosity. Similarly, religiosity is one's belief in God accompanied with a belief that one should follow the principles that align with God's set of principles (McDaniel & Burnett, 1990). Religiosity may incorporate one's beliefs and attitudes (Vitell et al., 2005). Asamani and Opoku Mensah (2016) asserted that "there is a general consensus that the African is very religious" (p. 34). Mbiti (1969) even described the African Americans as being notoriously religious. Generally speaking, women tend to be

more religious than men (Schnabel, 2017). Hence, because one definition implies that religiosity incorporates one's beliefs and attitudes, spirituality and religiosity were combined in this study, and the terms used (including religious and spiritual) interchangeably to express the transcendent orientation and nature of mankind as discussed by Hefti (2013). Thus, the definitions were fitting for the purpose of viewing the whole person of the African American woman in the present study.

The literature implies that significant aspects of the spiritual/religious self of the African American may include God's love and family support (Zhang et al., 2018). Further, it is apparent that, as implied in resilience theory, encouragement from religious and spiritual references are associated with resilience (Southwick & Charney, 2018). The following studies focus on African American women's belief in God, their sense of personal relationship with God, and the realization that beliefs and attitudes that center on spirituality/religiosity infer having self-compassion in resilience.

Spirituality Drives Self-Compassion

Various situations in life can marginalize African American women and leave them dispirited. Studies have shown a small group of pervasive mental and physical health issues surrounding African American women and have demonstrated that even when in despair, these women can emerge victorious. Spirituality appears to be one driving force that defines resilience as seen in the following study, also implying that self-compassion exists. To reiterate, self-compassion may be associated with resilience yet is not always mentioned in conjunction with resilience. Berry et al. (2010) characterized self-compassion as an abstract phenomenon. So, in following discussion of studies that refer to spirituality, self-compassion almost has to be appreciated from an abstract point of view as it might be inferred but not explicitly identified.

Inner Capacity Evokes Self-Preservation

Of all of the studies presented in this literature review, Horsford et al. (2019) is especially relevant because it addressed the self-drive that the study participants, African American women in clinical doctoral programs, exemplified in earning their advanced degrees. Findings from this study seemed to illustrate self-compassion at its greatest degree. Moreover, the findings inferred that the BPSS's spiritual dimension might have been most significant in aiding positive outcomes for the participants. Most importantly, Horsford et al. inferred that the abstract phenomenon of self-compassion is a significant mechanism in maintaining determination for success. The premise of the identified protective factors, defined as the participants' coping mechanisms, appeared to be relevant to the abstract phenomenon, self-compassion. Hence, it may be perceived that self-compassion is the inner capacity that evokes self-preservation.

Horsford et al. (2019) used a constructivism-grounded qualitative methodology to illustrate how a group of graduate students found the support they needed to succeed in their clinical doctoral studies. Twenty African American female doctoral students ages 26–38 years participated in individual semistructured interviews. Data were analyzed using the constant comparative method in grounded theory analysis. The findings were grouped into risk and protective factors. Risk factors were identified as positions in the program and interactions with faculty members. Protective factors included positive relationships with faculty members. The participants shared that they needed a safe space of acceptance. They needed to forge relationships and have faculty as mentors. They also reported needing to take time away (going home to escape), to become invisible (the learned behavior of silencing themselves and freezing outward emotions), and to establish a community (support from racial minority cohort members; Horsford et al., 2019). Although some of these coping mechanisms were identified as

maladaptive, they served a purpose in enabling the participants to develop a form of self-preservation. Ultimately, the women in this study drew upon their identified protective factors as support for completing their doctoral studies.

The study results verified that the participants viewed the identified protective factors as coping mechanisms (Horsford et al., 2019). The participants clearly exhibited immense levels of resilience and hope despite the adverse influence of certain risk factors, specifically depression. Keyes (2004) stated that resilience can be viewed as revealing positive adjustments and adaptations in the face of risks (Keyes, 2004). In Horsford et al. (2019), the participants' personal resources and inner capacities helped them maintain their well-being.

Horsford et al. (2019) noted a few strengths in their study. First, the study findings provided additional evidence to validate the experiences of African American women and their struggle to be successful (Horsford et al., 2019). Second, the study findings may enable others to see the importance of nurturing diversity at institutional levels to help minority students excel. Last, the study findings illustrated the importance of not only promoting social justice in graduate programs but also increasing research on diverse populations in clinical programs. Hence, it is clear that resilience theory's and self-compassion theory's contextual views are at work as good social support is necessary for producing protective effects on mental and physical health and promoting adaptive coping strategies. Horsford et al. concluded that self-compassion theory is applicable when striving through adversity and that the adaptation process and supportive family interactions promote positive inner self-talk, similar to Neff and McGehee's (2010) findings that direct support and care from good family relationships in times of suffering may indirectly impact functioning by promoting compassionate inner self-talk.

In concluding this discussion of self-compassion, it is fitting to pay tribute to resilience by discussing studies that demonstrate the strength of African American women in trauma and sickness. These studies are the focus of the next section.

Acknowledging Self-Compassion in Resilience

Self-compassion seems to not only be associated with resilience; it also seems to arise out of resilience, although the latter is not always mentioned. Berry et al. (2010) described self-compassion as an abstract phenomenon. So, oftentimes when resilience is discussed, there is room for self-compassion to be considered as well. When discussing resilience theory, many components clearly demonstrate an association with psychosocial factors (Southwick & Charney, 2018). These factors include positive emotions and optimism; the ability to regulate emotions; cognitive flexibility, including being able to cognitively reframe hardship more positively; a history of conquering challenges; maintaining a commitment to a worthy purpose; the ability to extract meaning from adverse events; strong coping self-efficacy; exercising self-disciplined aimed at skill development; and altruism. The existence of loving caretakers and genuine role models, stable social support, encouragement from religious and spiritual references, consideration to physical health, and good cardiovascular health are also linked to resilience (Southwick & Charney, 2018). Low resilience has been linked to elevated incidences of suicidal behavior, development of mental disorders, and poor general health outcomes (Shen et al., 2018).

Resilience theory's psychological factors encompass an emotional regulation strategy known as cognitive flexibility, or cognitive reframing, which involves altering how events, situations, or outcomes are interpreted (Kentner et al., 2019; Southwick & Charney, 2018). This strategy reflects cognitive assessment, the ability to evaluate negative thoughts and replace them

with more optimistic thoughts (Kentner et al., 2019). Positive emotions stimulate adaptive coping and openness to social support, and optimism anticipates positive outcomes (Sher, 2019). Appraisal theories of emotion posit that it is one's subjective appraisal of a situation rather than the situation itself that leads to a specific emotional response (Troy et al., 2010). Thus, cognitive reappraisal is strongly linked to resilience.

It is also important to note that active coping—that is, using various behavioral or psychological methods to reduce or overcome stress—has been associated with resilience (Southwick & Charney, 2018). Further, good social support produces protective effects on mental and physical health and promotes adaptive coping strategies. The presence of both social support and the behavior of looking for social support has been linked to psychological resilience. Moreover, data reflect that humor is a form of active coping that promotes resilience by decreasing associations to mental conditions including major depression and posttraumatic stress disorder (Sher, 2019). Physical exercise also has positive implications for well-being, mood, and self-esteem in healthy and ill people (Southwick & Charney, 2018). Regular exercise has been linked to general well-being and reducing mood and anxiety disorder rates in cross-sectional studies and with improved longevity and reduced mortality (Sher, 2019). Clearly, the presence of an internal belief system that guides principles and morals is a feature of resilient people (Southwick & Charney, 2018). The following study supports these findings.

Strength Evoked in Trauma

Spirituality's efficacy as a mechanism of strength and resilience among African Americans can be viewed as a byproduct of self-compassion enhancement. Relying on spirituality is unquestionable among African Americans in dire situations and perhaps in less stressful situations. In their 2020 qualitative study, Babatunde-Sowole et al. highlighted

resilience among African American women or African descendants as they strived to overcome challenges of loneliness and isolation. Twenty-two West African migrant women with past trauma experiences (e.g., war, refugee) shared their experiences during their migration to Australia. As qualitative methodology allows researchers to explore that which was unknown (Silverman, 2013), investigating the resilience and strength of these women entailed exploring unnamed protective processes relevant to their lived experiences. The participants identified their adversities and demonstrated their reliance on resilience strategies for survival.

Babatunde-Sowole et al. (2020) embraced a holistic approach, which helped them offer an understanding of the group's cultural values that guided the support they needed as newcomers to Australia. Study findings suggested thematic strategies reflecting ingenuity, resourcefulness, entrepreneurship, social networking for support, cultural beliefs, religiosity, determination, and optimism (Babatunde-Sowole et al., 2020). There was a particular emphasis on the importance of accessing support from other people to overcome challenges related to loneliness and feelings of being outcast from the local community. The participants stated that they were ultimately strengthened by their spirituality and faith in being able to overcome their challenges.

While Babatunde-Sowole et al. (2020) shared no study limitations, they did note significant strengths, including the findings that trauma-informed care was beneficial for these women and that mental health practitioners could improve their practices by being aware of the resilience and strength of migrants and refugees. In addition to the study participants drawing on their spirituality, reflecting resilience, they clearly demonstrated the ability to rebound or come back from stress and quickly regain a state of homeostasis, as described in Zautra et al. (2010). The participants' resilience seems strikingly remarkable as they demonstrated their ability to

regain and maintain functionality, as seen in resilience theory (Anderson, 2019), in a foreign and perhaps unwelcoming country. It also seems fair to mention that self-compassion was clearly implied as the participants drew on spirituality to help ease their feelings of loneliness and isolation.

Strength Evoked in Sickness

Similar to Babatunde-Sowole (2020), Coats et al. (2017) also illustrated reliance on spirituality/religiosity for strength in difficulty. Coats et al. conducted a descriptive qualitative inquiry using narrative analysis to study 13 seriously ill older African American women who lived in either a primary care clinic or a health nursing facility in Mississippi. The participants were 65 years of age or older. Coats et al. defined their study's purpose as describing categories and patterns of psychological, social, and spiritual healing among this group of participants. The findings resulted in three main patterns: "prior change," "I changed," and "across past, present experiences, and future expectations" (Coats et al., 2017, p. 634). In prior experiences, the participants told stories of how their experiences made them strong. The I changed structural pattern allowed the participants to share stories on how their lives had changed since their illnesses. Here, the women reported that they grew stronger, suggesting that they were made stronger either psychologically, socially, or spiritually through their adverse experiences. Participants had specific statements such as "God will and did take care of me" (Coats et al., 2017, p. 642). In the across past and present experiences pattern, the women shared comments such as "God will" and "God did" (Coats et al., 2017, p. 642) as they described how their faith in God sustained them through detrimental illness and how they viewed God as being the "head of their lives" (Coats et al., 2017, p. 642). Although Coats et al. (2017) did not identify study limitations, they did identify some study strengths. One was that spiritual dimension was the

most significant or dominant dimension reflected in the participants' narratives. The study authors also stated that the stories the elderly women shared showed how strength and resilience were gained as stories of belief, faith, and reliance on God were evident in all of the narratives.

Culminating the reflective literature on spirituality, determination to succeed, and inner strength among Africa American women is Dorsey Holliman et al. (2018), who used qualitative analysis to yield thematic outcomes of social support, spirituality/religiosity, and resilience in the ability to overcome adversity. Dorsey Holliman et al. assessed protective factors for suicide among 16 African American female veterans 18–65 years of age. In addition to narratives regarding social support, the participants described faith in God as a significant factor in resilience. This finding is consistent with theories suggesting that African Americans have a strong conviction against suicide because of religious beliefs (Early & Akers, 1993; Gibbs 1997; Molock et al., 2006). The study outcomes provided primary support for the salience of specific cultural beliefs and practices protecting against suicide risk among the participants (Dorsey Holliman et al., 2018). In identifying religiosity as social support and important as a protective factor, the theme of resilience was most notable. Participants ascribed resilience as developed through overcoming adversity in the various challenges that life created and through their family upbringing (Dorsey Holliman et al., 2018).

Conclusion and Summary

In conclusion, self-compassion may not always be realized amid life's challenges, and it may be challenging to develop. At most, self-compassion seems to be a real mechanism in resilience. Self-compassion is obvious at times and implied or inferred on other occasions. This chapter's discussion reflected ongoing cultural experiences that helped to provide illustrations of the magnitude of the relative impact of various challenges, hardships, or adversities on this

population's life and daily living. Interwoven among the studies were points reflecting self-compassion theory, resilience theory, and the BPSS model, which were advantageous for scaffolding the cultural perspectives in greater depths.

The studies reviewed reflected both the presence of self-compassion as well as an apparent lack of it during difficult times in some instances. Some of the study findings reflected negative emotional, mental, and physical outcomes, while other results showed positive outcomes. In almost every case, self-compassion was realized as a valuable individual asset. Self-compassion does seem to go hand in hand with the occurrences of resiliency, however. This might only be an assumption, particularly as self-compassion is abstract (Berry et al., 2010). What is clear is that African American women have many challenging situations in their lives that cause them to draw on some mechanisms for coping and that enable them to strive forward in life. This raises the question of how their unique challenges to obtaining self-compassion might be as defined amid their stories of resilience. Hence, self-compassion among presumably resilient participants was investigated in the present study. The aim was to gather an in-depth understanding of African American women's lived experiences that impact their self-compassion as well as the role of self-compassion in their pursuit of educational attainment. In Chapter Three, the methodology used to conduct this investigation is detailed.

CHAPTER THREE: METHODS

Overview

This chapter consists of a discussion of the research purpose, the research questions, and the research design. The participants, sampling, and recruitment methods are outlined, and semistructured interviews are identified as the study instrumentation. Finally, study procedures, data processing, and data analysis are explained.

Research Purpose

The present study was an examination of the role of self-compassion in resilience among African American women pursuing graduate studies. Examining the role of self-compassion in resilience was aimed at providing a deep understanding of the participants' sense of the challenges in having self-compassion (e.g., well-being, self-care, self-love, self-forgiveness, positive self-talk) when faced with adversity as well as challenges in being resilient (e.g., standing strong, recovering, and having courage) during adverse times (Jordan, 2013; Nelson et al., 2018; Nery-Hurwit et al., 2018). The participants' lived experiences of the role of self-compassion in resilience were viewed through the lens of self-compassion theory and resilience theory.

