AN ABSTRACT OF THE THESIS OF

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Shame is a debilitating inner experience elicited by the negative self-appraisal of one's entire self, and is characterized by a deep-seated sense of being flawed, defective, and therefore unworthy of acceptance and belonging (Brown, 2006). Although significant research has explored self-conscious emotions, including shame, little has been done to examine shame in specific exercise settings such as cardio-based exercise classes that may actually promote the experience of shame. Using Brown's (2006) Shame Resilience Theory (SRT) as a guiding framework, the purpose of this study was to examine the experiences among women with shame, and the shame-resistant attribute of self-compassion, in exercise, as well as to identify possible strategies for creating a climate in cardio-based exercise classes that emphasizes self-compassion over shame. An interpretative phenomenological analysis epistemology and methodology was used to analyze, understand, and interpret the meaning and lived experiences of shame and self-compassion among 15 women in cardio-based exercise classes. Three superordinate themes emerged for both shame ("I'm just not enough," "There's something wrong with me; I don't belong here," and "Shame moves in and takes over") and self-compassion

("The importance of relationships," "Self-compassion makes me feel whole," and "Self-compassion is so hard, but it's worth it"), and four superordinate themes emerged representing the proposed strategies ("Talk about shame in the classroom," "Create the right climate," "Establish guidelines for instructors," and "Learn to help yourself"). The findings of this study are consistent with Brown's SRT and Neff's (2003) conceptualization of self-compassion and suggest that certain elements in an exercise class setting, as well as the type of exercise class, promote shame experiences for women. This study also provides support for the role of self-compassion as a protective and shame resilient mechanism. Further research is needed to expand on the relationships between shame and self-compassion in more diverse samples of exercisers, as well as the application of this study's proposed strategies in a variety of group, team, and individual exercise settings.

Experiences Among Women with Shame and Self-Compassion in Cardio-Based Exercise Classes

by
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APPROVED:

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Dean of the Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Kim Rogers, Author

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CONTRIBUTION OF AUTHORS

Kim Rogers conceptualized the study, collected all data, conducted and interpreted the data analysis, and wrote the manuscript.

Vicki Ebbeck assisted with the conceptualization and design of the study, checked thematic coding, and provided editorial suggestions on the writing of the manuscript.

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Ronda Varga. My "hero" in every sense of the word. I want only good and kind things for you. I love you sissy.

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Chapter 1: General Introduction

Experiences Among Women with Shame and Self-Compassion in Cardio-Based Exercise Classes

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Shame is one of several universally experienced emotions elicited by negative self-appraisal and categorized in the family of "self-conscious emotions" (Tangney & Tracy, 2012). However, unlike the other self-conscious emotions—guilt, embarrassment, and pride—shame is a distinctly debilitating inner experience focused on one's global self-worth, the negative self-evaluation of one's entire self, and how one's defective self would appear to others (Tangney & Dearing, 2002; Tangney, Stuewig, & Mashek, 2007). Brown (2006) defined shame as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 45). Consequently, shame is marked by self-devaluation, self-criticism, self-rejection, and feelings of inferiority, as well as being disconnected from others, and the desire to flee, escape, avoid, or hide (Brown, 2012; Gilbert, 2010; Tangney & Tracy, 2012; Van Vliet, 2008). Although current research has demonstrated the experience of shame among men and children, the focus of the current investigation is to examine women's experiences with shame, and the shame-resistant attribute of self-compassion, while exercising, as well as to identify possible strategies for creating a climate in cardio-based exercise classes that emphasizes self-compassion over shame. A more complete review of the pertinent literature can be found in Appendix A.

Empirically, the negative outcomes associated with shame have been well documented. Research has shown a link between shame and a variety of mental and public health problems, including anger and aggression (Tangney & Tracy, 2012), anxiety and depression (Gilbert, 2000), self-hate (Massey & Partridge, 2010), perfectionism (Ellison & Partridge, 2012), self-criticism (Markham, Thompson, & Bowling, 2005), suicide (Lester, 1998), addictions (Cook, 1987), domestic violence

(Brown, 2004), and eating disorders (Ferreira, Pinto-Gouveia, & Duarte, 2013). Moreover, shame has been examined specifically in the context of the physical domain, where key results have revealed an association between shame and exercise relapse (Flora, Strachan, Brawley, & Spink, 2012), fear of failure (Ellison & Partridge, 2012), maladaptive coping styles (Massey & Partridge, 2010), poor body-image esteem, lower levels of global self-worth, and negative physical appearance-related comparisons (Markham et al., 2005), external and introjected regulations (Sabiston et al., 2010), and perfectionism (Sagar & Stoeber, 2009).

In Shame Resilience Theory (SRT), Brown (2006) posits that shame is a psycho-social-cultural construct resulting from the socio-cultural expectations of how, what, and who women should be. These expectations are imposed and enforced by various groups and individuals, and constantly reinforced by the media. SRT describes women's shame experiences (12 categories), and identifies specific strategies and processes that create shame resilience. Brown (2007) suggests that shame resilience exists on a continuum from shame (fear, blame, disconnection) to empathy (compassion, courage, connection), and involves "the ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experience" (p. 31). It is her belief that by practicing the four elements of shame resilience—recognizing shame and understanding its triggers, critical awareness of the socio-cultural influences and expectations that fuel shame, reaching out to others, and speaking shame—women are able to overcome the debilitating effects of shame. According to Brown (2012), an essential component to building shame resilience is self-compassion, because "when we're able to be gentle with ourselves in the midst of shame,

we're more likely to reach out, connect, and experience empathy" (p. 75).

Self-compassion, as defined by the Dalai Lama, is "a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it" (as cited in Gilbert, 2010, p. 3). It is Gilbert's contention that self-compassion arises from the evolution of motivational, emotional, and cognitive-behavioral competencies for self-to-self relating. Only when these competencies are utilized can individuals develop self-warmth and genuine concern for their well-being, learn to be sensitive and tolerant of their distress, become non-judgmental, and develop a deep understanding of the roots and causes of their suffering (Gilbert & Proctor, 2006). Similarly, Neff (2003a) views self-compassion as a non-judgmental response to one's own pain, inadequacies, and failures, and a desire to assuage one's suffering. According to Neff, one of the key characteristics of self-compassion, and what distinguishes it from self-esteem, is that it is not dependent upon success, achievement, or doing better than anyone else; consequently, it completely eliminates the process of self-evaluation (inherent in shame), because it is not based on self-evaluations, performance, or comparisons to others (Neff, 2011a).

Current research has provided a large body of evidence illustrating the potential benefits and positive outcomes associated with self-compassion, including self-improvement motivation (Brienes & Chen, 2012), psychological resilience and well-being (Neff & McGehee, 2010; Smeets, Neff, Alberts, & Peters, 2014), increased gratitude and forgiveness (Breen, Kashdan, Lenser, & Fincham, 2010), self-care (Breines & Chen, 2013; Terry & Leary, 2011), greater life satisfaction and happiness (Neff & Costigan, 2014; Neff, 2003a), and more non-contingent and stable feelings of self-worth over time (Neff & Vonk 2009). In addition, research has shown a negative association

between self-compassion and procrastination (Williams, Stark, & Foster, 2008), depression (Pauley & McPherson, 2010), anxiety (Neff & Germer, 2012), body dissatisfaction (Albertson, Neff, & Dill-Shackleford, 2014), social comparison (Neff, 2011a), public self-consciousness (Neff & Vonk, 2009), self-rumination (Leary, Tate, Adams, Allen, & Hancock, 2007), stress (Hall, Row, Wuensch, & Godley, 2013), and maladaptive perfectionism (Neff, 2003a).