Research Questions

Two research questions guided this study:

RQ1: How do African American women describe the role of self-compassion in their lived experiences?

RQ2: How do African American women describe the role of self-compassion in their pursuit of their educational attainment?

Research Design

A qualitative design with a phenomenological approach and thematic analysis was used in this study. Qualitative research is appropriate for examining complex issues that include family dynamics as well as unique cultural and familial attitudes (Creswell, 2005), and phenomenological methodology is a subset of the qualitative research model. Vagle (2014) described phenomenology as a reflective and inductive method that aids in garnering insights into people's past lived experiences. A strength of employing phenomenological research is its usefulness in understanding experiences that can be often overlooked with traditional research methods (McLeod, 2011). Phenomenological methodology was a suitable approach for the present study given the aim of examining the subjective lived experience of the phenomenon described as self-compassion in resilience among African American women. Further, using a phenomenological method allows for a more in-depth investigation of marginalized and stigmatized groups in a way that quantitative or more structured research methods do not allow (McLeod, 2011). Semistructured interviews conducted via Zoom brought rich and nuanced insights that enhanced the examination of the phenomenon of self-compassion.

Qualitative phenomenology with a thematic analysis approach, however, is not without its limitations. First, there are limitations to using phenomenology in general as there is a seeming lack of clarity on its philosophical underpinnings (Dowling & Cooney, 2012). Regarding thematic analysis, one limitation is that the researcher is not supported in making claims about language use (Braun & Clark, 2006). Further, although, thematic analysis is flexible, the flexibility may lead to inconsistency and a lack of coherence when creating themes derived from the information found in the research (Nowell et al., 2017).

It is noteworthy to add that when employing phenomenology, several overlapping qualitative approaches are available (Sundler et al., 2019). These approaches were excluded from use in this study. The eliminated methodologies included grounded theory, ethnography, and case study. Grounded theory was excluded because there was no intention of developing a new theory. Although ethnography has been used interchangeably with thematic analysis, there was no intention of obtaining cultural explorations in the semistructured interviews or of conducting an in-depth study of the participants' cultural characteristics. Lastly, case study was eliminated because of the choice of using a group of participants as opposed to only exploring the perspectives of one or two individuals. Although most of these approaches and a few other qualitative methods may have been applicable to this study, phenomenology was determined the best approach for optimal responses and information related to the participants' subjective lived experiences.

Thematic analysis was used in this study. This analysis approach is important in phenomenological studies and is widely used in qualitative research (Brooks et al., 2015). Thematic analysis facilitates the ability to uncover patterns of meanings through analyzing individual accounts of specific experiences (McLeod, 2011). Similar to what is seen in grounded theory, thematic analysis uses a basic process for analyzing coded material, seeking common themes, and examining and organizing themes and subthemes (Attride-Sterling, 2001; Attride-Sterling et al., 2001). The thematic analysis used in this study went beyond description for the purpose of gathering deeper meaning of the data; this allows for interpreting the data's importance (V. Clarke et al., 2015). Thematic analysis focuses on understanding the complexity of meanings from within the data rather than attempting to measure their frequency, as seen in quantitative analysis (V. Clarke et al., 2015). Although thematic analysis is a part of the process

for most qualitative research, this method can also be viewed as “a stand-alone method that fulfills most of the functions of grounded theory . . . but with minimum baggage” (McLeod, 2011, p. 146). Hence, the present study embodied a thematic analysis because a prerequisite for this analysis is that data on the participants’ lived experiences are available, such as from semistructured interviews. Moreover, thematic analysis involves a search for meaning and continues with identifying different meanings that relate to one another (Sundler et al., 2019). Thus, thematic analysis was used in the present study as a guiding framework for analyzing the lived experiences of the role of self-compassion in resilience among African American women.

Using semistructured interviews with open-ended questions enables identifying recurrent patterns and linking them to one another (Braun & Clark, 2006). I then used these interlinked themes to obtain insights into the underlying experiences and processes in each participant’s lived experiences regarding the role of self-compassion in resilience. Further, while in-depth analyses of key themes may occur across the entire data set, the participants’ perspectives remain connected to other aspects of their accounts within the matrix, thus retaining the context of the participants’ individual perspectives (Gale et al., 2013). Lastly, thematic analysis allows for reaching data saturation, reflecting the quantity and quality of data (Ando et al., 2014; Braun & Clark, 2006; V. Clarke et al., 2015; Javadi & Zarea, 2016). Data were gathered until saturation was reached and until no new information or themes were found or observed in the data, as per Ando et al. (2014) and Javadi and Zarea (2016).

Selection of Participants

A sample of five to 15 participants was estimated for this study. No compensation was offered for participation. Participants were identified from schools of behavioral science because the participants were exposed to the language used in this study. Individuals who were master’s-

or doctoral-level students at Liberty University, University of North Carolina at Greensboro, and North Carolina Agricultural and Technical State University in the behavioral sciences field, who identified as female, Black/African American, 18 years of age or older, and willing to participate were eligible to participate. Once identified, eligible participants were sent a consent letter via email, requiring their returned signature, fully informing them of their rights as participants and the nature of the study.

Sampling

Studies vary in the amount of saturation necessary to ensure that rich meaning is obtained (Fusch & Ness, 2015). Charmaz (2006) stated that a qualitative study can consist of around 60 participants and that this number should allow for achieving the depth of the experience across the population. Ideally, doctoral students tend to aim for 30 to 50 participants in their qualitative studies (Mason, 2010). Sample sizes are usually smaller in qualitative research than in quantitative studies. Based on the understanding that in qualitative research the sample can be varied enough to achieve research goals, I estimated that a range of five to 15 participant data sets would be necessary to achieve saturation for the present study.

Recruitment

A criterion-based purposive sampling approach was used in this study. This method is described as most suitable for qualitative research and can result in samples from which much can be learned (Merriam & Tisdell, 2015), and that the examiner can expect to gain the greatest insights from. Mason (2010) purported that a large sample size does not determine more useful data. I used snowball sampling to aid student recruitment. This is a chain referral approach in which the researcher informs colleagues and faculty about the study and asks them to share potential referrals (Biernacki & Waldorf, 1981). Other participants were sought via the school of

behavioral sciences masters' and graduate students' databases at each institution. Once identified, prospective participants received a recruitment letter (see Appendix A), including a five-item survey (see Appendix B) for determining eligibility. Eligible individuals who committed to the study then were interviewed via Zoom. I was prepared to interview participants until a point of saturation or no further codes (e.g., themes) are found as per Ando et al. (2014).

Instrumentation

Self-Compassion Scale

The Self-Compassion Scale (SCS; Neff, 2003b) was the instrument used in this study. The SCS has 25 items that measure how an individual may be kind and understanding toward oneself as opposed to being self-critical in times of pain or failure. This instrument uses a 5-point Likert scale ranging from 1 (*Almost Never*) to 5 (*Almost Always*). Six subscales measure self-kindness, common humanity, mindfulness, self judgement, isolation, and overidentification. A total scale score may be used to measure a person's general self-compassion (Neff, 2016); however, total scale scores were not used in this study. In Neff (2003b), internal consistency reliability ranged from .75 to .81. Self-compassion significantly correlated with positive mental health outcomes, such as less depression ($r = -.51$) and anxiety ($r = .65$) and greater life satisfaction ($r = -.45$). The SCS's convergent validity also had a significant negative correlation with self-criticism ($-.65$) and a significant positive correlation with a sense of social connectedness (.41; Neff, 2003b). Interviews with the participants focused on items they had marked as 4 or 5 (*Almost Always*) as their answers, which seemed the most relevant as they indicated that the participants almost always behaved in the manner stated on the scale. The SCS is in Appendix C.

Interview Script

Semistructured interviews are used to obtain in-depth information regarding predetermined and organized items (Baumbusch, 2010; DiCicco-Bloom & Crabtree, 2006; Whiting, 2008) and are typically guided by interview scripts. I developed an interview script (see Appendix D) to guide the semistructured interviews. The interview script was informed by the literature reviewed for this study and was therefore applicable for this population. The questions were open ended, and the second item on the script was more of a prompt than a question. These items were (a) How do you describe the role of self-compassion in your lived experiences? (b) Please describe the role you feel self-compassion has played in your experiences of pursuing higher education and (c) Have these experiences influenced your pursuit of higher education? If so, how?

Study Procedures

Interviews

As noted, semistructured interviews were conducted with all participants to gather in-depth descriptions of their experiences. The interviews were 40–60 min in length and conducted via Zoom, necessitated by social distancing required during the COVID-19 pandemic, which occurred during this study.

Consistent with best practices in qualitative methods, all interviews were scheduled in advance and audio recorded via Zoom. The Zoom interview sessions were scheduled and completed within 1 week after the participants returned their completed SCSs.

Data Processing and Analysis

After the interviews were completed, I sat alone, played back the voice recordings, and transcribed them. I assigned pseudonyms to the participants during transcription to protect their

identities. I then sent the transcriptions to the study participants to review for accuracy. They were given 1 week for reviewing the transcripts and returning their responses to me. The participants all returned their transcripts via email. No changes were noted on any of the transcripts.

Prior to analysis, I met with two colleagues who provided triangulation by assisting in data review and interpretation. These colleagues have advanced degrees (one a master's degree, the other a doctorate) in behavioral health sciences and were therefore familiar with the study focus and intent. We met to prepare for independent review and discuss the data theming process. Each of us independently documented any biases held regarding expected findings.

Before discussing data processing and analysis, it is important to mention researcher bias. Using four key steps helps with researcher bias when employing phenomenological data analysis (Moustakas, 1994). I used in the present study bracketing to avoid research biases and increase investigation rigor. Bracketing allows researchers to refrain from presumptions or hunches that influence how the data is viewed (Tufford & Newman, 2012). Second, I focused on each individual transcript, looking for nonrepetitive and overlapping words or phrases relevant to self-compassion. The data were clustered in relatable and invariant meaning units that reflected the depth and meaning of the phenomena being researched. Third, as previously noted, to help prevent personal biases my colleagues and I reviewed the data sets independently and then convene for comparisons. Finally, I looked for multiple meanings and tensions from within the textural descriptions to develop a structural description, as per Moustakas (1994). Data analysis involved reviewing the individual sessions and recording the lived experiences onto the semistructured interview forms (creating data sets).

I then began analyzing the transcripts using thematic analysis to discover emerging themes. This enabled me to begin developing a deep and meaningful understanding of the participants' underlying experiences, views, opinions, and beliefs, as described by Green and Thorogood (2010) regarding the role of self-compassion in resilience among the participants. I used thematic analysis as described by V. Clarke and Braun (2013) and V. Clarke et al. (2015).

There are a few phases involved in conducting a thematic analysis of qualitative data that allows data to be interchanged from transcripts to themes. The following six thematic analysis phases are from Braun and Clarke (2006) and V. Clarke et al. (2015) and were used in this study to move the data from transcripts to themes. In the first phase, the researcher transcribes and becomes familiar with the data by reading and rereading the transcripts. The second phase is coding the data, which involves becoming familiar with the data (V. Clarke et al., 2015; Talja, 1999). This phase is systematic and rigorous, and it builds a solid foundation for the development of themes. Here, I read and reread the data in order to become familiar with it and began to identify patterns and label relevant features of the data by highlighting key words and phrases as per V. Clarke and Braun (2013), V. Clarke et al. (2015), and Morse and Field (1995).

The third phase, searching for codes, entails the researcher and triangulation team to create plausible and coherent thematic mapping of the data. Best stated, this process is the actual development of themes from the codes that were identified. Here, I organized the data in a meaningful and systematic way, coding the data into small chunks, called major themes and subthemes, to create plausible mapping of key patterns in the data. Overarching or major themes are used to organize and structure the analysis, as these themes capture an idea underpinning a number of themes (V. Clarke & Braun, 2013). Subthemes pinpoint and develop an important facet of the main organizing concept of the theme (Braun & Clarke, 2006).

The fourth phase is reviewing themes to determine whether the data are a good fit with the current coded data and with all of the data sets (V. Clarke et al., 2015, p. 230). In Phase 4, a theme is a pattern that captures something interesting or significant regarding the data or research question. The triangulation team also assisted this phase.

The fifth phase is defining and naming themes and determining how themes are related. I developed a coding form for the triangulation team to help us document possible changes in themes and theme meanings. This form included sections for themes, notes, reviewer impressions, and quotes. Also, in this phase, with the help of triangulation team, I wrote brief summaries or definitions of the themes to ensure their conceptual clarity and establish a road map for the final analysis.

The sixth and final phase involves the researcher weaving the analytic narrative together with clear and compelling information extracted from the data. Although themes allow for organizing the analysis framework, the analytic conclusions realized across themes are constructed in the final written report (Braun & Clarke, 2006, 2013; V. Clarke et al., 2015).

Trustworthiness and Rigor

In a qualitative study, trustworthiness and rigor result from thick descriptions of the participants' experiences (Morrow, 2005, p. 253) and also reflect such criteria as credibility, dependability, confirmability, and transferability (Bloomberg & Volpe, 2008; Lincoln & Guba, 1985; McLeod, 2011; Seale & Silverman, 1997). Research is reliable when it reflects compatible observations from more than one researcher (Bloomberg & Volpe, 2008). In this study, I addressed reliability by engaging a triangulation team consisting of two members in the analysis process. I became immersed in the data analysis to ensure depth in the findings. Using the triangulation team also ensured depth in the findings.

Dependability was addressed by providing a detailed explanation of study content and methodology. Confirmability was addressed by initiating the review of the collected data by sharing extrapolated data from the retrieved data sets and allowing the triangulation team to review the data. The data sets were used to search for nonrepetitive and overlapping descriptions and themes relevant to self-compassion and resilience in the transcripts. I first coded the data sets into primary themes. Then, the triangulation team members assisted in developing deeper levels of themes from the data and in creating subthemes. Last, transferability was addressed by providing a detailed explanation of the study context and the constructs examined (see Shenton, 2004). This explanation included the data collection method, the number of participants, restrictions on who could contribute to the study, and the time frame for gathering and analyzing the data.

Credibility can be ensured with prolonged engagement with participants, continuous observation in the field, research flexibility, participant checks, and coanalysis (Morrow, 2005) as well as triangulation in data collection and analysis (Lincoln & Guba, 1985). Lincoln and Guba (1985) also suggested using debriefing to provide an external check on the research process as well as for member checking to establish credibility. In the present study, continuous debriefing was conducted with the triangulation team, who also served as auditors. This was helpful in monitoring and controlling personal bias.

Finally, transferability was addressed by having and reviewing detailed explanations of the context of the phenomenon of self-compassion and the remaining context of the study that is being examined (e.g., resilience; Shenton, 2004).

Ethical Considerations

Approval from Liberty University's Institutional Review Board was sought and received prior to conducting this study. Graduate-level participants were initially solicited from the School of Behavioral Sciences Counseling Departments at North Carolina Agricultural & Technical State University, the University of North Carolina at Greensboro, and Liberty University through inquiries I made with the heads of these departments. No participants from North Carolina Agricultural and Technical State University responded to the recruitment efforts, and there were few responses from the other institutions. I then instituted snowball sampling by asking one Liberty University student to identify other students who might be interested. This resulted in a total of five study participants: four from Liberty University and one from the University of North Carolina at Greensboro.

Once identified as eligible via completing and returning the eligibility survey and returning the signed consent form (see Appendix E), the participants received the SCS via email. Then, I contacted participants via email to arrange individual appointments for completing the semistructured interviews. The interviews were audio recorded using Zoom. Data from each participant were analyzed first, and the participants were assigned pseudonyms to protect their identity. All participants also received copies of their transcripts via email and were given 1 week to review and offer clarifications or corrections. After all transcripts were returned, the thematic analysis process began.

All participants received a digital hard copy and a verbal review of all informed consents and study agreements. The informed consent advised participants that the interviews would be recorded.

Computerized and electronic data from the Zoom interviews were stored on a password-protected laptop. Interviews and triangulation checks were transcribed, entered into Word, and stored on my password-protected laptop computer. Audio files from interviews were stored on a removable hard drive and will be deleted after 3 years. All physical data (transcripts) were stored in a locked safe in my home throughout the duration of the study and will be destroyed 3 years after study completion. All data were stored under pseudonyms. All participants were given the opportunity to review the research data and conclusions and to ask questions in the future regarding the study. All participants were ensured anonymity. Participants had the right to discontinue their participation at any point during the study.

Summary

The methodology used to conduct this study was described in this chapter. Details on the overall research approach (qualitative) and the method (phenomenology) were provided. Information on the study sample and sample selection was provided next, followed by a discussion of the data gathering and analysis approaches. Discussions on trustworthiness, rigor, and ethical considerations concluded the chapter. In Chapter Four, the findings from the methodology used to conduct this study are presented and discussed.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this study was to provide an in-depth investigation of the phenomenon of self-compassion in resilience through the lived experiences of African American women enrolled in graduate programs. The two research questions were: How do African American women describe the role of self-compassion in their lived experiences? and How do African American women describe the role of self-compassion in their pursuit of their educational attainment? The goal was to investigate the lived experiences of African American women who provided narratives reflecting their resilience and determine how self-compassion exists in their resilience. Qualitative data were collected through semistructured interviews with five participants.

In investigating self-compassion among this group of African American women, the findings revealed an array of themes that demonstrated the role of self-compassion among African American women who pursue advanced degrees. The chapter is organized in a way that provides evidence of the findings from the information gathered from the semistructured interviews. The semistructured interviews addressed both the three scripted interview questions and responses to the Self-Compassion Scale (SCS). The discussions included in-depth descriptions of the lived experiences of five African American women who were currently enrolled in either a master's- or doctoral-level behavioral sciences counseling program. The participants' lived experiences were captured in semistructured interviews conducted via Zoom, voice recorded, and later transcribed. Themes and their meanings or definitions that emerged from the interviews were identified from the rich qualitative content provided by each participant.

Participant Demographics

The study participants were African American women ranging in age from 27 to 58 years. Participants for this study were invited from a historically Black university, North Carolina Agricultural and Technical State University, and two predominately White institutions, Liberty University and the University of North Carolina at Greensboro. Six women responded to the solicitation of participants via their department heads sending out emails and/or posting the recruitment letter on their listservs. One student at Liberty University dropped out after submitting the eligibility survey and informed consent. The other five students remained in the study. Four were enrolled at Liberty University. Of these students, three were doctoral-level students; one was a master's-level student. The fifth participant was enrolled at the University of North Carolina at Greensboro as a master's-level student. No students from North Carolina Agricultural and Technical State University responded to the request for participants. Table 1 shows education status by participant. Pseudonyms were assigned to each participant to facilitate the following discussion.

Table 1

Education Status by Participant

Participant	Higher education enrollment status
Alice	Master's degree
Cyndi	Doctorate
Jessica	Doctorate
Marcy	Doctorate
Morgan	Master's degree

Qualitative Data Collection

Qualitative data for this study were collected through in-depth semistructured interviews. Interviewing was a 4-week process that included scheduling and conducting the interviews. The interviews were scheduled over a 2-week period and were conducted in the following 2 weeks. Participants were asked to answer three scripted questions aimed at better understanding the role of self-compassion in their lived experiences. The three questions were:

- How do you describe the role of self-compassion in your lived experiences?
- Please describe the role you feel self-compassion has played in your experiences of pursuing higher education. (This was more of a prompt that needed an in-depth response.)
- Have these experiences influenced your pursuit of higher education? If so, how?

After these questions were presented and in-depth responses were given, participants were asked clarifying and/or probing questions as needed.

After the scripted questions were asked and answered, the study participants were asked to provide in-depth explanations and examples of SCS questions they had scored as either a 4 or a 5. Gathering these data was useful in answering both research questions. The participants were first briefed on how their responses would be presented and shared in the final study. They then viewed PDFs showing their itemized scores via Zoom screen sharing. Directions on scoring the SCS were read to the participants to remind them of what their scores reflected in accordance with the directions. The directions state that respondents indicate “how often you behave in the stated manner” (Neff, 2003b) for each of 25 items. The SCS uses a 5-point Likert scale ranging from 1 (*Almost Never*) to 5 (*Almost Always*). A score of 3 indicates moderately behaving in the stated manner. For the present study, the focus was on the items participants scored 4 or 5

because this would help reduce any potential or likelihood of a participant feeling overwhelmed in having to describe in-depth lived experiences for each item on the SCS. In the semistructured interviews, the participants expounded on or provided explanations and interpretations of the scores they marked (e.g., 4 or 5). The entire interview process, including the scripted questions and the review of the SCS scores, averaged 40–60 min in length.

This additional discussion was purposeful in gathering rich, in-depth examples and explanations of the participants' lived experiences of self-compassion as they related to specific SCS items (all items represent a different manner of behaving). What was apparent was that throughout the data analysis, the emerging themes reflected participant responses as indicative of either the role of self-compassion in their overall lived experiences and/or participants were specific on how self-compassion influenced their pursuit of higher education.

Thematic Analysis Process

Following interview completion, the participants' comments were transcribed verbatim. The transcriptions were then emailed to the participants for their review. A period of 1 week was allotted to allow each participant sufficient time to member check her responses. They returned their transcripts following this review. No changes were noted by any of the participants.

Thematic analysis is used to bracket and identify key themes in data. I began this process by reading and highlighting important sections in the transcripts that related to the research questions. Each transcript was identified by participant (Participant 1, Participant 2, etc.; as previously noted, pseudonyms were later assigned for the purpose of this discussion). Clean copies (without highlights) of the participant transcripts were also shared with the triangulation team members. Upon receipt, the triangulation members executed the same phenomenological coding techniques I was using, including carefully reading through all of the transcripts,

searching for and highlighting emergent and salient data relevant to the research questions. To ensure plausible and coherent mapping of the data, each team member passed her transcripts to the other team member following review. This process was conducted until each member (including myself) reviewed the highlights and notes on all participant transcripts.

After the relevant data were highlighted and notes were made, descriptive headings were assigned to sections of participant transcripts where data with relevant content had emerged. These descriptive headings were seen as categories and were named with relevant thematical headings. As this process progressed, the triangulation members identified new descriptive headings and categories, which were configured as new findings were realized. This process created new categories and eliminated others until the team arrived at agreed-upon emerging themes. This process took approximately 2–3 hr a day over 4 days until each member was satisfied that the data were a good fit with the codes. The data sets were small enough to compile manually Word tables. Tabling the responses allowed for emerging themes to be realized across a continuum.

A constant comparative approach was used to compare themes collectively, enabling a search for broader themes as well as identifying some open themes that did not cluster into any defined category. Ultimately, four primary themes were defined in responses to the three scripted questions: (a) self-compassion is lacking, (b) self-compassion is prevalent, (c) self-compassion is restorative, and (d) self-compassion is reassuring. Two primary themes—self-comparison and self-critical, and perseverance and resilience—were identified in participant comments on the SCS questions scored as 4 or 5. Each SCS primary theme had one subtheme: aloneness and isolation for self-comparison and self-critical, and self-care and self-nurturing for perseverance and resilience. See Table 2 for the themes, subthemes, and frequency of responses.

The following discussion is organized first by themes that emerged from the scripted questions and the themes and subthemes that emerged from the SCS.

Table 2

Themes, Subthemes, and Response Frequencies

Themes	Frequency of responses	Subthemes	Frequency of responses
Scripted questions			
Self-compassion is lacking	2		
Self-compassion is prevalent	3		
Self-compassion is restorative and reassuring	4		
Self-compassion provides motivation and determination	4		
Self-Compassion Scale			
Self-comparison and self-critical	17	Aloneness, isolation	7
Perseverance and resilience	18	Self-care, self-nurturing	6

Emerging Themes From Responses to Scripted Questions

Scripted Question 1

The first scripted question asked of each participant was, How do you describe the role of self-compassion in your lived experiences? This scripted question related to RQ1: How do African American women describe the role of self-compassion in their lived experiences. Two primary themes emerged from analysis of responses to the scripted question.

Theme 1: Self-Compassion Is Lacking

For this study, lacking was defined as self-compassion may not always be viewed as having a significant role in the life of the individual. Two participants viewed the role of self-

compassion as being not very apparent or seemingly underutilized in their lived experiences.

Alice said, “I tend to not purposefully of course, but I tend to blame myself. Or I’m kinda skeptical of myself wondering, why, why I didn’t do better. Or what I could have did better.”

Cyndi said, “I don’t do well with forgiving my failings or shortcomings . . . I think self-compassion is an area that I struggle with.”

Theme 2: Self-Compassion Is Prevalent

The theme of self-compassion being prevalent in their experiences was expressed by three participants. For this study, prevalence was defined as self-compassion having a significant role in the participant’s life. Three participants described self-compassion as present and something they drew upon in a number of ways in their lived experiences. Jessica described self-compassion as all encompassing.

My idea of self-compassion cuts across everything I do. And the way how I treat and respect myself compassionately, ripples through my relationship, it echoes itself in my work. It shows up with my relationships, intimate and professional. It is integrative.

Marcy’s reply demonstrated that self-compassion was prevalent in lived experiences.

An example, I would say, forgiving myself when I make a mistake. Or doing my best and I still don’t succeed. Just be true to myself and just say I done my best. And God knows I done my best. And move on and just say where do I go from here.

The theme of prevalence was also seen in Morgan’s comments.

It’s a lot easier to forgive, and to, you know respect people, and have compassion on them and so I think as being in a counseling program and learning how to do that for others has helped me learn how to do that a lot more for myself . . . And so just learning a lot about the importance of taking care of myself and you know doing things that are, just

doing thing that are going to put me back in a state of well-being . . . I've learned and learning how to implement that in my own life.

Scripted Question 2

The second scripted question was, Please describe the role you feel self-compassion has played in your experiences of pursuing higher education. This scripted question related to RQ2: How do African American women describe the role of self-compassion in their pursuit of their educational attainment? The participants described a number of unique, yet comparable experiences related to the role that self-compassion has played in their pursuit of higher education. The theme of restorative and reassuring emerged from scripted Question 2.

Theme 3: Restorative and Reassuring

Here, four participants described the role of self-compassion as including either overcoming disappointment, offering self-respect, forgiving themselves, or helping to reestablishing a sense of well-being, resulting in the theme restorative and reassuring. This theme was evident in Alice's comment: "I did poorly on a quiz this week. And I was disappointed. I was hard on myself. But then I thought about it. That one quiz did not define me as a student. I'm still an A student in the class." It was also evident in Cyndi's comment:

I can definitely say that self-compassion has contributed to my psychological and physical well-being. I know that I am intelligent, and I've learned how to respect myself as being imperfect. And I can see that being compassionate towards myself has been what God has shown me how to be compassionate. How to be self-compassionate. And that's what has helped me get in a better place mentally.

Marcy's reply to the question also demonstrated the role of self-compassion as being restorative and reassuring. She stated,

An example, I would say, forgiving myself when I make a mistake. Or doing my best and I still don't succeed. Just be true to myself and just say I done my best. And God knows I done my best. And move on and just say where do I go from here.

The theme of restorative and reassuring was also seen in a statement from Morgan. She said, "And so just learning a lot about the importance of taking care of myself and you know doing things that are, just doing thing that are going to put me back in a state of well-being."

Scripted Question 3

The third scripted question was, Have these experiences influenced your pursuit of higher education? If so, how? This question related to both research questions. The theme that emerged from responses to this scripted question was motivation and determination as four participants described unique yet interwoven lived experiences that influenced their pursuit of higher education. In the present study, motivation and determination referred to being able to feel hopeful and proud, desiring to continue toward success, and desiring to continue toward accomplishing aspirations despite opposition or adversity.

Theme 4: Motivation and Determination

In their descriptions of self-compassion influencing their pursuit of higher education, it was apparent that each participant was motivated and determined that no matter the adversity, hardship, or difficulty. It was also apparent that the participants were determined to continue to engage in their academic pursuit, and some even expressed feeling proud of their strides. Alice said, "I do want to work in higher education. I do want to get a doctorate in that to also inform students that if I ever get the opportunity to." Jessica said, "It [motivation and determination] really helped highlight me and who I am. And that kind of was its own reward cause it made me feel proud that I am a self-compassionate person."

The theme of motivation and determination was further evidenced by Marcy, who stated, “After what I went through with the QE [qualifying exam, used to measure competence and ability to perform as a doctoral student], it made me more determined to complete my degree. And it made me feel as though no matter what I come against, I’ll face it and I’ll get through it.” Cyndi passionately shared,

We are living in a time where people like me, that look like me, aren’t supposed to have PhDs or EDs or master’s degrees, or even bachelor’s degrees. We’re supposed to be cleaning houses, being moms, you know, barefoot and naked, domestic servanthship and stuff. And I have had a lot of experiences where an opportunity was given to me through a phone interview or a word of mouth of someone, or sending in my resume, and you know just blowing the socks off of the employer to gain a position, and when I come in for the position and they see that I am a Black female, they turn me away. And I know growing up I’ve heard about it and I know I’ve seen other people talk about it. But I hadn’t ever really experienced it.