Recently, a number of studies have explored self-compassion in the context of the physical domain (Albertson et al., 2014; Ferguson, Kowalski, Mack, & Sabiston, 2014; Berry, Kowalski, Ferguson, & McHugh, 2010; Hall et al., 2013; Magnus, Kowalski, & McHugh, 2010; Mosewich, Crocker, Kowalski, & DeLongis, 2014; Schoenefeld, & Webb, 2013; Sutherland et al., 2014; Woekel & Ebbeck, 2013). By way of illustration, Woekel and Ebbeck examined self-compassion among 18 women coping with their body changes postpartum. In discussing the role self-compassion played in their lives, these women shared they were less judgmental and critical of their bodies, more accepting and kind to themselves, and experienced an increased motivation for self-care. Berry and colleagues explored self-compassion among five young adult women exercisers and found that self-compassion was related to (a) appreciating one's unique body, (b) taking ownership of one's body, and (c) engaging in less social comparison. Magnus et al. examined the role of self-compassion in women's motivation to exercise. Their results demonstrated that self-compassion does not emphasize outward social comparisons of the self to others, and therefore, may act as a potential buffer against negative self-evaluations by providing a healthy view of the self—one in which self-worth is not dependent upon success or performance. Hall and colleagues studied the relationship

between self-compassion and physical well-being and found that self-kindness versus self-judgment was a key predictor of physical well-being. Their findings suggest that self-compassionate individuals may be more likely to engage in healthy behaviors and respond to their own physical needs.

Still other studies conducted in the physical domain have explored the link between self-compassion and shame (Ferreira, Pinto-Gouveia, & Duarte, 2013; Gilbert & Proctor, 2006; Leary et al., 2007; Longe et al., 2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Reilly, Rochlen, & Awad, 2013; Wasylkiw, MacKinnon, & MacLellan, 2012). For example, Ferreira et al. reported that self-compassion was negatively associated with external shame, where individuals who had a lower ability to be compassionate toward their life experiences and suffering were more likely to view themselves as living negatively in the minds of others. Gilbert and Proctor conducted a study using Compassionate Mind Training (CMT) that was developed for individuals with high shame and high self-criticism. This study found a significant increase in one's ability to be self-soothing and focus on feelings of warmth and reassurance of the self after the CMT intervention, which resulted in significant reductions in shame as well as depression, anxiety, self-criticism, and feelings of inferiority. In another study, Mosewich et al. looked at the use of self-compassion as a potential resource among 151 young female athletes. They found that self-compassion was inversely associated with shame proneness, guilt-free shame proneness, fear of failure, and fear of negative evaluation. Collectively, then, such findings suggest that self-compassion may play a significant role in countering shame and that both constructs warrant closer scrutiny in relation to physical activity participation.

Previous literature has identified several factors often characteristic of engagement in physical activity in general, and inherent in an exercise class setting in particular, that might result in shame, including social comparisons (Lindner, Tantleff-Dunn, & Jentsch, 2012), negative self-evaluations (Aubrey, 2010; Loland, 2000), mirrored exercise settings (Lamarche, Gammage, & Strong, 2009; Martin Ginis, Burke, & Gauvin, 2007), self-presentational concerns (Greenleaf, McGreer, & Parham, 2006; Leary, 1992), revealing fitness attire (Crawford & Eklund, 1994), appearance-based motivation (Homan & Tylka, 2014; O'Hara, Cox, & Amorose, 2014; Prichard & Tiggemann, 2012; Raedeke, Focht, & Scales, 2007), concerns related to body appearance (Fitzsimmons-Craft et al., 2012; Loya, Cowan, & Walters, 2006), assessment of physical abilities and quality of performance (Leary, 1992), and the influence of instructors in the group aerobics context (Greenleaf, McGreer, & Parham, 2006).

Interestingly, appearance and body image, as well as mental and physical health, were two of the 12 categories in which women struggle the most with shame, as reported by Brown (2006). According to Brown, a key determinant of experiencing shame in the different categories are the "unwanted identities" associated with the various areas, and, we would contend, the act of participating in physical activity could accentuate unwanted identities related to appearance and physical health, such as "unfit," "out of shape," "fat," "weak." Additional unwanted identities could also be associated with the unique demands of being physically active such as "clumsy" and "uncoordinated." Despite the potential for shame when participating in physical activity, no studies have engaged women in conversations about their experiences with shame or self-compassion, as a form of shame resilience, in relation to their physical activity.

It is also noteworthy that research has demonstrated a high prevalence of social comparison, negative self-evaluations, and self-presentational concerns among women, particularly in cardio-based exercise class settings (Frederick & Shaw, 1995; Frederick et al., 1994; Greenleaf, McGreer, & Parham, 2006; Hannus & Laev, 2011; Maguire & Mansfield, 1998; Pritchard & Tiggemann, 2008). Pritchard and Tiggemann studied different types of exercise and the role of exercise motivation and body image outcomes among 571 female exercise class participants. Their study revealed that cardio-based exercise classes were related to increased self-objectification, lower body-esteem, and greater disturbed eating. They argued that women who participate in more holistic forms of exercise—such as yoga—exercise for health and fitness reasons, and less for appearance-focused reasons, while women who participate in cardiovascular fitness activities—such as aerobic classes—exercise for reasons such as weight control, body tone, and attractiveness. Consequently, the contextual focus of this study was cardio-based exercise classes attended by women who could speak to the perceived climate and to their personal experiences as class participants.

The purposes of this study were to (a) examine women's experiences with shame in cardio-based exercise classes, (b) examine women's experiences with self-compassion in cardio-based exercise classes, and (c) identify strategies for creating a climate in cardio-based exercise classes that emphasizes self-compassion over shame. A qualitative research design was employed to provide insightful and dynamic descriptions of the participants' experiences and an in-depth exploration of the research questions.

Chapter 2: Methods

Methods

Design

In order to fully appreciate the lived experiences associated with shame and self-compassion among women in a cardio-based exercise setting, an interpretative phenomenological analysis (IPA) was used for this study. Theoretically rooted in phenomenology, hermeneutics, and idiography (Smith, 2011), IPA is a qualitative methodology that seeks to explore in detail participants' lived personal experiences, the meaning of their experiences, and how they make sense of their experiences (Smith, Flowers, & Larkin, 2009). IPA recognizes that the understanding and analysis of an individual's experience requires a process of engagement and interpretation on the part of the researcher—one that relies on the beliefs and experiences of the researcher which, in turn, influence the manner in which the study is conducted (Smith & Shinebourne, 2012; Willig, 2013); therefore, the researcher plays a key role in making sense of the personal experiences of the participants (Smith, 2004).

The two-stage process of interpretation has been described by Smith (2004) as engaging in a *double hermeneutic*, whereby "the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (p. 40). IPA acknowledges that, due to the dynamic nature of research, the participants' experiences are never completely or directly accessible to the researcher (Willig, 2013), and the researcher's attempt "to get close to the participant's personal world…is both dependent on and complicated by the researcher's own conceptions which are required in order to make sense of that other personal world…" (Smith, 1996, p. 264). IPA was a suitable approach for this study as it

allowed the researchers to explore the "complexity, process, and novelty" (Smith & Osborn, 2008, p.55) of the participants' lived experiences of shame and self-compassion in cardio-based exercise classes and how they interpret and make sense of these experiences.

Participants

Initially, study participants were selected based on three salient inclusion criteria: (a) women 18 years of age and older, (b) experience attending cardio-based exercise classes (operationalized as individuals enrolled in a cardio-based exercise class at the time of recruitment or who had attended such a class within the previous 12 months, where cardio-based classes were characterized by a focus on cardiovascular fitness including, for example, aerobics, Zumba, kickboxing, group step, and cardio sculpt), and (c) individuals who could relate to feeling shame or flawed and unworthy of acceptance and belonging while participating in a cardio-based exercise class. In addition, participants were required to be English speaking and available for one private 60-90 minute interview with researchers. Subsequently, inclusion criterion (b) was changed to remove the 12-month time frame for the purpose of broadening the pool of potential participants.

Purposive sampling was used for this study in an attempt to find a more closely defined homogeneous group for whom the research questions would be relevant and significant (Chapman & Smith, 2002). According to Smith and Osborn (2008), sample size depends on a number of factors, including "…the degree of commitment to the case study level of analysis and reporting, the richness of individual cases, and the constraints one is operating under," and therefore, there is no "right" sample size (p. 56). However,

in order to allow sufficient in-depth engagement and analysis, small sample sizes tend to be the norm in IPA. Thus, a final sample of 15 women was considered sufficient to address this study's research questions. Women's ages ranged from 18 to 56 years. Fourteen women identified their ethnic background as white and one participant as Asian/Pacific Islander. The women in this study were all highly educated and employed. In reporting exercise behavior, all 15 women were currently exercising (average of 81 minutes per day, 5 days a week), and at the time of the interviews, only three women were still participating in cardio-based exercise classes. A complete overview of participants' demographic and exercise information can be found in Table 1.

Data Collection

Consistent with IPA methodology, the data collection process consisted of in-depth semi-structured interviews conducted individually with each of the study participants. This flexible and non-prescriptive data collection method allowed engaging dialogue between the researcher and participant whereby initial questions were modified based on participants' responses, which, in turn, enabled the researcher to draw out unique and important areas of interest (Chapman & Smith, 2002). Thus, the semi-structured interview provides several key advantages, including the facilitation of rapport and empathy between the researcher and participant, allowing the interview to venture into new areas, and the tendency to produce richer, more descriptive data (Smith & Osborn, 2008).

A pilot study was conducted with one women meeting all of the inclusion criteria who did not participate in the main study. Data were collected and analyzed to determine the quality of the research questions and provide the lead researcher with an opportunity

to practice her interviewing skills. The final interview schedule (see Appendix B) was shaped by the feedback obtained from the pilot study, dialogue between the researchers, and the current theoretical literature on shame and self-compassion (Brown, 2006; Gilbert, 2010; Neff, 2003). The interviews were guided by broad, open-ended questions that encouraged the participants to talk at length, where interviews lasted between 45 and 90 minutes. The initial questions were descriptive in nature, followed by questions addressing potentially sensitive issues and questions inviting reflection (Smith & Shinebourne, 2012).

Procedures

After receiving Institutional Review Board approval, six organizations in Oregon that deliver cardio-based exercise classes were approached for permission to recruit study participants. Women were recruited on a first come, first served basis, with the exception of any women who had taken any previous fitness class from the researchers, in which case, they were excluded from this study. The recruitment methods used for this study included (a) flyers describing the study posted at facilities, (b) an invitation to participate in the study distributed electronically via Facebook and broadcast emails to organization members, and (c) announcements made by cooperating class instructors. In addition, the researchers provided flyers to study participants and encouraged them to share the information with others who may have been interested and eligible for the study, where word of mouth was found to be the most effective approach for recruiting study participants. Interested participants who contacted the researchers and self-identified as meeting the inclusion criteria, were reminded of what involvement in the study would entail, and, if still eligible and interested, provided their contact information.

The one-on-one interviews for this study took place during the winter and spring 2014 academic terms at a time and place that was convenient for each participant. One week prior to the scheduled interviews, participants were emailed a Participant Interview Guide (see Appendix C) and a copy of the consent form. The Participant Interview Guide included the date, time, and location of the interview, a description of shame and self-compassion, an overview of the interview process, and the key questions that were the focus of the interview. Preceding each interview, participants signed the informed consent document, and completed a survey of demographic information (see Appendix D) including age, ethnicity, level of education, level of household income, employment status, sexual orientation, and current exercise behavior. In addition, the lead researcher discussed the basic structure of the interview and answered any questions raised by the participant. When all inquiries had been addressed, the participants were invited to adopt a pseudonym for use throughout the interview process to better protect their confidentiality. Field notes were recorded after each one-on-one interview by the lead researcher, who conducted all interviews, for the purpose of documenting specific details about the researcher perceptions, as well as the content of the conversation with the participant. Upon completion of the interview, the participants were asked not to discuss the details of the study with others. Finally, the participants were given a $10 gift certificate to a department store of their choice in appreciation for their time and efforts.

Data Analysis

In accordance with the idiographic nature of IPA, the interviews were transcribed verbatim and systematically analyzed case by case (Chapman & Smith, 2002), guided by the four distinct stages proposed by Smith and Osborn (2008): First, each transcript was

closely read several times; with each reading, the lead researcher made notes based on any observations, personal reflections, as well as any thoughts and comments of potential significance that occurred while reading the transcript. Second, the annotations were then transformed into emerging themes that captured the essence of the initial readings. In the third stage, emerging themes were listed separately and chronologically, examined for conceptual similarities and differences, and grouped into clusters of subordinate themes, based on identifiable thematic connections. These subordinate themes were checked against the original transcript to ensure the essential quality found in the text. In addition, direct quotes from the transcript were attached to each theme to ensure that the original meaning of the theme was not lost in the interpretation. Finally, clusters of themes were then labeled and represented graphically in a summary table of themes, together with key words and locations of relevant quotes. The entire process was then repeated for each case producing a summary table of themes for each individual participant.

Consonant with the iterative IPA process, these four stages of analysis were repeated several times—reviewing the transcripts and rethinking theme clusters, while remaining open to the emergence of new themes. To assist with this, the lead researcher recorded descriptions and commentaries of the analysis process in a reflexive diary (Smith et al., 2009). In addition, each participant was sent the findings that emerged to allow for "member checks" or the opportunity for interviewees to provide feedback as to whether their experiences had been adequately and accurately captured by the researchers (Willig, 2013). Once each of the individual summary tables of themes was reviewed and checked again with the transcripts, a master table of superordinate themes for the study as a whole was constructed for each phenomenon of interest.

To enhance the trustworthiness of the analysis, a second researcher checked the themes that emerged from the study. Any discrepancies that were identified were addressed and the final thematic structure was completed when agreement had been reached among the researchers on all elicited themes and the quotes that evidenced each theme.

IPA Quality Evaluation Guide

In addition, this study was guided by specific criteria developed by Smith (2010) to assess the quality of the IPA process. To be deemed sufficiently trustworthy and a good model of IPA, a paper reporting an IPA study should (a) clearly subscribe to the theoretical principals of IPA-phenomenological (focused on participants' lived experiences), hermeneutic (researcher interpretation is an integral part of the analysis), and idiographic (case-by-case analysis), (b) produce a degree of transparency so the reader can see what was done-contextual detail about the sample, a clear account of process, adequate commentary on data, and key points illustrated by verbatim quotes, (c) present a well-focused, coherent, plausible, and interesting in-depth analysis of the phenomenon of interest, (d) render a sufficient sampling from the body of text to demonstrate density of evidence for each theme (i.e. for any sample size greater than eight, provide a minimum of three extracts for each superordinate theme), and (e) provide strong data and insightful interpretation.

Chapter 3: Results

Results

Analysis of the data revealed three superordinate themes for both women's experiences of shame and women's experiences with self-compassion in cardio-based exercise classes. In addition, four superordinate themes emerged representing potential strategies for promoting self-compassion and shame resilience. A complete overview of superordinate and subordinate themes, along with indicative quotations can be seen in Table 2 (women's experiences with shame), Table 3 (women's experiences with self-compassion), and Table 4 (strategies).