The further I’ve gone in my education, the more prevalent my experiences have been firsthand with issues like this because I’m a woman, because I’m Black, because I am educated, because I’m everything society historically has said that people that look like me, never could be, never would be, and shouldn’t be. And experiences like this that are attributed to the duality of being a Black female have really shown me how to be not only self-disciplined but to be self-compassionate . . . with having self-compassion, I have been able to sustain and persevere, in spite of the adversity.

Emerging Themes From Responses to Self-Compassion Scale Items

As previously noted, the study participants were also asked to weigh in on SCS items they scored as 4 or 5, indicating that they almost always behaved in the manner stated in the scale. Data analysis for SCS items included determining how many participants responded to a particular item on the inventory and whether that item received a participant's score of 4 or 5 (see Table 3). None of the participants scored SCS Items 7, 10, or 15 as 4 or 5.

Table 3

Frequency of Participant Scores 4 or 5 on the Self-Compassion Scale (SCS)

Participant	SCS item numbers scored as 4	SCS item numbers scored as 5
1	5, 8, 9, 25, 26	0
2	6, 18, 20, 21	2, 8, 16, 25
3	1, 13, 13	3, 5, 14, 17, 18, 19, 22, 23, 25, 26
4	9, 17, 19, 23, 26	5, 12, 22
5	2, 8, 11, 16, 18, 20, 21, 25	4, 6

Themes

The emerging primary themes from the participants' discussion of the scale items were (a) self-comparisons and self-critical and (b) perseverance and resilience. While the definitions of each term differ, they also bear some resemblance. In the present study, self-comparisons were defined as seeing oneself in contrast to another's or contrasting how one perceives one's appearance in times past and present or perceiving others' comments toward oneself as derogatory. Self-critical was defined as having self-doubt, thinking or talking oneself down, not feeling good enough, having a sense of negative self-regard, focusing on the negative aspects of self, and sometimes feeling hopeless. During theme mapping, self-comparisons and self-critical

seemed so closely related they were grouped together to create one primary theme. Each primary theme is discussed separately next.

Theme 5: Self-Comparisons and Self-Critical

Primary themes related to both research questions began to emerge with Cyndi's response to SCS Item 2: "When I'm feeling down, I tend to obsess and fixate on everything that's wrong."

Cyndi's response specifically reflected being self-critical. She said,

It seems like when I'm down, everything is wrong. Like there's, like I don't see the positives of a situation. It's just, I'm down. . . . I'm never gonna get past this, it's never gonna be good enough to . . . I just became Negative Nancy. . . . When I'm feeling down or when I'm in a bad head space, it's like nothing clicks in my head to bring me out of that.

Morgan's comment also related to this theme: "I can tend to be a perfectionist and tend to be very self-critical." Morgan was referring to her struggle with some of the overall challenges she encounters in life. Her response seemed to reflect both research questions.

The theme of self-comparisons can be seen in SCS Item 6: "When I fail at something important to me, I become consumed by feelings of inadequacy." When asked about her score on this item, Cyndi said, "I tend to judge myself and compare myself to other people." Morgan provided a more in-depth comment that shed light on the theme of self-critical.

I am very much a person that doesn't like to do things wrong, and I feel that when I do something wrong, it can be hard to like to remind myself that that doesn't mean I'm bad or I am wrong . . . I have a very hard time looking at things as a learning experience, rather than a failed, it's messed up. It's done.

Morgan's remarks addressed both research questions. She admitted that she does not like to mess up and can be hard on herself when it pertains to the things she does in life or specifically in school.

Alice's comments regarding SCS Item 6 more specifically addressed RQ2. This item reads "When times are really difficult, I tend to be tough on myself." Alice's comment was, "I identified grades with maybe self-worth or self-value, because [of] certain traumatic experiences I had in education. It made me feel like grades validate me. Um, people see me, because they see my grades . . . So, that's accurate, I am tough on myself if I don't exceed to a certain standard."

Clearly, Alice connects her self-worth to her academic performance.

Cyndi proved a rich response with relevance to the emergent theme of self-comparisons and self-critical and to RQ2 in describing how she desired to be more than average, when answering a question on her score on SCS Item 8: "When times are really difficult, I tend to be tough on myself."

In my mind, it's . . . I know I'm capable of being more than the average. So, I aim to be, to exceed the average by more than a little. So, when I feel that things are difficult, I don't attribute them to being difficult. I attribute it to something's wrong with me because I should be able to do this but I can't.

Morgan's comments referencing her performance in completing an academic counseling internship also connected to this theme.

I tend to obsess and fixate. And so, you know, just in those moments where I'm feeling down or it feels like everything is really hard, it's a lot harder to kind of remind myself of like this is just a moment. . . . It has been hard to feel like I am doing enough or, um,

being adequate in my internship. You know, although I am trying really hard, and I hear all good reviews from the people at my internship. Um, it gets very easy for me like I am doing everything wrong and like I'm not doing enough.

Providing clear evidence that connected to both research questions, Alice addressed the workplace and the academic setting in her response to SCS Item 9: "When something upsets me, I try to keep my emotions in balance." Her commentary yielded an in-depth response that seemed to support the primary theme of self-comparison and self-critical.

Being an African American woman, sometimes, whether it's in the workplace or educational setting, it's hard to, um, express those feelings and you do have to keep them in check because of the negative stereotypes that are associated with just my skin color. I do try to keep those in place and display any emotion whether I'm upset, or something may really have hurt me. But I don't express that, because of how I am perceived by my peers.

Jessica's response to Item 13 on the SCS, which reads "When I'm feeling down, I tend to feel like most other people are probably happier than I am" also reflected the theme of self-comparison and self-critical and addressed RQ2. Jessica suggested that her choice in educational paths could have been different. She said, "So, moments of doubt creep in and I think 'Man had I gone in a different direction like so and so, I would not be experiencing this angst.'"

Cyndi's response to SCS Item 16, which reads "When I see aspects of myself that I don't like, I get down on myself" demonstrated a deep narrative that fit this theme. She clearly identified with both research questions in her statement as she spoke to marriage and motherhood and also her doctorate degree.

Um, I compare myself a lot to how I use to look before marriage, before parenthood. And the head space that I was in premarriage, premotherhood, pre-PhD, and those are like good memories. And then when I look at myself now and I think about the head space that I tend to get in more prevalently now, um, I really beat myself up. I'll get to the point where I'll start having extraneous thoughts of, I need to stop eating. I need to do this. I need to do that. Going to extreme measures trying to figure out how to get back to how I used to be or how I used to look, and how I feel . . . and I saying it in my head, but somebody else is coming out and saying it out loud. It's just like, you're not really like Miss America, but you're casting judgement on me . . . When people say things to you and constantly make a mockery out of stuff, it's hard to not let it saturate your mind.

Morgan also offered a reply to this theme in responding to SCS Item 16 as she targeted both the role of self-compassion in her lived experiences as well as how self-compassion influenced her pursuit of higher education: "Um, is that, it's just that when I see things that I feel like other people maybe don't like. Then I don't like it and I start to, like, you're really stupid."

Cyndi provided a compelling statement in her response to SCS Item 18, which states, "When I'm really struggling, I tend to feel like other people must be having an easier time of it," The deep and rich narrative shared by this participant supported the theme of self-comparisons and self-critical.

It goes back to the comparison thing. Um, like my biggest experience was struggling like the first 1 or 2 years in my marriage where my husband and I were struggling financially, geographically, we were four states apart because he couldn't seem to find a job down here where I was from . . . And if I'm struggling to get ours, I'm struggling to knock off all these things, I have going on. And it just seems that every time I turn around, it

appeared that money was just falling out of the sky to some people. Job opportunities were just falling into the hands of people who weren't looking for jobs. And I just like, you know, why are, you know, why are, God what is going on, what is it that I'm not doing to please you. To where you are not allowing me to be great. I mean it just, a lot of times it got to that point it seems like, um, whenever, I'm struggling or whenever I'm down, it just seems like the weight of the world is off everybody else's shoulders.

This narrative clearly evidenced the first research question because here, Cyndi shared some of her global (far reaching) lived experiences.

Jessica enhanced her narrative regarding RQ2 in adding her perspective on SCS Item 18 that reflected her concern about socioeconomic inequalities in stating "My brother has a master's degree, and he makes over \$150,000. And I have a master's degree, in pursuit of a PhD, and my trajectory doesn't even look remotely close."

SCS Item 21 states, "I can be a bit cold-hearted towards myself when I'm experiencing suffering." Cyndi's comments on her response to this item also reflected this emerging theme. She said, "I'm my own worst critic. And I am aware of that. And a lot of times I don't give myself grace and I'm unforgiving of myself and I'm harder on myself." Morgan also provided relevant information that supported the theme of self-comparisons and self-critical. Her comment was, "When times are really difficult, I tend to be tough on myself." As she provided a viewpoint of her overall feelings or response in difficult times, she lent evidence that addressed the role of her self-compassion in her lived experiences as one who bears being self-critical.

SCS Items 25 and 26 highlight the last two emerging themes for self-comparisons and self-critical. Item 25 states, "When I fail at something that's important to me, I tend to feel alone in my failure." To this, Cyndi said, "Yeah, like for instance if I'm carrying a case of water out of

the truck and it burst open, I feel like I'm a failure and this kind of stuff doesn't happen to anyone else." Again, this is marked evidence of the participant's self-comparisons and being self-critical as inclusive in her view of her life experiences. SCS Item 26 states, "I try to be understanding and patient towards those aspects of my personality I don't like." Jessica weighed in on this item and said, "I hear myself now being very thoughtful about my answers. So, I feel like I am picking and choosing my words. And I hear myself judging the fluidity of speech." Her response addressed the emerging theme of self-comparison and self-critical and seemed to be categorized as a response to support the role of self-compassion in her lived experiences. I next discuss the second primary emerging theme: perseverance and resilience.

Theme 6: Perseverance and Resilience

Perseverance and resilience were the second emerging theme in this study. Perseverance was defined in this study as keeping striving and looking for solutions to meet the goals one has set for herself even in the midst of adversity, hardships, and difficulties. Resilience was defined as finding ways to keep aspiring toward a positive outcome and not giving up in the midst of adverse, difficult, or hard circumstances that one's life may bring, even if it means improvising or creating a new way of finishing one's originally planned course. Within the discussions represented for this emerging theme, the participants' responses addressed both research questions.

SCS Item 1 states, "I'm disapproving and judgmental about my own flaws and inadequacies." Jessica related an in-depth response to this item in discussing how she manages to complete a number of tasks while managing life's additional assignments. She clarified that she did not expect the task of pursuing her doctoral degree as easy or comfortable but that she is

prepared to struggle in order to reach success. Here, perseverance and resilience were demonstrated when Jessica replied to Item 1 of the SCS by stating,

I have amassed a lot in a short period of time, and I don't think that I was ever educated to use that term of how to be comfortable. So, I know how to struggle. I know how to grind. Like I know about hard work.

Jessica's comments also reflected how self-compassion influenced her pursuit of higher education, yet she stayed her course.

SCS Item 5 states, "I try to be loving towards myself when I'm feeling emotional pain." Two participants' comments on this item reflected perseverance and resilience. In relating back to her previous reply, Jessica said, "So, really resetting, so I took a minute [to] extend compassion, I believe, to myself also to that situation. And then reset in that moment and carried on." Marcy commented, "What I just try to do is say, it's okay, let's, let's look at this. And let's see where we need to go from here." This participant's response also reflected how the how self-compassion influenced her pursuit of higher education as she sought to figure out direction if she needed it.

SCS Item 9, which states "When something upsets me, I try to keep my emotions in balance," received a similar response from Marcy. She said, "But, then I just took a breath and said let's look at this. What exactly does this mean? What do I have to do in order to move forward?" Here, she was referring to her efforts in pursuing higher education. She illustrated that just taking time to breathe can be what is needed to keep going.

SCS Item 12 states, "When I'm going through a very hard time, I give myself the caring and tenderness I need." Remarks from Jessica and Marcy reflected the same emerging primary theme. Jessica shared that "When I feel emotionally drained or maybe physically fatigued, I stop.

Sometimes, it's hard. But whatever the path I am on, I just put it down, I stop, I listen to myself, I lay down, I take really good care of myself." Marcy said, "I take hot showers. I go walking. I love on my dog. I go talk to my brother. I, I just do the complete opposite of what's upsetting me. It's like I just walk away from it." In these remarks, both participants provided insights into the role of self-compassion in their lived experience and offer insight into the essential aspect of taking care of self.

Jessica's reply implied that she saw values in the role of self-compassion's role in her lived experiences as well as in her pursuit of higher education. This was also evident in her response on SCS Item 14, which reads "When something painful happens I try to take a balanced view of the situation." Her response that "Well, ugh, 2020 happened. And having to take into account this is a global pandemic. It's not just happening to me. These losses does not make me siloed. It actually the opposite" reflected the emerging theme perseverance and resilience.

The implications of Jessica's comments were seen again in her response to SCS Item 17, which states: "When I fail at something important to me, I try to keep things in perspective." Jessica provided an in-depth comment.

I have been applying to present at conferences, and some of them I was denied, and the compassion that I extend to myself is the knowledge that it's common and being rejected is part of the growth process. And it created a sense of what do I need to learn from this? What is this trying to teach me? How can I grow?

The emerging theme of perseverance and resilience was also apparent in the following comment from Marcy:

I hate to keep repeating myself, but you know, I just have this attitude that okay, we didn't quite get this right so, what next. What's next. What do we do to fix it? Or how can I correct it? Or I'm gonna find someone to help me find a solution.

These same two participants commented on SCS Item 19 in richly unique ways that supported the theme of perseverance and resilience. Item 19 reads, "I'm kind to myself when I'm experiencing suffering." Jessica stated,

When there are things that are resembling of suffering in the true definition of the word, I have to stop and reassess the source of such displeasure or dismay and then from there I tend [to] reset my thinking and my perspective.