Experiences with Shame

I just don't measure up.

Women identified several sources of shame that overall contributed to the feeling of not measuring up while participating in cardio-based exercise classes. This first superordinate theme included three related subordinate themes: "body image," "class climate," and "performance." In recounting their experiences, body image was reported as a leading source of shame, which many women attributed to the typical body focus in cardio-based exercise classes.

> The focus in cardio classes—the ones I've gone to—has often been more [about] body image…the shame latches onto that like, "Oh sweet! This is exactly what I need for fuel!" Eat this up and here comes the shame thoughts. (Colleen)

The prevailing focus on body image led most women to feel a deep sense of dissatisfaction with their bodies. In fact, all women expressed some form of body shame and/or body comparison associated with attending cardio-based exercise classes.

A second source of shame was associated with several characteristics of the exercise class climate, including instructor leadership style. Women specifically

mentioned those instructors who taught with a "no pain, no gain" mentality. Shan was quick to share her thoughts on this: "The 'Biggest Loser' effect is what I call it…harsh attitude, where people think that the way to encourage someone is to yell at them…scream at them, and bark out commands." This type of instructor was described as verbally abusive, critical, condescending, intimidating, less empathetic, and less concerned with students' overall well-being.

Closely connected to instructor leadership style, were women's perceptions of feeling judged, pressured, ignored, or singled out by their instructors—each a significant contributor to the experience of shame.

> Seriously? I'm working so hard, I'm having such an amazing time, and you're telling me that this is wrong…that there's something about me, and the way I'm doing this is wrong…it just went straight to the center of my being. (Shan)

Social comparison was also listed as a major trigger of shame related to the class climate. Women compared themselves to instructors and other students based on a number of factors, including perceptions of financial and employment status, age, clothing, popularity, skill level, and to what several women referred to as "peer hierarchy." This was uniformly described as a systematic positioning of students based on appearance and ability, whereby the most fit and skilled students inhabited the first two rows, directly in front of the instructor, while the least fit and unskilled students were designated to the back row. Sarah illustrated this phenomenon with the following statement:

> All the good people are in the front and God forbid you're in the front and you're not that good, and all the crummy people are in the back, or maybe all the overweight people are in the back, and again, God forbid, the overweight girl who's not that good in the front….I feel bad that I'm in the front row and maybe I don't deserve to be there. I should be in the second or third row.

When asked about any other factors in the class climate that contributed to shame, women identified three physical features in the exercise room—bright lighting, spectator windows, and mirrors. According to the women in this study, all three features contributed to an overall feeling of being examined and critiqued.

> It's like you're on display for everyone. And it just sucks. What is with that?… I mean, you know you're fat already, so you don't need to display it to everybody in perfect lighting. It's ridiculous. It's not a freaking jewelry store. (Elizabeth)

The third subordinate theme that contributed to women's perception of not measuring up was centered on performance. Without exception, all women attributed their experience of shame in cardio-based exercise classes to negative feelings and expectations associated with how they performed.

> I've always been really good at what I've done…. and the aerobics classes didn't come too easily to me, you know? I don't know if it was coordination or what it was, but I just never felt like I was good enough, or doing what I should be doing. (Sara)

For Mia, shame was often tied to feeling lost and not knowing what to do during class. For others, this meant feeling lazy, uncoordinated, awkward, or "klutzy." Additional shame triggers included making a mistake, no longer being able to live up to previous performances, lacking a certain skill or level of fitness, or the perception of letting significant others down.

There's something wrong with me; I don't belong here.

A reoccurring theme throughout the interviews was the overall feeling of being inherently flawed or worthless that was characterized by two subordinate themes: "psychological outcomes" and "behavioral outcomes." Colleen expressed the psychological outcomes with the following statement: "For me, it's definitely been this [um] thought that I carry around that I'm a worthless person. Not, 'Oh, what I did was

bad, or what I did was worthless.' It's, 'I am bad! I am worthless!'" For most women, this manifested itself in a deep-seated conviction that "there's truly fundamentally something wrong with me" (Bonnie). As a consequence, many women like Karen, reported feeling like an outsider, out of place, a sense of not belonging, and disconnected from other students. "Man, I just so don't belong here. I'm out of my element and I just really should leave and put all of us out of our misery." The majority of women shared a similar reaction that encompassed behavioral outcomes. Above all, the women did not want to be seen and this was reflected by an immediate desire to hide, disappear, escape, become invisible, or simply, "Get the hell out!" Additionally, women also reported influences on motivation (e.g., avoid class, quit, decreased desire to work hard, take risks, and reach out to instructors or other class members for help). Women's experiences with shame, then, were associated with both psychological and behavioral consequences.

Shame moves in and takes over.

When asked to describe the nature of shame, three subordinate themes emerged: "pervasive," "unyielding," and "diminishing." Words such as endless, universal, subtle, and omnipresent were frequently used to describe the resistant and ubiquitous nature of shame. This point was vividly illustrated by Bonnie when she stated, "Shame's always there…there's not really a recovery. It may be a recovery from the incident, but it will always go back to, to that same conversation…if it keeps going, it can become omnipresent of everything, you know?" Karen echoed a similar feeling when she made reference to wearing the "umbrella of shame" everywhere she went. Interestingly, many women noticed that subsequent to feeling shame during a cardio-based exercise class, their experience of shame did not stay confined to the exercise room, but instead, filtered

out into other areas of their lives. "Shame in the cardio group experience…it doesn't necessarily end or stop in that classroom…it's tied to so many other experiences and so many other avenues…it's doubly hurtful" (Shan).

Shame was also described as degrading, diminishing, constricting, and paralyzing. As a result, women reported feeling small, "less than," and insignificant. For Katrina, this aspect of shame was all-inclusive. "Physically contracted. Spiritually contracted. Emotionally contracted…I would also say diminished as a whole for the feeling of shame."

Experiences with Self-Compassion

The importance of relationships.

Three subordinate themes characterized the importance of relationships that spoke to various sources of self-compassion. These themes included: "relationship with self," "relationship with others," and "relationship with the experience."

For the majority of women, self-compassion was closely aligned to the manner in which they related to themselves. "I think the level of self-compassion, or the way that you have compassion for yourself…is really related to the person you think you are and less about what other people think you are" (Sarah). According to the women in this study, the quality of self-to-self relating was greatly enhanced by two factors—honoring one's self and maintaining a healthy self-view. This involved unconditional self-love, self-forgiveness, acknowledging strengths, gratitude, and giving credit where credit was due.

When prompted to consider times when it was easier or more difficult to be self-compassionate, most women identified "connection with others" as a determining factor.

For Julia and Sue, it was the connection with other students that made the difference. "What did help me was peers…other people with similar experiences. Doing the same thing together…having people who did truly, at least I believed, understand the struggle," and "You feel some connection with the people around you and a sense that, again, it's less about me and more about the event and the fun. 'We're doing this together'…" For other women, like Gwen, what was most helpful was a strong belief that everyone shares a "common humanity" and that life's experiences, for the most part, are universal. "There's some kind of goal and everybody's, everybody starts at a different place on the road, and everybody walks at a different speed, but you're all going in the same direction."

A third source of self-compassion was linked to women's perceptions of their experience and their ability to cultivate and sustain an objective perspective and balanced awareness, regardless of the circumstances. Most women referred to this as "mindfulness," which Colleen described as, "Working on acceptance and acknowledgement of whatever it is I'm feeling at a particular moment."

Self-compassion makes me feel whole.