Here, Jessica stated that she does not suffer. She suggested that there is only a resemblance of suffering that occurs in her life. Thus, her response provides evidence of the role of self-compassion when the appearance of suffering is present in her life. Marcy also provided a deeply rich comment.

For example, when my sister died. And I had a big paper I had to write. I explained to the teacher that I had just lost my sister and that I needed a moment. You know, I didn't take days, I just said, I need a moment. And I just, you know, I made sure my nephews were okay. You know, I just took care of business as needed. But I also didn't put extreme pressure on myself.

Clearly evident is that Marcy offered herself self-compassion in her lived experiences and that it related to her pursuit of higher education. Even in times of death, she found strength to continue her pursuit.

SCS Item 20 states, "When something upsets me, I get carried away with my feelings."

Two participants' comments on this item supported the emerging theme perseverance and

resilience. Cyndi said, “So, when something upsets me, I shut down. I hold on to it. And sometimes in my head I say, I let go and let God.” This comment implied that in her lived experiences, her self-compassion is supported by her spirituality. Morgan said,

Ugh . . . I think that I very much can get stuck in a either down feeling or an angry feeling or you know, things like that . . . and I have to, it takes a lot of effort to kind of talk myself out of letting my feelings rule. Um, and kind of, you know, that self-talk, or that positive, like okay, this isn’t the end of the world. It’s just a moment.

Morgan’s comment suggested that she overcomes her negative feelings and emotions by drawing on her self-compassion, which helps her use her positive inner voice.

Perseverance and resilience were apparent in the remarks shared by Marcy regarding SCS Item 22, which states, “When I’m feeling down, I try to approach my feelings with curiosity and openness.” She said,

I believe we all have a day when we are not feeling up. So, I just try to figure out what it is. You know, and then, what can I do about it? And sometimes it’s actually do nothing. Just go on with life. And it works its way out.

Here, Marcy illustrated how her decision to step back in a moment of difficulty or uncertainty was her self-compassion in operation.

Jessica replied to SCS Item 23, which states, “I’m tolerant of my own flaws and inadequacies.” She said, “If I considered it a true flaw, I want to work to fix it if possible.” Marcy also commented on this item and said, “I forgive myself in a minute. You know, cause if

you don't you put so much pressure on yourself, that you can't move forward." Clearly, forgiveness is at work in the lived experiences of her self-compassion.

The final response came from Alice, who said, "I have to be patient with myself to grow to let that past traumatic experience that I've had to let it go." Her response addressed SCS Item 26, which states, "I try to be understanding and patient towards those aspects of my personality I don't like." Alice's comment acknowledged that the role of self-compassion in her lived experience included being understanding and patient toward herself.

Summary of Emerging Themes in Participant Self-Compassion Scale Responses

Eighteen different responses were generated from the five participants that reflected the primary theme of self-comparison and self-critical, with uniquely interwoven descriptions that address each research question. The emerging theme of perseverance and resilience was reflected in 17 responses from the participants. Both emerging themes reflected some similarities and some differences among the study participants, as was expected. Their responses also reflected answers to both research questions. The relationships between the primary themes and the SCS items are shown in Table 4.

Table 4*Summary of Primary Themes From the Self-Compassion Scale (SCS)*

Primary theme	SCS item	Brief evidence from the data
Self-comparisons and self-critical	2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong."	<p>Cyndi: "It seems like when I'm down, everything is wrong . . . I don't see the positives of a situation. It's just, I'm down . . . I'm never gonna get past this, it's never gonna be good enough . . . I just became negative Nancy . . . it's like nothing clicks in my head to bring me out of that."</p> <p>Morgan: "I can tend to be a perfectionist . . . and tend to be very self-critical."</p>
	6. When I fail at something important to me, I become consumed by feelings of inadequacy.	<p>Cyndi: "I tend to judge myself and compare myself to other people."</p> <p>Morgan: "I feel that when I do something wrong, it can be hard to like to remind myself that that doesn't mean I'm bad or I am wrong . . . I have a very hard time looking at things as a learning experience"</p>
	8. When times are really difficult, I tend to be tough on myself.	<p>Alice: "I identified grades with maybe self-worth or self-value . . . certain traumatic experiences I had, in education made me feel like grades validate me . . . people see me, because they see my grades . . . I am tough on myself if I don't exceed to a certain standard."</p> <p>Cyndi: "I know I capable of being more than the average. So, I aim to be, to exceed the average by more than a little. So, when I feel that things are difficult, I don't' t attribute them to being difficult. I attribute it to something's wrong with me because I should be able to do this but I can't."</p> <p>Morgan: "I tend to obsess and fixate . . . just in those moments where I'm feeling down or it feels like everything is really hard . . . it's a lot harder to kind of remind myself of like this is just a moment. . . .Ot has been hard to feel like I am doing enough or being adequate in my internship"</p>

Primary theme	SCS item	Brief evidence from the data
	9. When something upsets me, I try to keep my emotions in balance.	Alice: "Being an African American woman, sometimes, whether it's in the workplace or educational setting, it's hard to express those feelings and you do have to keep them in check because of the negative stereotypes that are associated with just my skin color . . . But I don't express that, because of how I am perceived by my peers.
	13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	Jessica: "Moments of doubt creep in and I think. Man, had I gone in a different direction like so and so, I would not be experiencing these angsts."
	16. When I see aspects of myself that I don't like, I get down on myself.	Cyndi: "I compare myself a lot to how I use to look before marriage, before parenthood, pre-PhD . . . And then when I look at myself now . . . I really beat myself up. I'll get to the point where I'll start having extraneous thoughts of, I need to stop eating. I need to do this. I need to do that. Going to extreme measures trying to figure out how to get back to how I used to be or how I used to look, and how I feel . . . It's just like, you're not really like Miss America, but you're casting judgement on me."
		Morgan: "When I see things that I feel like other people maybe don't like. Then I don't like it and I start to like you're really stupid."
	18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	Cyndi: "It goes back to the comparison thing. . . . And if I'm struggling to get ours . . . And it just seems that every time I turn around, it appeared that money was just falling out of the sky to some people. Job opportunities were just falling into the hands of people who weren't looking for jobs . . . why . . . God what is going on . . . You are not allowing me to be great . . . it just seems like the weight of the world is off everybody else's shoulders."
		Jessica: "My brother has a master's degree, and he makes over \$150,000. And I have a master's degree, in pursuit of a PhD and my trajectory doesn't even look remotely close."

Primary theme	SCS item	Brief evidence from the data
Perseverance and resilience	21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.	Cyndi: "I'm my own worst critic. And I am aware of that. And a lot of times I don't give myself grace and I'm unforgiving of myself and I'm harder on myself." Morgan: "When times are really difficult, I tend to be tough on myself."
	25. When I fail at something that's important to me, I tend to feel alone in my failure.	Cyndi: "If I'm carrying a case of water out of the truck and it burst open, I feel like I'm a failure and this kind of stuff doesn't happen to anyone else."
	26. I try to be understanding and patient towards those aspects of my personality I don't like.	Jessica: "I hear myself now being very thoughtful about my answers. So, I feel like I am picking and choosing my words. And I hear myself judging the fluidity of speech."
	1. I'm disapproving and judgmental about my own flaws and inadequacies	Jessica: "I have amassed a lot in a short period of time, and I don't think that I was ever educated to use that term of how to be comfortable. So, I know how to struggle. I know how to grind. Like I know about hard work."
	5. I try to be loving towards myself when I'm feeling emotional pain.	Jessica: "So, really resetting, so I took a minute extend compassion I believe, to myself also to that situation. And then reset in that moment and carried on." Marcy: "What I just try to do is say, it's okay, let's, let's look at this. And let's see where we need to go from here."
	9. When something upsets me, I try to keep my emotions in balance.	Marcy: "But, then I just took a breath and said let's look at this. What exactly does this mean? What do I have to do in order to move forward?"
	12. When I'm going through a very hard time, I give myself the caring and tenderness I need.	Jessica: "When I feel emotionally drained or maybe physically fatigued, I stop. Sometimes, it's hard. But whatever the path I am on, I just put it down, I stop, I listen to myself, I lay down, I take really good care of myself." Marcy: "I take hot showers. I go walking. I love on my dog. I go talk to my brother. I, I just do the complete opposite of what's upsetting me. It's like I just walk away from it."
	14. When something painful happens I try to take a balanced view of the situation.	Jessica: "2020 happened. And having to take into account this is a global pandemic. It's not just happening to me. These losses does not make me siloed. It actually the opposite"

Primary theme	SCS item	Brief evidence from the data
	17. When I fail at something important to me, I try to keep things in perspective.	<p>Jessica: "I have been applying to present at conferences and some of them I was denied and the compassion that I extend to myself is the knowledge that it's common and being rejected is part of the growth process. And it created a sense of what do I need to learn from this? What is this trying to teach me? How can I grow?"</p> <p>Marcy: "I just have this attitude that okay, we didn't quite get this right so, what next. What's next. What do we do to fix it? Or how can I correct it? Or I'm gonna find someone to help me find a solution."</p>
	19. I'm kind to myself when I'm experiencing suffering.	<p>Jessica: "When there are things that are resembling of suffering in the true definition of the word, I have to stop and reassess the source of such displeasure or dismay and then from there I tend [to]reset my thinking and my perspective."</p> <p>Marcy: When my sister died. And I had a big paper I had to write. I explained to the teacher that I had just lost my sister and that I needed a moment . . . I didn't take days . . . I just took care of business as needed. But I also didn't put extreme pressure on myself."</p>
	20. When something upsets me, I get carried away with my feelings.	<p>Cyndi: "And sometimes in my head I say, I let go and let God."</p> <p>Morgan: "It takes a lot of effort to kind of talk myself out of letting my feelings rule . . . that self-talk, or that positive, like okay, this isn't the end of the world. It's just a moment."</p>
	22. When I'm feeling down, I try to approach my feelings with curiosity and openness.	<p>Marcy: "I believe we all have a day when we are not feeling up. So, I just try to figure out what it is . . . what can I do about it? And sometimes it's actually do nothing. Just go on with life. And it works its way out."</p>
	23. I'm tolerant of my own flaws and inadequacies.	<p>Jessica: "If I considered it a rue flaw, I want to work to fix it if possible."</p> <p>Marcy: "I forgive myself in a minute. You know cause if you don't you put so much pressure on yourself, that you can't move forward."</p>
	26. I try to be understanding and patient towards those aspects of my personality I don't like.	<p>Alice: "I have to be patient with myself to grow to let that past traumatic experience that I've had to let it go."</p>

Subthemes

Analyzing the participants' responses related to their SCS item scoring also yielded intriguing subthemes that related to the role of self-compassion in the participants' lived experiences. In some cases, the response may have specifically related to the participants' pursuit of higher education. The subthemes that emerged from participants who scored SCS items as a 4 or 5 were (a) aloneness and isolation, which relates to the primary theme of self-comparison and self-critical, and (b) self-care and self-nurturing, which relates to the primary theme of perseverance and resilience. Both subthemes are discussed next.

Subtheme 1: Aloneness and Isolation

In this study, aloneness and isolation was defined as the participant feeling separated from others and like she had to pursue her academic ambitions, and in some cases life's circumstances, without support. Jessica, who referred to engaging with her colleagues in her academic setting, provided a comment that reflected the subtheme of aloneness and isolation in commenting on her score on SCS Item 1, which reads, "I'm disapproving and judgmental about my own flaws and inadequacies." She said, "Because I felt like it [the group] excluded me, like I was now inadequate from the circle that I was once accustom[ed] to."

Morgan's description of her feelings about her inadequacies reflected this emerging subtheme as it related to her overall lived experiences and her academic pursuit. In response to SCS Item 4, which reads, "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world," she said,

It [judging herself] does make me feel separated from people and then because I get kind of stuck in that I feel like, I start to feel like oh, you know it's not just this person that

maybe upset or feel this way, it's everyone and, um, I kinda feel like my inadequacies as it says, kind of feed into people being upset and me being more cut off because of that. Here, Morgan said that sometimes she makes mistakes in life and does not do all things well. She suggested that when these times occur, she sometimes feels stuck, and upset or disappoint with herself. She described that she also feels like she sees herself different for other people because when she makes a mistake, she also feels cut off or separated from others.

The theme of aloneness and isolation was also reflected in Cyndi's comments on SCS Item 4. She said, "It just means that you're on your own journey" in reference to her pursuit in higher education and being alone in the process.

Item 13 on the SCS, which reads, "When I'm feeling down, I tend to feel like most other people are probably happier than I am," gave Jessica the opportunity to address aloneness and isolation again. Here, her reply was, "Because the path of a PhD student is lonesome, and there are not very many people that I know have chosen this path." Clearly, her experience of pursuing higher education reflects some feelings of loneliness. Loneliness was also reflected in her comment on SCS Items 18: "When I'm really struggling, I tend to feel like other people must be having an easier time of it." Jessica expressed her sentiments of feeling alone in pursuing her higher degree as she was reasoning that the rigorous process oftentimes left her feeling by herself. She said, "This is a lonesome journey in higher ed." SCS Item 18 brought a similar reflective statement from Morgan, who said, "I realize that I'm not thinking about other people's experience because I am feeling very alone in my own."

Finally, Jessica again expressed aloneness and isolation regarding her academic pursuit in her comment on SCS Item 24: "When something painful happens I tend to blow the incident out of proportion." Her reply was, "Because I am alone in my success also. This is a very lonely

journey.” Jessica was referring to the feelings of aloneness and isolation that occurred during the miscommunication and misunderstanding regarding a presentation date that occurred between herself and a colleague.

Subtheme 2: Self-Care and Self-Nurturing

Self-care and self-nurturing was the second subtheme to emerge from the SCS narratives. This subtheme was defined as the participants recognizing the need to be kind to themselves and taking the time to care for and nurture their personal needs in spite of adversities, hardships, and/or difficulties. Here, several participants had comments that were relevant to both research questions. Alice addressed the role of self-compassion in her lived experiences in her response to SCS Item 1: “I’m disapproving and judgmental about my own flaws and inadequacies.” She said, “I try to cheer myself up for the most part. Whether it’s taking myself out to dinner or watching a movie, um, or taking a nap. Something that kinda take my mind off the emotional pain.” Marcy also replied to SCS Item 1 and said, “What I just try to do is say, it’s okay, let’s look at this. And let’s see where we need to go from here.” There was also evidence of the subtheme of self-care and self-nurturing in Marcy’s reply to SCS Item 9: “When something upsets me, I try to keep my emotions in balance.” Her response offered evidence to both the research questions. She said,

I try [to] not just assume. I try not to fly off the handle. Ugh, like when I found out they were going to freeze my PhD program . . . I just took a breath and said let’s look at this.