Three subordinate themes embodied what collectively represented the outcomes of self-compassion: "acceptance," "resilience," and "enjoy oneself." During the interviews, women were asked to reflect on specific times in cardio-based exercise classes when they were struggling (i.e., beating themselves up, feeling inadequate or unworthy of belonging). They were then asked to reflect on any moments when they were able to offer themselves compassion in the face of these negative thoughts and feelings. Several women expressed an inner sense of contentment, self-acceptance and

peace of mind as a result of self-compassion, and permission to accept their own imperfections and limitations. For Gwen, this meant, "You allow yourself to be a perfectly normal flawed human creature who makes mistakes," while Bonnie summed up her experience with one phrase: "Wow, I'm enough!"

As a result of self-compassion, many women noticed an increased strength and resilience that enabled them to navigate their way through shame and other negative self-conscious emotions. With this, women reported less self-judgment and criticism, decreased social and body comparisons, and a quicker response and management of negative emotions. Self-compassion also empowered many women to take on the role of self-advocate. Women defined this as the ability to identify their needs, take breaks, pay attention to their bodies, modify skills when appropriate, and "show up" for themselves. For Katrina, the application of self-advocacy involved physically, mentally, and spiritually "protecting your vitality."

A final outcome of self-compassion that emerged was the capacity to enjoy oneself. Letting go, not taking oneself so seriously, and finding humor in the situation were all mentioned as key contributors to self-enjoyment. Aside from happiness, joy, satisfaction, confidence, and empowerment, women reported an innermost sense of relief associated with self-compassion. Sue described the physical sensation of a weight falling off, and then quickly added, "It was like being a kid again."

Self-compassion is so hard, but it's worth it.

Qualities of self-compassion emerged that were comprised of three subordinate themes: "challenging," "intentional," and "meaningful." Without exception, every woman interviewed for this study reported significant challenges associated with

identifying, defining, and experiencing self-compassion. Shan talked about the "insane" amount of energy it took for her to be self-compassionate. For other women, like Sue, the interviews were the first opportunity to reflect on the presence, or lack of self-compassion in their own lives. "I didn't realize quite how small my self-compassion toolbar is…I don't have one and I can't even imagine one." Elizabeth mirrored this when she said, "I don't know. I have no clue. That's the problem. Isn't that just awful? I can have compassion for everyone else I ever talk to, but [um] not me." Interestingly, all the women in this study found it much easier to give compassion to others. Most women attributed this to a combination of (a) how women are socialized to give compassion to others, but not to themselves, and (b) negative perceptions associated with self-compassion (selfish, an excuse, letting one's self "off the hook"), and recognized these two factors as potential barriers to experiencing self-compassion.

The women in this study also identified a dynamic quality to self-compassion that they believed could change the experience of self-compassion over time. For these women, self-compassion was 100% intentional. It required planning, effort, practice, patience, and perseverance, especially in the face of shame. "The more you practice self-awareness and self-compassion, the easier it becomes and the more natural it feels" (Gwen).

Despite the fact that every woman described at least one aspect of self-compassion as challenging, they all agreed that self-compassion was meaningful and useful. Several women, including Sarah, believed self-compassion, in fact, countered and attenuated the experience of shame. "When I have that feeling [of compassion]…the shame just kind of dissipates." Others viewed self-compassion as the opposite or inverse

of shame. Self-compassion was also described as permissive, liberating, nurturing, gentle, a catalyst for recognizing and breaking down boundaries, either self-imposed or created by significant others or society, and according to Sarah, essential for reaching one's full potential.

> I think that if people could find [compassion] within themselves more every day, and every moment of every day, then especially with women, we might feel that sense of ability and efficacy of reaching our full potential, and actually doing what we can. If you're constantly feeling bad yourself, or not giving yourself credit, then it's hard to, to reach your full potential. Or at least feel like reaching your full potential.

Strategies for promoting Self-Compassion and Shame Resilience

Talk about shame in the classroom

The first strategy that emerged was formed by two subordinate themes: "acknowledge shame" and "open conversations." First of all, women identified the prerequisite of bringing shame to a conscious level in the classroom, through acknowledgement and open dialogue. Only then could it be demystified and rendered powerless. "It all begins with acknowledgement…that we feel shame, and that people have been shamed, and that where you are right now is a clean slate and this is a fresh start" (Sarah). The opportunity to discuss shame with other students and the instructor enabled many women to feel a deeper sense of connection and belonging in the class. Mia expressed this when she said, "I felt like I was the only person in the class that felt [shame] and it's nice to know that other people feel that way too."

Create the right climate.

The class climate strategies that emerged had three related subordinate themes: "optimal class environment," "preferred facility characteristics," and "supportive social interactions."

When asked how the exercise class could be structured to promote self-compassion and shame resilience, women described the importance of creating a gentle and nurturing classroom environment, where students felt safe and comfortable. This environment was characterized as non-competitive, non-judgmental, welcoming, diverse, inclusive, and as Katrina reflected, "…something that's more gentle, more what I would call more compassionate to your body and your mind, that you can do long term. And the long term is what we really want." For Bonnie, this meant, "…helping other people find that place inside of them of peace and of quiet and of comfort in their own skin."

Women also believed that cardio-based exercise classes should be more focused toward health and well-being, as opposed to performance and physical appearance. This included encouraging self-acceptance and "doing your best," emphasizing the experience of movement, building healthy habits, and promoting a healthy lifestyle. To this, Katrina highlighted the importance of a more long-term approach to health. "Getting away from a performance or goal-oriented class outcome…emphasizing that you're fostering activity and states of being for a lifetime of health." (Katrina)

A second class climate strategy involved several preferred facility characteristics. Women recommended a number of policies and procedures they believed would ameliorate the feeling of being "on display." Many women thought that simply dimming or toning down the lights would decrease the likelihood of body comparison and negative self-evaluations. If removing the mirrors was not a viable option, a proposal was made to give students the option of either facing away from the mirror or draping the mirror during class. Furthermore, recommendations were made to eliminate any policy that enforced a dress code for cardio-based exercise classes. "…women should feel like they

can workout in whatever they want, and whatever makes them feel the best. If you want to workout in a t-shirt, a tank top, or shorts, or sweats, it shouldn't matter" (Sam). Two additional class policies suggested by the women were (a) to reduce the size of the cardio-based exercise classes, and (b) no spectators. All in all, women agreed that not allowing others to view classes would be instrumental in minimizing their experience of shame.

The final class climate strategy involved actively structuring supportive and positive social interactions for the students. Recognizing the indispensable value of social support, women described several situations they believed would encourage student relationships and mentoring within the class, including the pairing of advanced and beginner students, ice breaker-type activities, and designating a day when students could bring friends or family to try out the class.

Establish guidelines for instructors.

Under the superordinate theme of "Establish guidelines for instructors," two subordinate themes emerged from the narrations: "positive interaction with students" and "quality instruction." During the interviews, women were asked to put themselves in the role of the instructor and offer any suggestions as to how they would promote self-compassion and shame resilience in the cardio-based exercise class. In response to this role-play situation, women indicated that a top priority for all instructors should be creating positive interactions with students. For many women, including Shan, this included one-on-one connection. "Making an honest attempt to have a personal connection with your participants. I don't think that's too much to ask. I think that it would go a long way towards fostering an environment that would, that would induce

compassion." Another key feature identified was offering positive reinforcement and feedback. First and foremost, the women in this study reported that any type of feedback should be administered privately and individually, as opposed to singling out students in class. Women also acknowledged the relevance of recognizing individual differences, using inclusive language, encouraging student feedback, and promoting a greater sense of autonomy among students. The goal here would be to help students develop independence and self-efficacy in the class so they could transfer a set of skills and healthy behaviors outside the class. Aside from these instructor strategies, women also listed a number of desirable instructor characteristics that fostered positive interaction with students, including kind, caring, compassionate, non-judgmental in nature, authentic, and someone who, "practices what she preaches."