What exactly does this mean? What do I have to do in order to move forward?

Marcy’s comments reflect that she stays calm, breathes, and moves forward when she feels upset by what life brings her way.

SCS Item 12 states, “When I’m going through a very hard time, I give myself the caring and tenderness I need.” This item yielded a response from Jessica that reflected the subtheme of self-care and self-nurturing. She said,

When I feel emotionally drained or maybe physically fatigued, I stop. Sometimes, it’s hard. But whatever the path I am on, I just put it down, I stop, I listen to myself, I lay down, I take really good care of myself.”

Marcy also replied to this item number. She said, “I take hot showers. I go walking. I love on my dog. I go talk to my brother . . . I just do the complete opposite of what’s upsetting me.” Her response reflected how self-compassion operated in her life.

The final reflection of this emerging subtheme was evident in remarks by Marcy in referring to her overall life’s experiences. She said, “I just try to understand what’s going on. And If I’m gonna to be patient with other people, why can’t I be patient with myself?”

Summary of Emerging Subthemes in Participant Self-Compassion Scale Responses

Two subthemes—aloneness and isolation and self-care and self-nurturing—emerged from the participants’ responses to the SCS items. These two emerging subthemes were distinctly different from each other. However, data analysis showed that they both reflected revelations about the role of self-compassion in the lived experiences of these women, with some specific reflections on how self-compassion influenced their pursuit of higher education.

A total of seven participant comments reflected the subtheme of aloneness and isolation. A total of six participant comments reflected the emerging subthemes of self-care and self-nurturing. Altogether, 13 responses were analyzed. Table 5 is a summary of the subthemes, their relationship to the SCS items, and brief evidence from the participant comments illustrating the subthemes.

Table 5*Summary of Subthemes From Self-Compassion Scale (SCS) Responses*

Subtheme	SCS item	Evidence from the data
Aloneness and isolation	1. I'm disapproving and judgmental about my own flaws and inadequacies.	Jessica: "Because I felt like it excluded me, like I was now inadequate from the circle that I was once accustomed to."
	4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	Morgan: "It does make me feel separated from people . . . kind of feed into people being upset and me being more cut off because of that." Cyndi: "It just means that you're on your own journey."
	13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	Jessica: "Because the path of a PhD student is lonesome and there is not very many people that I know have chosen this path."
	18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	Jessica: ". . . which this is a lonesome journey in higher ed." Morgan: "I realize that I'm not thinking about other people's experience because I am feeling very alone in my own."
	24. When something painful happens I tend to blow the incident out of proportion.	Jessica: "Because I am alone in my success also. This is a very lonely journey."
Self-care and self-nurturing	1. I'm disapproving and judgmental about my own flaws and inadequacies.	Alice: "I try to cheer myself up for the most part. Whether it's taking myself out to dinner or watching a movie, hum, or taking a nap." Morgan: "What I just try to do is say, it's okay, let's look at this. And let's see where we need to go from here."
	9. When something upsets me, I try to keep my emotions in balance.	Marcy: "I try not to fly off the handle. . . . I just took a breath and said let's look at this."

Subtheme	SCS item	Evidence from the data
	12. When I'm going through a very hard time, I give myself the caring and tenderness I need.	Jessica: "When I feel emotionally drained or maybe physically fatigued, I stop. Sometimes, it's hard. But whatever the path I am on, I just put it down, I stop, I listen to myself, I lay down, I take really good care of myself." Marcy: "I take hot showers. I go walking. I love on my dog. I go talk to my brother. I, I just do the complete opposite of what's upsetting me."
	26. I try to be understanding and patient towards those aspects of my personality I don't like.	Marcy: "I just try to understand what's going on. And If I'm gonna to be patient with other people, why can't I be patient with myself?"

Conclusion

The analysis in this chapter reflects the themes that emerged from the participants' responses to the scripted questions and the SCS items. The analysis provided answers to the two research questions: How do African American women describe the role of self-compassion in their pursuit of their educational attainment? and How do African American women describe the role of self-compassion in their lived experiences? These two research questions were interwoven into the emerging themes and were visible in the data analysis. Overall, there were striking similarities as well as contrasting differences in the findings that enabled a conceptualization of how this group benefited or did not benefit from self-compassion. The themes that emerged from responses to the scripted questions proved meaningful in deriving rich and deep data for understanding the role of self-compassion among the participants' lived experiences and in understanding how these experiences influence their pursuit of higher education.

The first scripted question, How do you describe the role of self-compassion in your lived experiences? paralleled RQ1: How do African American women describe the role of self-compassion in their lived experiences? Rich responses to the question answered RQ1. In responding to this scripted question, the five participants provided somewhat divided views of how they described self-compassion in their lived experiences. I felt it important to identify what emerged from the participants' responses to this scripted question because clear contrasts were noticeable in their comments, with self-compassion viewed by two participants as lacking (suggesting they benefited minimally from having self-compassion) and the other three viewing it as prevalent (suggesting they benefited more from having self-compassion). Self-compassion being prevalent among the group outnumbered self-compassion being lacking with three of the five participants noting its prevalence.

The second scripted question—Please describe the role you feel self-compassion has played in your experiences of pursuing higher education—was more of a prompt that asked participants to describe the role they felt self-compassion played in their experiences of pursuing high education. It echoed RQ2: How do African American women describe the role of self-compassion in their pursuit of their educational attainment? Here the participants gave illustrations of their experiences that related to their educational endeavors. Most of the participants described the role of self-compassion in the educational journey as restorative and reassuring, citing several examples that reflected that even when times were difficult or challenging, self-compassion was evident as they ascribed reassurance and a way of restoring any offsetting occurrences of frustration or doubt in their ability to succeed in their academic program. Their responses showed that self-compassion was a positive benefit in pursuing higher degrees as four of the five participants responded positively to this scripted question.

The third scripted question embraced both RQ1 and RQ2. This question asked: Have these experiences influenced your pursuit of higher education? If so, how? and allowed the participants opportunities to discuss how their lives or educational experiences influenced their pursuit of obtaining higher education. The participants' comments reflected motivation and determination despite challenges of feeling inadequate, or failing, and racial prejudices or racism. The participants' reflections or examples of these experiences (relating to challenges of feeling inadequate, or failing, and racial prejudices or racism) demonstrated a connection to their real-life experiences or their overall lived experiences, thus linking to RQ1. Yet, even though some participants recalled these negative experiences, having self-compassion still stimulated their motivation and determination to stay the course of their degree seeking and superseded feelings of despair, reflecting RQ1).

Comments on SCS scores yielded additional primary themes reflecting that the participants had authentic feelings of self-comparisons and being self-critical. Self-comparisons and feeling self-critical helped to answer RQ2: How do African American women describe the role of self-compassion in their pursuit of their educational attainment? and was seen among several responses on SCS items. In their discussions, some of the participants recalled struggling, self-judging, feeling different from others, or feeling like a failure or that they viewed themselves as perfectionists in their school performance and in some cases in their overall daily lives.

However, what was remarkable were the pronounced feelings of perseverance and resilience even amidst some of the negative feelings of self-comparisons and feeling self-critical. The participants' responses reflected answers to both research questions as they demonstrated that perseverance and resilience were alive in their overall daily living and were clearly at work as they were pursuing their degrees. Perseverance and resilience were seen as offering the

participants a positive inner strength and hope to overcome and push through or continue their pursuit of education regardless to whatever hinderance or challenge they came across even if they sometimes felt weak, imperfect, or flawed.

To restore balance and to outweigh the negative implications of the role of self-compassion in resilience among the participants, the subtheme of self-care and self-nurturing emerged from the theme of perseverance and resilience. The participants' responses helped to answer both RQ1 and RQ2 as they demonstrated that they would seek to take care of themselves even in difficult times and during hardships. So, even if there were times when they felt emotional pain or sensed their own flaws and inadequacies, the participants would find ways to take care of and/or nurture themselves back to being okay (e.g., they were able to move forward in their lives and seek their degrees) as was seen in four of the five participants.

In Chapter Five, I discuss the study findings and their relevance to the literature reviewed for this study. Study limitations and delimitations and recommendations for future studies are also presented.

CHAPTER FIVE: CONCLUSION

Overview

Chapter Five is a discussion of the results from examining the role of self-compassion in resilience among African American women. This discussion and the conclusions drawn were derived for the purpose of closing the identified gap in the literature, thus answering the two research questions in this study, How do African American women describe the role of self-compassion in their lived experiences? and How do African American women describe the role of self-compassion in their pursuit of their educational attainment? The answers to the research questions were seen in the emerging themes generated through thematic analysis in this study.

In this chapter, the study findings are also connected to the literature reviewed for this study. This connection can be seen in how the participant responses reflect the dimensions of the biological-psychological-social-spiritual model (BPSS; Engel, 1978, 1980) specifically, how these dimensions relate to resilience and self-compassion. The chapter begins with a summary of findings, followed by discussions on the study findings, implications, and study delimitations and limitations. The chapter concludes with recommendations for future research and a summary.

Summary of Findings

The present study's findings showed that self-compassion played a key role in the study participants' lived experiences in general and that it played a key role in their pursuit of their educational attainment, thus answering both research questions. Throughout their discussions, the participants consistently referred to their reliance on self-compassion as central to their overall core. Analysis of the participants' comments showed that when adversities, difficulties, and hardships occurred, the participants sometimes experienced moments or points in time where

their self-compassion was challenged by feelings of inadequacy or by comparing themselves to others and/or being self-critical. Further, the participants reported times of feeling alone and isolated. However, more significantly, what prevailed were narratives that reflected their resilience as these women indicated that in their lived experiences, their self-compassion afforded them strength to treat themselves with kindness and to know that others had similar experiences.

Self-compassion showed up among the participants' lived experiences as fueling positive feelings of restoration, reassurance, motivation, and determination. Most importantly, there were life experiences in which the participants felt that self-compassion afforded them the desire to offer themselves self-care and self-nurturing as well as an even greater desire to persevere and remain resilient even in adverse or difficult times as they lived their lives and pursued their degrees.

Discussion

I synthesized the findings from analyzing the participant discussions in Chapter Four with findings from the literature presented in Chapter Two. The following discussion first centers on the analysis findings as they reflect the empirical literature. I then discuss how the findings reflect the dimensions of the BPSS model, specifically, demonstrating how these dimensions conceptualize self-compassion in the resiliency of these women.

Empirical Findings

A number of themes arose from the findings. The major or primary themes mostly stood alone without subthemes although more of the primary themes could have been grouped or viewed as having more relevant subthemes. Keeping the four primary themes (self-compassion is lacking, self-compassion is prevalent, self-compassion is restorative and reassuring, and self-

compassion provides motivation and determination) without subthemes helped keep the direct connection to the research questions while adding subthemes to the primary themes of perseverance and resilience (self-care and self-nurturing), and the primary theme of motivation and determination (aloneness and isolation), offered more support in direct connection to the research questions. Identifying these themes and subthemes in the participant narratives and in valuing the connection of these themes to the literature defined the role of self-compassion in resilience among African American women and resoundingly provided answers to both research questions. Hence, the role of self-compassion in resilience is seen in the following discussion of empirical and theoretical findings in which themes from participants' perspectives are extrapolated while providing a connection to the literature.

Self-Compassion Levels Can Vary

The concept of self-compassion is abundant in the literature. Neff (2003a) defined self-compassion as responding with kindness rather than harsh self-judgment when experiencing inadequacies, mistakes, failures, and painful life situations, recognizing that imperfection is part of the shared human experience. Self-compassion has three interacting components: (a) self-kindness versus self-judgment, (b) a sense of common humanity versus isolation, and (c) mindfulness versus overidentification (Neff, 2003a; Smeets et al., 2014). Having self-compassion entails forgiving one's failings and foibles and respecting oneself as fully human and therefore a limited and imperfect being (Neff, 2003a).

The present study's findings showed the role of self-compassion among African American women aligns with what Neff (2003a) purports as encompassing self-compassion. Understandably, the findings showed that African American women will have some experiences in common, yet their experiences may result in variations of feelings that can cause the existence

of their self-compassion to appear in question or lacking in some and be more prevalent in others.

Analysis of the participants' comments showed that when adversities, difficulties, and hardships occurred, the participants sometimes experienced moments or points in time where their self-compassion was challenged by feelings of inadequacy or by comparing themselves to others and/or being self-critical. Further, the participants reported times of feeling alone and isolated. However, more significantly, what prevailed were narratives that reflected the participants' resilience as these women indicated that in their self-compassion their experiences afforded them strength to treat themselves with kindness, although their experiences sometimes included self-judgement, isolation, and feeling like an imperfect human being (Neff, 2003; Smeets et al., 2014).

As previously noted, the study participants relied on self-compassion as essential to their core, yet their experiences resulted in variations of feelings that caused the existence of their self-compassion to appear in question or lacking in some and be more prevalent in others. Comparing themselves to others and being self-critical were identified as resulting in varying feelings and/or affecting feelings of self-compassion among the study participants.

These findings reflected similar findings in the literature reviewed for this study, including that self-comparison and self-criticism can even contribute to feelings of lacking self-compassion. Self-comparison and feeling self-critical are said to be inevitable among women (Betz et al., 2019). Gilbert (2009, 2017) and Betz et al. (2019) stated that some individuals may struggle with shame and self-criticism and have great difficulty being kind to themselves, feeling self-warmth, and having self-compassion. They may also feel stuck (Kopala-Sibley et al., 2015).

L. B. Watson et al. (2019) described the mental or psychological nuances that show up as blame, shame, and self-criticism in African American women in comparing themselves to others.

Comments from four of the five participants reflected the findings from the literature review previously discussed and essentially illustrated that even in being resilient, there are times when they felt self-critical, compared themselves to others, and perceiving others' comments toward them as derogatory. They doubted themselves at times, thought or talked themselves down, and felt they were not good enough, even to the point of experiencing some feelings of lacking self-compassion, as evidenced in comments like "I tend to judge myself and compare myself to other people . . . I can be a bit cold-hearted towards myself when I'm experiencing suffering" (Cyndi) and "I tend to blame myself. Or I'm kinda skeptical of myself wondering, why, why I didn't do better. Or what I could have done better" (Alice).

Possibly feeding into the concept of self-comparisons and being self-critical is the perceived stereotype of the strong Black women (N. N. Watson & Hunter, 2015), who noted that the race–gender schema is a significant contributor to feelings of depression and anxiety among African American women. This schema was reflected in Alice's comments about finding it difficult to express her feelings because of the negative stereotypes that are associated with her skin color and being African American: "I do try to keep those in place and display any emotion whether I'm upset, or something may really have hurt me. But I don't express that, because of how I am perceived by my peers." Although feelings of self-comparisons and being self-critical has a negative connotation, self-compassion can negate these feelings.

Self-Compassion Negates Self-Comparisons and Self-Criticism

Breines and Chen (2012) highlighted aspects of self-compassion and self-criticisms in their study. In the current study, the concept of self-comparisons and self-criticism cannot be

ignored. While the participants' comments showed that more positive findings regarding their self-compassion outweighed negative feelings, they also had negative feelings that reflected self-comparisons and self-criticism. However, analysis of the participants' comments regarding self-comparisons and self-criticism also showed that self-compassion helped them respond to failure in ways that aided growth and improvement, echoing findings from Breines and Chen that self-compassion may help one respond to failure in a way that aids growth and improvement and may serve as a buffer against debilitating self-criticism and depression symptoms. Breines and Chen identified self-compassion as motivating individuals to improve their weaknesses, moral transgressions, and test scores.

Self-Compassion Stimulates Motivation and Determination

Importantly, motivation and determination also emerged as themes in the present study. Morgan was the only participant who did not have a narrative that reflected the theme of motivation and determination. Clearly motivation and determination were key in the role of self-compassion in the participants' lived experiences and in their drive toward higher education attainment.

Similarly, Horsford et al.'s 2019 study findings demonstrated African American women's inner capacity to evoke self-preservation. Participants in Horsford et al.'s study were able to reframe their thinking even as they experienced some forms of maladaptive coping in adverse and challenging experiences. Their resilience and hope as they journeyed toward successfully obtaining their higher-level degrees paralleled the experiences of participants in the present study.

In examining the ways individuals may think about their weaknesses, Breines and Chen's (2012) argument that self-compassion may help students respond to failure in a way that aids

growth and improvement was supported in Marcy's comments that she was motivated and determined to stay her doctoral course despite opposition.

For example, the QE [qualifying exam]. When we had to take the QE, I studied. I studied. I studied. But when I took the test, it's like my mind just went blank. And so I just took a deep breath and I said one subject at a time. Just one subject at a time. Write what you can remember. And remember it's not going to make or break you. You can do it over if it's not right.

So, I use that for me the compassion was taking the pressure off myself and just doing what I knew I could do . . . After what I went through with the QE, it made me more determined to complete my degree. And it made me feel as though no matter what I come against, I'll face it and I'll get through it.

Self-Compassion Fuels Perseverance and Resilience

The concept of self-compassion being an important mechanism that enables individuals to demonstrate resilience was also found in the literature reviewed for this study; specifically, Zhang et al. (2018), who illustrated the significance of self-compassion among the participants. The current study connected with this sentiment as perseverance and resilience was another meaningful theme that arose in this study. All five participants responded with narratives relating to this theme, resulting in 18 responses, basically tying it with the theme of self-comparison and self-critical in frequency. Zhang et al. described self-compassion as an exceptionally important resilience mechanism. Kentner et al. (2019) and Southwick and Charney (2018) noted in their concept of the resilience theory that people can continue in their struggles if they are able and willing to reframe their thinking.

Reframing one's thinking was a concept that aligned with the current study and was an inference in Southwick and Charney's (2018) concept of resilience theory that implies individuals are encouraged from religious and spiritual references. Similarly, Petrocchi et al. (2019) also associated self-compassion with warm positive emotions that come from one's desire to comfort and diminish psychological pain. Relating to Southwick and Charney and Petrocchi et al., findings from the present study also demonstrated the participants' strong sense of actualizing solutions to their problems inadvertently appearing to alleviate or lessen their psychological pain. Thus, in describing perseverance and resilience, they demonstrated that self-compassion often played a positive and effective role in their lived experiences as well as in influencing their pursuit of obtaining higher education.

In alleviating psychological pain, Alice demonstrated that she was able to rethink her past adversities: "I have to be patient with myself to grow to let that past traumatic experience that I've had to let it go." Cyndi's comments also reflected the concept of resilience theory that implies individuals are encouraged from religious and spiritual references (Southwick & Charney, 2018): "So, when something upsets me, I shut down. I hold on to it. And sometimes in my head I say, I let go and let God." This implies that in Cyndi's lived experiences, her spirituality supports her self-compassion.

Self-Compassion Is Supported by Self-Care and Self-Nurturing

Self-care and self-nurturing was a subtheme that supported the role of perseverance and resilience in self-compassion. Self-care and self-nurturing were identified in the present study as positive aspects that supported the role of self-compassion in the participants' lived experiences and in influencing the pursuit of higher education; in essence providing an answer to both research questions. Neff (2011) described self-compassion as having a strong sense of self-

acceptance, self-love, and self-care. Marcy reflected the components of self-love and self-care in her narrative: “I take hot showers. I go walking. I love on my dog. I go talk to my brother. I just do the complete opposite of what’s upsetting me. It’s like I just walk away from it.” Marcy’s comment also reflected Southwick and Charney’s (2018) findings, which identified the importance of regular exercise for promoting resilience and improving emotional and mental health coping strategies.

The literature provided an understanding that self-compassion may also embrace the importance of family support and caring as useful for self-sustainment during difficult times (Hermanto & Zuroff, 2016; Neff et al., 2005). Dale and Safren (2018) stated that African American women often find their support around family and community. McGehee (2010) also noted that connecting with family during difficult times strengthens feelings of care and support. Participant 3 referenced her daughter being present as her support because other family members were not in close range.

Self-Compassion Stirs Feelings of Restoration and Reassurance

The literature reviewed for this study highlighted self-compassion as a distinct concept with mental health benefits and offering a conceptual framework that helps to improve coping (Klingbe & Van Vliet, 2019) and improve well-being (Neff & McGehee, 2010). The mental health benefits of self-compassion were also evident in the present study. Self-compassion was the cornerstone of overcoming disappointment, offering self-respect, forgiving themselves, or helping to reestablish a sense of well-being. The participants’ comments reflected their being able to regain respect for themselves and reaffirm themselves by paying attention to their well-being in their daily experiences and in their pursuit of their degrees. In other words, self-compassion was restorative and reassuring, another main theme in the study findings. Four

participants described self-compassion as helping them overcome disappointment, offering self-respect, forgiving themselves, or reestablishing a sense of well-being, as reflected in Alice's comment: "I did poorly on a quiz this week. And I was disappointed. I was hard on myself. But then I thought about it. That one quiz did not define me as a student. I'm still an A student in the class." Similar sentiments were apparent in Cyndi's comments.

I can definitely say that self-compassion has contributed to my psychological and physical well-being. I know that I am intelligent, and I've learned how to respect myself as being imperfect. And I can see that being compassionate towards myself has been what God has shown me how to be compassionate. How to be self-compassionate. And that's what has helped me get in a better place mentally.

Morgan's comments similarly supported self-compassion's restorative aspect. "Just learning a lot about the importance of taking care of myself and you know doing things that are, just doing thing that are going to put me back in a state of well-being." Marcy's comments also demonstrated the role of self-compassion as being restorative and reassuring.

An example, I would say, forgiving myself when I make a mistake. Or doing my best and I still don't succeed. Just be true to myself and just say I done my best. And God knows I done my best. And move on and just say where do I go from here.

While the notion for identifying the BPSS model and resilience theory did not arise in the literature as combined or distinct concepts, they were inclusively interwoven in the present study's theoretical framework. The subsidiary concept of the BPSS model that was presented in Chapter Two was helpful in relating the findings to the research problem. Using the BPSS model provided an enhanced perspective of understanding one's cultural experiences by not excluding but rather embracing one's biological, psychological, social, and spiritual references,

connections, and experiences. Findings that interweave a reflection of both the BPSS model and the resilience theory are discussed next.

Theoretical Findings

The BPSS model (Engel, 1978, 1980; Love & Pinkowitz, 2013; Saad et al., 2017; Sulmasy, 2002; Wright et al., 1996), which supported this study's theoretical framework, enabled analyzing the participant responses and providing deep and rich narratives for answering the two overarching research questions. Specifically, this model offered a way of conceptualizing the findings. Conceptualizing was done through viewing the participant responses to the scripted questions and their answers regarding their SCS question scoring. This helped to formulate a better understanding of each participant and their perspective of the role of self-compassion in their lived experiences, including their pursuit of higher education.

BPSS Biological Dimension and Self-Compassion

Findings from the present study supported that biological dimensions have a role in African American women's self-compassion. Reflections of the biological dimension (e.g., history of pregnancy, medical history; De Zuleta, 2006) were seen in Cyndi's reflections of society's views of her as an African American woman. Interestingly, Assari (2018) and K. T. Watson et al. (2012) emphasized that women's health can be burdensome while Jones et al. (2018) added that coping with life's complexities warrants attention to women. Spikes et al. (2018) purported that the mental anguish African American women may experience can result in poor physical health outcomes that place this group at far greater risk of developing significant health issues.

In her narrative, Cyndi expressed her cultural perspective in view of her self-compassion with a tone of frustration and an implication of feeling disheartened. This is fitting for the

biological dimension as she referenced her history of pregnancy and motherhood, even as she implied that society purports that African American women are viewed as domestic workers, and/or barefoot and pregnant, and/or are ready to engage in intimate relationships. She stated, “We’re supposed to be cleaning houses, being moms, you know, barefoot and naked.”

A relevant connection from the literature that related feelings of self-compassion and appearance was seen in Capodilupo’s (2015) discussion regarding influences of body image and appearance satisfaction in African American women. The present study highlighted connections with Capodilupo’s study wherein Capodilupo’s participants’ body esteem was negatively impacted by growing levels of internalization of idealized media images. Cyndi described her mental anguish in how her physical image changed over time. Although Cyndi’s comments did not suggest she was impacted by media images idealization, they did imply that she was impacted by her health issues related to feelings of being overweight. Her feelings were coupled with impressions that she often feels from others or society regarding her body image. This was clear as she stated,

And so, in coming around family, and having family gatherings, and you know, a comment is made about look at how big you are or look at how big your arms are and look how small such and such is. I remember when you and such and such were this size and y’all could share clothes and now you, yada, yada . . . Or you know getting up and an getting ready to get dressed and it’s like I never had to jump to get in jeans. But now I do. But that’s not really a comfortable feeling.

Barnard and Curry (2011) and Kelch-Oliver and Ancis (2011) stated that negative mental cognitions and schemas may cause self-critical and judgmental concepts such as feeling too fat

or too dark skinned. These feelings depicting negative mental cognitions and schemas were apparent in Cyndi's in-depth and insightful narrative.

BPSS Psychological Dimension and Self-Compassion

Findings from Johnson et al. (2018), Betz et al. (2019), and Zhang et al. (2018) also parallel those in the current study as they discussed self-judgment, self-image and the schemas of being self-critical and shameful in connection to social comparisons. The psychological dimension (e.g., past trauma, self-image, role models) that can include a focus on self-image was illustrated in Cyndi's narrative, which overlapped with expressions of the biological, psychological, and social dimensions.

Cyndi shared her personal view related to her-self-image as well as her viewpoint on certain social matters that sometimes occur among her family relationships. She said, "A key thing about that is self-image. I compare myself a lot to how I use to look before marriage, before parenthood." Cyndi continued reflecting these dimensions with "I really don't like how this fit, and I saying it in my head, but somebody else is coming out and saying it out loud. It's just like, you're not really like Miss America, but you're casting judgement on me."

BPSS Social Dimension and Self-Compassion

Further, an important connection was reflected between the present study's findings and Trompetter et al.'s 2017 study, which showed that individuals with higher positive mental health level skills had self-compassion skills that encouraged resilience against mental complexities. Self-compassion aligning with the social dimension (e.g., work or nonwork, the environment, financial and social resources, as well as any cultural influences, peer influences) was evidenced in this present study. Morgan's view of the role of self-compassion was clear as she shared some of her perspectives that involved her engaging others. She said,

I'm very much a very socially motivated person. And so, when I fail at something that's important to me it usually me feeling like I've let someone down. And so then that makes me feel like I am cut off from other people . . . But I think it's more like in social settings that I tend to kind of worry about things that are wrong.

Jessica also shared comments that represented the social dimension. She stated, "When I'm feeling down, I tend to feel like most other people are probably happier than I am." She later added another comment that reflected the social dimension: "My idea of self-compassion cuts across everything I do . . . How I treat and respect myself compassionately, ripples through my relationship, it echoes itself in my work. It shows up with my relationships, intimate and professional. It is integrative."

A very significant revelation was in realizing how one participant's narrative demonstrated her expressed view of her self-compassion as a student seeking a terminal degree and anticipating a comparable salary. This connection was seen in the literature as Fan et al. (2017), Hernandez et al. (2019), and Strumbos et al. (2018) addressed socioeconomic, discrepancies in salaries, and pay differentials as they related to higher educational attainment and the overall inequalities surrounding wages African American women. In the present study, one participant's narrative evidenced the role of self-compassion in her resilience as it related to inequalities in salaries. Jessica shared in a tone that inferred dissatisfaction and disapproval: "My brother has a master's degree, and he makes over \$150,000. And I have a master's degree, in pursuit of a PhD and my trajectory doesn't even look remotely close." Yet she later stated that she would "grind in" and finish her course.

BPSS Social Dimension and Aloneness and Isolation

Findings in Belgrave and Abrams (2016), Mozaffarian et al. (2012), and Spikes et al. (2018) offer a connection to this study as they stated that feelings such as isolation and loneliness can lead to negative physical health outcomes such as obesity and cardiovascular issues. In the current study, there were no reports of physical health issues other than the one reference to being overweight (see the discussion on the biological dimension). In the present study, aloneness and isolation were viewed as stemming from feelings of self-comparisons and being self-critical and hence reflect implications of the social dimension. Jessica shared keen insights on her perspective regarding her feelings of social isolation. She began with “It just means that you’re on your own journey” as she referenced her pursuit in higher education as bringing with it feelings of aloneness and isolation.