The quality of instruction also emerged from the data as a salient factor, which women defined as safe, detailed, progressive, personal, and tailored to the specific needs of each student. Competent instructors were defined as well-trained and knowledgeable. Without exception women recommended that instructors provide modifications for every move demonstrated in class. A few women suggested that instructors intentionally modify their own moves to show students that it is alright to modify. For Ren, quality instruction included encouraging students to listen to their bodies and focus on doing their best. Collectively, women believed that by following these guidelines, instructors could more effectively help students actively self-monitor, recognize and accept their own limitations, avoid potential injuries, and downplay competition and comparisons in the classroom.

Learn to help yourself.

When asked what they could do to feel more compassionate and less shameful during cardio-based exercise classes, women recommended the cultivation and practice of two subordinate themes: "self-care" and a "proactive approach." An essential aspect of self-care for Colleen was understanding her own fears, vulnerability, and needs. "Focusing on the little girl inside of me who usually is just scared and just wants to feel wanted and loved…instead of turning against her and shaming her…" Mia took a more holistic approach to self-care, which included the physical, emotional, and spiritual dimensions of wellness. "Being nice to myself. [um] Forgiving myself. Taking care of my body. Taking care of myself." Other women mentioned self-support, self-encouragement, and self-acceptance as important features of self-care.

Women also recommended a number of proactive behaviors, including practicing moves and routines at home, asking for help from the instructors and/or other students, and challenging media messages that promoted unrealistic images of women. Brittany believed that one of the best things she could do to take care of herself was to not make matters worse, which sometimes included missing a class if necessary, while Shan used countering techniques in the class. "To go in and…pull the inspiration, pull the strength and the challenge out of what she was saying rather than absorbing it as a personal [um] reflection of why I just shouldn't be there." Other proactive behaviors included maintaining a positive attitude, engaging in positive self-talk, and identifying individual shame triggers inside the class.

Chapter 4: Discussion

Discussion

The purpose of this research was to provide insight into the lived experiences of women with shame and self-compassion in cardio-based exercise classes. The superordinate themes that emerged from the IPA analysis reflect the sources, outcomes, and qualities of shame and self-compassion, as well as specific class climate, instructor, and personal strategies for creating a climate in cardio-based exercise classes that emphasizes self-compassion over shame.

Experiences with Shame

Consistent with Brown's (2006) Shame Resilience Theory (SRT) and Van Vliet's (2008) research in shame resilience, the experience of shame for the women in the present study followed a similar path to what has been outlined in the literature. It began with some form of negative self-appraisal followed by feelings of being inherently flawed, worthless, or defective, which in turn, led to feelings of not belonging, disconnection, and isolation. As a result of these feelings, women reported either a decrease in motivation and/or a desire to hide, avoid, escape, or disappear.

It is worth noting that both internal and external messaging related to shame were based on individual expectations of how one should appear to oneself and others. These findings align with Brown's (2006) belief that shame is associated with unwanted identities, which are unique and different for each individual. "Lazy," "uncoordinated," "fat," "subpar," "the worst," "klutzy," "the dumb one," and "worthless piece of sh#@" were all reported as unwanted identities associated with the experience of shame in cardio-based exercise classes. In addition to negative self-appraisals, women were also triggered by self-presentational concerns, which refer to how individuals monitor and

control how they are viewed and evaluated by others (Greenleaf, McGreer, & Parham, 2006; Leary, 1992). Closely related to these concerns is how one's "defective" self would appear to others (Tangey, Stuewig, & Mashek, 2007). The women in this study attributed self-presentational concerns to a number of factors, such as not measuring up to others, media pressures, feeling judged, being viewed by spectators, tight and revealing workout attire, and letting significant others down.

Another key finding focused on the role of performance. The primary source of shame reported by the women in this study was performance, exceeding social comparison, body image, and any factor related to the class climate. Interestingly, performance was not included in Brown's (2006) original list of 12 sources of shame. This may be attributed to the nature of cardio-based exercise classes, whereby participants' performances are very public and on display for all to see. Of further interest, when considering the original 12 sources of shame that emerged in Brown's study—sexuality, body image, mental and physical health, religion, aging, work, professional identity, speaking out, family, motherhood, parenting, and surviving trauma––only body image emerged as a significant source of shame for the women in this study.

One additional key finding that, until now, has not been extensively addressed in the literature is the pervasive and resistant nature of shame. Collectively, the women spoke at length about this characteristic of shame, using words such as unyielding, endless, omnipresent, and universal in their descriptions. Furthermore, women added that shame experienced outside the cardio-based exercise class exacerbated the degree and intensity of shame during class. In a similar way, shame experienced during the exercise class did not stay contained, but instead, filtered out into other domains. Women

also reported feelings of being constricted, confined, diminished, and degraded, with an overall feeling of being "less than," which is consistent with findings from previous literature (Brown, 2012; Tangney, Stuewig, & Mashek, 2007; Van Vliet, 2008).

Experiences with Self-compassion

The results of this study highlight the unique aspects self-compassion. One key finding was the importance of relationships in the development of self-compassion, especially relationships with others. During a typical cardio-based exercise class, women who felt a sense of similarity, understanding, support, reassurance, and accordance with others, found it much easier to be kind, gentle, and compassionate toward themselves, especially when experiencing shame. Women also mentioned the support they received from significant others outside of the class as contributing to their ability to be self-compassionate. These findings are consistent with Brown's (2006) SRT in that, according to Brown, self-to-self relating can increase shame resilience, but not to the same degree as connecting with others. Brown argues that self-empathy can increase shame resilience, but the empathetic response to shame is most powerful as a result of connecting with another person. Additional studies have corroborated the positive relationship between self-compassion and connection to others, including Barnard and Curry (2011), Gilbert and Irons (2005), Leary et al. (2007), Reyes (2011), and Smeets et al. (2014). Neff's extensive research in self-compassion (2003a; 2003b; 2007; 2009; 2011a; 2011b; 2012; 2014) also reported similar findings. Neff's (2003a) conceptualization of self-compassion includes three distinct components—self-kindness, common humanity and mindfulness. It is Neff's contention that a sense of common humanity is central to self-compassion, as difficulties, setbacks, mistakes, and

imperfections are viewed as part of the human condition, and therefore, a shared human experience. As a consequence, individuals feel a deeper sense of connection with others, and thus, less isolated, disconnected, and alone in their suffering (Neff, 2011a).

Another key finding focused on the challenges associated with self-compassion. In fact, every woman in this study reported significant challenges in identifying, defining, and experiencing self-compassion. These ranged from "sometimes it's just easier to be negative" to "I have no clue. I don't have self-compassion. I can't even imagine it!" Previous research, including Gilbert et al. (2006), Gilbert (2010), Lawrence and Lee (2013), and Pauley and McPherson (2010) has produced similar results. In addition, several studies have identified various negative perceptions associated with self-compassion that may create an additional challenge to being self-compassionate (Barnard & Curry, 2011; Ferguson et al., 2014; Gilbert & Irons, 2005; Neff 2003b; Neff et al., 2007; Sutherland et al., 2014). The findings from this research indicate that self-compassion may be negatively viewed as a form of mediocrity, self-pity, complacency, selfishness, abnegation of personal responsibility, laziness, self-indulgence, and an excuse to let oneself "off the hook." Although the women in this study recognized these negative perceptions, they did not necessarily subscribe to them. In contrast, for them the challenge was in the actual awareness, planning, effort, and practice required in "coming back" to self-compassion, especially in the face of shame. This idea of actively practicing self-compassion is strongly supported by Gilbert, the creator of Compassion Focused Therapy (CFT). According to Gilbert (2009, 2010), the compassionate mind state is not automatic or reactive and deliberate effort is required to refocus and activate the compassion mind. It's is Gilbert's belief that by shaping thoughts, images, and

reflections through consistent and intentional practice, individuals are able to train their minds in compassion. Pauley and McPherson (2010) conducted a qualitative research study reinforcing Gilbert's predications. The participants in their study identified action as a key component of self-compassion, and in one instance, defined self-compassion as a verb; an active process.

Despite the numerous challenges reported with self-compassion, every woman without exception saw meaning, value, and benefits to self-compassion in and outside of cardio-based exercise classes. First and foremost, as a result of self-compassion, women reported feeling calm, peaceful, and "whole," increased gratitude, self-enjoyment and body appreciation, and a greater acceptance of personal limitations and imperfections. In addition, those women who experienced self-compassion during cardio-based exercise classes reported fewer tendencies toward negative self-evaluations, body dissatisfaction, body comparisons, body shame, maladaptive perfectionism, and contingent self-worth based on appearance or performance, and more self-acceptance, self-kindness, self-care, and self-improvement motivation. Recent work by Woekel and Ebbeck (2013), Ferreira et al. (2013), Albertson et al. (2014), Ferguson et al. (2014), Berry et al. (2010), and Mosewich et al. (2014) reported similar results.

Many women accredited self-compassion with a countering affect to shame, while others viewed self-compassion as the inverse or opposite of shame. One woman recognized that during times when she was unable to be self-compassionate, she felt more vulnerable to shame. Yet another woman reported that when she felt compassion toward herself, the shame "just kind of dissipates." These findings suggest a protective mechanism inherent with self-compassion that allows less vulnerability and greater

resilience to the experience of shame. Similar findings were reported by Breines and Chen, 2012), Ferreira et al. (2013), Leary et al. (2007), and Mosewich et al. (2011). The findings from this study are also consistent with SRT (Brown, 2006) that self-compassion can serve as an antidote to shame.

Strategies for Moving from Shame to Self-compassion

Women offered numerous class climate, instructor, and personal strategies that they believed would promote self-compassion and shame resilience in cardio-based exercise classes. Arguably one of the most, if not the most, noteworthy findings in this study is that collectively the proposed strategies parallel the four elements of shame resilience that constitute Brown's (2006) SRT-recognizing shame and it's triggers, critical awareness of the socio-cultural influences and expectations that fuel shame, reaching out to others, and speaking shame.

Recognizing shame and speaking shame were highlighted in the suggested strategies. Women reflected on a clear need for personal, instructor, and group awareness of shame (i.e. bringing shame to a conscious level in the cardio-based exercise class). This also included open conversations that would help bring shame "out of the dark." To the women in this study, speaking shame was an essential step toward demystifying shame and taking away its power.

The second component of SRT is focused on the critical awareness of the socio-cultural influences and expectations that fuel shame (i.e., how women are supposed to look, feel, and act). Strategies relating to this component involved recognizing and challenging the subtle (and not so subtle) media messages that promote the "ideal" body image and rejecting any messaging from significant others, instructors, fitness club

members, or other students that tell women they are not good enough or don't measure up. With this, women recommended a number of personal strategies designed to foster a sense of self-advocacy, efficacy, and self-care.

Reaching out to others, another element of shame resilience, was emphasized by the women in this study as a key source of self-compassion, and also a consistent theme for several class climate, instructor, and personal strategies. Women reported a strong desire for positive interactions, connection, and a sense of camaraderie with the instructor and other students. For the majority of women, this started with the instructor. Overall, women wanted instructors who cared about them, made an effort to get to know them, treated them like an individual, and did not play favorites. As one woman said, "just help me feel like I belong." Hannus and Laev (2011) found similar results, whereby participants in aerobics classes preferred more democratic decision making and instruction, social support, and positive feedback from instructors.

Finally, the women in this study highlighted the importance of creating the "right" class climate. Overall, the women in this study wanted the cardio-based exercise class to have a welcoming, compassionate, inclusive, gentle, and non-judgmental atmosphere. With that, women wanted to feel more grounded and centered during classes, similar to what they had experienced in yoga and Pilates. For these women, this meant a more holistic approach to health and fitness, including the physical, spiritual, mental dimensions of wellness. This also meant a decreased focus on appearance and performance, which they found typical in cardio-based exercise classes. These findings are similar to studies conducted by Aubrey (2010), O'Hara et al. (2014), and Pritchard and Tiggeman (2008), whereby women who participated in more holistic forms of

exercise—such as yoga—tended to exercise for health and fitness reasons, and less for appearance-focused reasons, while women who participated in cardiovascular fitness activities—such as aerobic classes—exercised for reasons such as weight control, body tone, and attractiveness. Therefore, it is of no surprise that many of the strategies proposed by women attempted to move away from a body and performance focus, and situations that would cause women to feel "on display." These included a "no dress code" policy and discouraging spectators from viewing classes. Women also wanted to see a shift more towards self-acceptance, gratitude, unconditional love, listening to one's body and individual needs, recognizing personal strengths, and doing your best. Overall women wanted a place where they could let go of what they looked like and how they performed, and just have fun.

Limitations

Despite the contributions of the current study, a number of limitations should be considered. First, the sample was made up of predominately white, employed, and highly educated women, which perhaps limits the relatability of the results. Furthermore, due to the very conceptual yet personal nature of the constructs, it may have been difficult for some individuals to clearly express their thoughts, feelings, and perceptions in words as they reflected on their experiences of shame and self-compassion. It could also be argued that due to the interpretative nature of IPA, participants' actual lived experiences may not have been adequately represented, even though a number of steps were taken to strengthen the credibility of the results (i.e., member checking, peer review, and reflexive journaling). Finally, while the study provided rich and in-depth reflections from the participants, there are limitations with any study design relying primarily on self-report.

Participants may have forgotten relevant details, exaggerated or altered their narrations based on feelings or state of mind at the time of the interviews, or responded in a socially desirable manner, all of which would have impacted the participants' responses in the interviews.

Future Directions

Despite some limitations, the present study extends our understanding of the complexity, presence, and impact of shame and self-compassion in the physical domain, specifically, cardio-based exercise classes. The current study provides a solid foundation for future research toward the ultimate long-term goal of increasing exercise behavior and adherence among women. Future research needs to expand on the relationships between shame and self-compassion in more diverse samples of women exercisers, as well as other populations, such as men, children, individuals with disabilities, and older populations. In addition, more research is necessary to explore the impact of shame and self-compassion, and the application of proposed strategies, in a variety of group, team, and individual exercise settings. Another area of expansion would be to investigate the experiences of shame and self-compassion among cardio-based exercise instructors, the subsequent impact of those experiences on their teaching styles, and how this may ultimately influence the experiences of the students. Considering this study is a first of its kind, there is clearly a need to further explore shame and self-compassion in the context of physical activity.

Chapter 5: Conclusion

Conclusion

The present study was designed to explore how women experience shame and self-compassion in cardio-based exercise classes. Findings suggest that the women who participated in this study were impacted by both shame and self-compassion, and that self-compassion, in many ways, countered the experience of shame. By identifying the sources, outcomes, and qualities of shame and self-compassion in the context of a cardio-based exercise class setting, and potential shame-countering strategies, the current study offers a significant starting point toward a greater understanding of the interactive roles of shame and self-compassion in the physical domain. In turn, this may lead to a more comprehensive understanding of what could motivate some women to continue participating in exercise, despite the experience of shame, in contrast to other women who respond to shame experiences in exercise by decreased participation or complete withdrawal. Even with the challenges associated with self-compassion, this research demonstrates that self-compassion may indeed play an important role in developing resilience to negative self-conscious emotions, including shame, and thus, lend to a more positive emotional experience and enhanced well-being among women while participating in physical activity.