Jessica also offered expressions of aloneness and isolation related to this dimension as she recalled how her experience of aloneness influenced her pursuit of higher education by enhancing her perspective of who engages the journey. She said, “Because the path of a PhD student is lonesome and there is not very many people that I know have chosen this path.” She continued with “This is a lonesome journey in higher ed . . . because I am alone in my success also. This is a very lonely journey.”

Jessica also shared her feelings of social isolation when she responded to the SCS statement: “I’m disapproving and judgmental about my own flaws and inadequacies.” She said, “Because I felt like it excluded me, like I was now inadequate from the circle that I was once accustomed to.” Jessica was referring to experiencing a situation in higher education wherein she and a colleague had a misunderstanding about presentation due date that left her feeling ill-prepared in the moment.

Further, aloneness and isolation themes extrapolated from the SCS questions and relevant to both research questions were seen in the following response from Morgan. Morgan described how her experience of aloneness and isolation influenced her to sometimes feel “cut off” and separated from people. She said,

So, I think that goes back to a lot of it is social for me. I think when It comes to my inadequacies, I wonder that I or I worry that I have you know, let someone down, or that I have hurt a relationship in some way. That it does make me feel separated from people and then because I get kind of stuck in that I feel like. I start to feel like oh, you know it’s not just this person that maybe upset or feel this way, it’s everyone and um, I kinda feel like my inadequacies as it says, kind of feed into people being upset and me being more cut off because of that.

BPSS Spiritual Dimension and Self-Compassion

Last, the spiritual dimension’s (e.g., spirituality) relevance to the role of self-compassion in the present study was evidenced as at least two of the participants made reference to God or spirituality in their narratives. The assertion that African American women are very spiritual (Asamani & Opoku Mensah (2016) was supported in two participants’ narratives relevant to the spiritual dimension. Marcy said, “And God knows I done my best” regarding her pursuit of higher education. Cyndi said,

Job opportunities were just falling into the hands of people who weren’t looking for jobs. And I just like, you know, why are, you know, why are, God what is going on, what is it that I’m not doing to please you.

She then stated, “I’ve learned how to respect myself as being imperfect. And I can see that being compassionate towards myself has been what God has shown me how to be compassionate.”

As Berry et al. (2010) stated, spirituality is a driving force that can define resilience. It proved to support the role of self-compassion in this group. Hence, the present study’s findings mirrored Berry et al. regarding spirituality among African American women

Implications

This study added to the limited literature on self-compassion in resilience among African American women. The study findings should help to enhance African American women’s understanding of the role self-compassion plays in resilience. The findings reflected African American women’s perspectives of their self-compassion. These findings demonstrated that the participants could show strength and continue advancing forward and loving themselves and giving themselves permission to feel well even during difficult times. The study findings may benefit counselor educators and students as well as clinicians who work with culturally diverse populations as they offer enhanced perspectives of the role of self-compassion among African American women. Additionally, the findings may allow mental health clinicians and others who invest in the lives of African American women opportunities to gain better understanding of the possible lack of self-compassion among these women as well as enhance cultural perspectives that may improve therapeutic relationships.

Furthermore, the study findings may encourage greater instructional emphasis on understanding self-compassion and resilience in African American female students. Giving attention to self-compassion when teaching multiculturalism in counseling and other courses including ethics, techniques, practicum, and theories could be beneficial. Having this focus on

self-compassion may also enable student counselors to grow and develop during their counselor training programs. Incorporating self-compassion strategies as part of teaching on classroom instruction may be an additional way to facilitate more self-care, foster greater resilience among students, and contribute to an improved environment conducive to learning.

Delimitations and Limitations

This study had delimitations and limitations. Most of the delimitations centered on the sampling approach and generalizations. Limitations are always to be expected (see Creswell & Poth, 2018), and there were some in this study. However, the limitations did not obstruct conducting this study or compromise the study or its results. The sample size was small because of difficulty in obtaining participants. Also, there was a scarcity of qualitative research related to the phenomenon of self-compassion among African American women.

Delimitations

There were a few specific delimitations in this study. First, using convenience sampling, specifically, the timing of recruitment, to identify African American graduate students as participants did not provide sufficient data that could be generalized to African American female populations. Recruitment occurred at what seemed to be the onset of a new academic semester, information about this study seemed to circulate slowly, and interest in participation was lacking. Additionally, because the participants were university students, the sample was less generalized among socioeconomic statuses and among nonacademically advanced groups. Further, the social networking platforms (e.g., university email, listserv postings) used to solicit participants for recruitment should have been combined with in-person recruitment efforts so as to increase interest and decrease limited responses.

Limitations

The study sample consisted of African American women who were either pursuing a masters or a doctorate degree and who were enrolled in a counseling program. While the aim was to reach a sample size that would allow for data saturation (see Ando et al., 2014; Javadi & Zarea; 2016), the recruitment efforts yielded only six students, and only five actually participated. The participants were enrolled in predominantly White institutions. I had hoped to have additional representation from historically Black universities as well. However, there were no participants from historically Black universities represented in this study. There were only representation of African American women from two predominantly White institutions. Therefore, generalizing the outcomes for this group is limited. The semistructured interview could have been better constructed to include additional follow-up questions to each of the interview sections (e.g., three scripted questions, the SCS) along with collecting more demographics for enhancing the data.

Last, having more comparative literature is imperative for most studies. Having more comparative literature would have improved my ability to compare and contrast findings with other peer-reviewed literature in the behavioral sciences field.

Recommendations for Future Research

In light of the delimitations and limitations identified and the study findings, larger sample sizes are recommended for future studies. This is warranted for providing a broader and more inclusive scope for examining the role of self-compassion among African American women. In future studies this study may be replicated to include participants from historically Black universities and colleges. Also, a future study may compare African Americans from historically Black colleges and universities to those attending predominantly White institutions.

Studies may also include a focus on demographic factors such as age, economics or financial status, marital status, and length of time in higher education programs. Other studies might be more generalized to women who hold positions in exclusively terminal or nonterminal educational degree programs other than those seeking degrees in the counseling or the behavioral sciences fields. Future studies may include cross cultural and cross race factors, as well as consider subjects from contrasting regions such as North and South, and East and West. Finally, it may be worthwhile to include the BPSS model as an assessment in future investigations of this study.

Summary

The purpose of this study was to provide an in-depth investigation of the phenomenon of self-compassion in resilience through the lived experiences of African American women who were enrolled in a higher degree program. A study aim was to address the gap in literature wherein examining self-compassion in this marginalized group of women has been overlooked. A key focus was on identifying and realizing the challenges African American women face in society (e.g., educational attainment, social class, stigmas, seeking mental health treatment, masking distress, body image) and how these challenges impacted their self-compassion while living in their subjective realities of society. Not only has the focus of addressing self-compassion in this group been largely overlooked in the literature, there have also been limited conversations centered on higher education in this group.

The participants' voices demonstrated that being strong was indicative of persevering through challenges, difficulties and adversities. Being strong also represented showing that they could love or care about themselves through challenging, difficult, and adverse times. There was evidence that self-compassion had a positive and supportive role among the African American

women in this study. However, the evidence also showed the importance of increasing the awareness and understanding of self-compassion in the unique personal experiences of African American women.

The study findings concur with Neff and Dahm's (2015) self-compassion theory components, which purports that the perception of one's personal experiences are common to human experiences. The findings confirmed that the role of self-compassion in resilience among African American women was demonstrated by a mixture of feelings and views of the role of self-compassion and the influence self-compassion had on the pursuit of higher education among this group. Although this was not a comparative study, it does seem important to note that no specific findings demonstrated an imbalance in suffering or a greater depth of suffering among African American women.

After completing this study, I realize the importance of continuing to investigate the lives of African American women and gathering their rich and unique narratives. Through this investigation, I learned that beneath the stories and the challenges, adversities, hardships, and difficulties of African American women may lay more far-reaching "significant Black women issues" that need attention. There are additional common themes in their stories that may connect this group in such a way that allows uncharted discoveries of their unique BPSS dimensions.

I recognize that African American women should and can be supported with intentional research directed toward their cultural experiences and that time should be given to investigating their psychological and physiological well-being. Intentional research aimed in this way will help to strengthen and support African American women and supplement the literature on their various issues, many of which have been suppressed.

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APPENDIX A
RECRUITMENT LETTER

January 28, 2021

Dear Student:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Counselor Education and Supervision. The purpose of my research is to examine the lived experiences of the role of self-compassion in resilience among African American/Black women, who are pursuing higher education. Thus, I am writing to invite eligible participants to join my study.

Participants must identify as African American/Black, be 18 years of age or older, and be a current master's level or doctoral student in a Counseling or Behavioral Science program at your university. Participants, if willing, will be asked to participate in a recorded ZOOM interview. Only voices will be recorded. Faces will not be seen. Participants will be given a pseudo name as all personal identifying information will be kept confidential. The semi-structured interview, including the self-compassion scale and the interview questions, should take approximately one hour to completion.

A screening survey for determining eligibility is provided below and should be returned via emailing to me at: [REDACTED]. After I determine your eligibility, I will contact you by email with an attached consent form. When you receive the email, you are welcome to open the consent form, save a copy to your computer, type your name and the date on the forms, save it again and return a signed copy to me by email. When I receive the signed consent form from you, I will contact you by email to schedule a ZOOM interview.

Warmly,

Vivian France
CES, PhD Student

[REDACTED]

APPENDIX B
ELIGIBILITY SURVEY

Examining the Role of Self-Compassion in Resilience Among African American Women

Directions: Please answer the questions below by placing an X in the appropriate box. When you have completed the eligibility survey please return this document to Vivian France at

████████████████████

1. Do you identify as African American/ Black?

_____ Yes
_____ No

2. What is your gender?

_____ Male
_____ Female
_____ Other

3. Are you a master's or doctorate level student enrolled in a counseling or behavioral science related program?

_____ Yes
_____ No

4. Are you 18 years of age or older?

_____ Yes
_____ No

5. Are you willing to participate in a research study relevant to examining the role of self-compassion in resilience among African American women?

_____ Yes
_____ No

Thank you for your time in completing this survey. If you are eligible, I will contact you soon, providing the consent form and to schedule your individual semi-structured interview via Zoom.

Vivian France

APPENDIX C

THE SELF-COMPASSION SCALE

Neff (2003) grants permission for researchers to use her self-compassion scale.

Part A Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Directions: Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 14. When something painful happens I try to take a balanced view of the situation.
- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion. _____
25. When I fail at something that's important to me, I tend to feel alone in my failure. _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX D

SEMISTRUCTURED INTERVIEW SCRIPT

Greetings – Good evening and thank you for agreeing to participate in my study

Reminder the interview is being recorded – voice only

First, thank you for signing and returning your informed consent - I do want to review a few items on the informed consent – just as a reminder –

- The records of this study will be kept private. Published reports will not include any information that will make it possible to identify you as a subject. Research records will be stored securely, and I am the only person who will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable will be removed before data is shared.
- Your responses will be kept confidential through the use of a pseudonym.
- Again, the interview is being recorded and will be transcribed. Recordings will be stored on a password locked computer for three years and then erased. I will be the only person having access to these recordings.
- Your participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with your University
- As you have decided to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Are there any questions?

Now, we will begin by my providing....

Definitions of self-compassion

1. Self-compassion is wanting to ease one's own suffering by gifting self-kindness and non-judgmental understanding towards one's self
2. Self-compassion is associated with psychological and physical well-being
3. Self-compassion entails *Forgiving* one's failings (i.e., short comings), *respecting* one's self as fully human and therefore a limited and imperfect being.

3 Scripted Interview Questions

- 1) How do you describe the role of self-compassion in your lived experiences?
- 2) Please describe the role you feel self-compassion has played in your experience(s) of pursuing high education.
- 3) Have these experiences “influenced” your pursuit of higher education? If so, how?

Review Self-Compassion Scale Inventory Response (marked 4 or 5

Now, I want to focus on your responses to the Self-Compassions Scale Inventory, wherein you have indicated a 4 or 5 as your response. (I will pull your score sheet up on the screen for you to view along with me).

Explain that ...I will ask follow-up, clarifying, and probing questions in order to (obtaining a deeper understanding by stating something similar to:

- 4) Can you give me an example or two.
- 5) Why did you feel this way?

APPENDIX E

INFORMED CONSENT

Participant Consent Form

Title of the Project: Examining the Role of Self-Compassion in Resilience Among African American Women: A Qualitative Perspective

Principal Investigator: Vivian W. France, MA, NBCT, LCMHC, School of Behavioral Sciences, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years old or older, female, and an African American/Black masters or doctoral Counseling or Behavioral Science student at either Liberty University (LU), the University of North Carolina at Greensboro (UNCG), and or North Carolina Agricultural & Technical State University (NCATSU). Taking part in this research project is voluntary.

Please take the time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to provide an in-depth investigation into the role of self-compassion in resilience through the lived experiences of African American women who are pursuing higher education.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following: Participate in:

1. Completing a Self-Compassion scale (10-15 minutes).
2. A scheduled Zoom recorded - voice only (30-minute) interview. Wherein you would respond to select items (that reflect a score of 4 or 5) from the Self-Compassion scale.
3. I will give participants the option to member-check their transcripts. Participants will have up to one week to complete the member check process.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.

The study may benefit society by helping African American women in understanding the role self-compassion plays in resilience. It may demonstrate being strong is persevering forward and loving one's self and giving one's self permission to feel well even during difficult times. Benefits to society include offering knowledge to counselor educators, students, and clinicians who work with culturally diverse populations of the greater perspective of African American women. As mental health clinicians and others who invest in the lives of African American women gain better understanding of the possible lack of self-compassion among these women, then their professional relationships may be improved. Furthermore, this study may encourage greater instructional emphasis on understanding self-compassion and resilience in African American female students.

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 Approved on 1-27-2021

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. As a mandated reporter of child and/or elderly abuse/neglect (maltreatment), I acknowledge that I am required to report suspected child and/or elderly abuse/neglect (maltreatment), as well as potential harm to self and/or others after having a suspicion of a reportable matter. I am required to report my concerns to the proper authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable will be removed before data is shared.

- Participants responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a password protected locked safe in the researcher's home throughout the duration of the research. After three years, all electronic records will be deleted, and hard copy data will be shredded.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University (LU), or the University of North Carolina at Greensboro (UNCG), or North Carolina Agricultural & Technical State University (NCATSU). If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, any data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Vivian W. France. You may ask any questions now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Jeanne Brooks at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

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