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TABLES

Table 1. Participants' demographic information and current exercise behavior (N=15).

Participant	Age	Ethnicity	Income	Education	Employment	Sexual Orientation	Exercise days per week	Currently attending cardio classes
1	50	White	>100,000	Graduate degree	Part-time	Heterosexual	3	No
2	18	White	<19,999	High school	Part-time	Heterosexual	6	Yes
3	25	White	80,000-100,000	Graduate degree	Part-time	Bisexual	6	No
4	32	White	40,000-59,000	Some college	Full-time	Heterosexual	6	No
5	31	White	60,000-79,000	4-year degree	Full-time	Heterosexual	5	No
6	32	White	<19,999	4-year degree	Part-time	Heterosexual	4	No
7	35	White	80,000-100,000	Professional degree	Full-time	Heterosexual	4	No
8	56	White	-	Graduate degree	Full-time	Heterosexual	7	No
9	50	White	80,000-100,000	Graduate degree	Full-time	Lesbian	3	No
10	39	White	<19,999	Graduate degree	Full-time	Heterosexual	5	No
11	55	White	<19,999	4-year degree	Part-time	Heterosexual	3	No
12	31	White	80,000-100,000	2-year degree	Full-time	Heterosexual	6	No
13	33	Asian/Pacific Islander	20,000-39,000	2-year degree	Full-time	Heterosexual	4	Yes
14	46	White	80,000-100,000	Graduate degree	Full-time	Heterosexual	7	No
15	21	White	<19,999	4-year degree	Part-time	Heterosexual	6	Yes

Note: Blank cell indicates information not provided by participant.

Table 2. Overview of women's experiences of shame in cardio-based exercise classes—superordinate themes, subordinate themes, and indicative quotations resulting from IPA analysis.

Superordinate themes	Subordinate themes	Indicative quotations
I'm just not enough.	Body image	"You've got a really young, very thin instructor, with skin-tight pants on and…you're looking at her, and you think, 'I don't! I'm not!' And she's going gangbusters the whole time." (Katrina)
		"Shame is the place of 'my hips are too fat,' or 'now my boobs bounce,' or 'I'm not tall and elegant like the woman next to me."' (Bonnie)
	Class climate	"You have to be good. You know? Maybe that's my own perception. Maybe nothing that anybody says, but it's my own discomfort within." (Mia)
		"I remember that one of these younger instructors looking at me and saying…'Oh, if that's what 40 looks like, I don't want to go there!'" (Katrina)
		"Just the fact that [other students] were there and not sucking as bad as me." (Elizabeth)
	Performance	"You're not good enough…whatever 'enough' is." Colleen
		"My insides were crushed that I couldn't do what I was asked to do." (Bonnie)
		"You feel like you should have been able to do something and you're less than some ideal because you can't." (Shan)
		"You don't want to be like the dumb one left behind everyone else, who's just like, struggling, because everybody else seems to be on it and you're just off." (Brittany)
There's something wrong with me. I don't belong here.	Psychological outcomes	"That sense of not belonging and that sense of, 'I'm not supposed to be here'…of offending with my presence." (Shan)
		"I realize now that it's all me…I'm doing this to myself. I don't know what's wrong with me. I should get some therapy or something." (Elizabeth)
		"A lot of women in particular get this idea that group fitness classes are the domain of the woman…that's where we belong. If you don't belong in that area. If you don't thrive in that area, you know, where are you? Where are you supposed to go? If you get shamed out of that area…you really don't have anywhere else to go." (Gwen)
		"[Shame] makes me feel like a worthless piece of @%#*!" (Bonnie)
	Behavioral outcomes	"I just remember being in the back of the class, just being like, 'Holy crap, is there a back door?' I want to get out of here, right now!" (Shan)
		"'Get the hell out!' [Those were] my immediate thoughts. I really wanted to leave." (Karen)
		"There's this feeling that I want to hide…I just want to tuck myself in…" (Colleen)

Table 2. Continued.

Superordinate themes	Subordinate themes	Indicative quotations
Shame moves in and takes over.	Pervasive	"I think it was so pervasive for me, and so subtle, that I'm having difficulty experiencing, expressing one specific incident." (Katrina) "When I have had a shaming experience, it has had, at least in my memory, a lot broader repercussions…it shakes out other parts of my life…it doesn't necessarily stay contained in that space." (Shan) "Because every person experiences [shame]. I don't care who you are, or what your body looks like…that person too, has some place where it's not okay, where her thighs are too big, or her butt ripples." (Bonnie)
	Unyielding	"It felt like [shame] was going to be that endless feeling like I would have every time I worked out in land-based aerobics classes." (Sue) "I know what I'm doing. I know what I'm saying. I know the way it makes me feel. But, why can't I change it? It's right there in your face, black and white about what's going on. I'm not in denial in anything...I don't understand...how to make those feelings go away..." (Sara) "If I mess up, I'm stupid…I think about it for hours later, same thing with exercise classes. I'll think about it all night, and the next day, and the next day." (Elizabeth)
	Diminishing	"I don't really know if degrading is the right word to go for, but [shame] kinda just takes you down a level." (Brittany) "You feel 'less-than' and you feel small." (Katrina) "I felt defeated, and I didn't feel like [shame] was a motivator, I felt like, well, shoot, you know, I'm never gonna be strong enough…" (Sam)

Table 3. Overview of women's experiences of self-compassion in cardio-based exercise classes—superordinate themes, subordinate themes, and indicative quotations resulting from IPA analysis.

Superordinate themes	Subordinate themes	Indicative quotations
The importance of relationships.	Relationship with self	"Unconditional love of, regardless of what's happening right now, loving myself endlessly…whether I approve it or not, but knowing that I'm still me." (Ren)
		"When it comes down to [self-compassion], it's that I can dismiss what other people think of me…they don't really know me. I know me. I live in here every day. You know? And so, I guess I find solace in being able to do that." (Sarah)
	Relationship with others	"I can be really hard on myself, and a lot of times I rely on other people in my life…to reassure me." (Sarah)
		"I had this support of sisterhood." (Bonnie)
	Relationship with the experience	"To create time and space for things that are important…that matter and that are meaningful to me." (Shan)
		"Having compassion toward yourself and having awareness…not just knowing what you're doing, but why you're doing it and how it makes you feel…" (Gwen)
Self-compassion makes me feel whole.	Acceptance	"Ahhh, I'm okay. I'm okay with my thighs, with my belly, with my hips…I'm a valid person…I'm safe and I'm secure as I am, right here, without the need to change." (Katrina)
		"[Self-compassion] gives me peace, a peace of mind…I feel okay rather than intense all the time about what I'm doing wrong." (Sara)
	Resilience	"Pulling out of that tail-spin, and that doesn't feel like any fun at all, but when you get to that other side, even if you don't achieve fun, just achieving the 'stop' part." (Shan)
		"I really truly believed it was the few no judgment situations I've been in…there was no body judgment going on." (Sue)
	Enjoy self	"Connecting with other people, connecting with my own body, and my own experience." (Colleen)
		"Releasing myself from expectation has been really helpful so that everything I do is just like bonus. I'm always in bonus time. I don't ever have like a minimum that I need to meet. Everything that is done is out of joy and not obligation and so I want to go to the class." (Gwen)
Self-compassion is hard, but it's worth it.	Challenging	"What's coming over me right now is like, "Oh my God, it's so hard! It's just so hard.'" (Shan)
		"Self-compassion seems to come and go on a 1-10 scale depending on the day, the exercise, the moment, even within an hour and a half class." (Bonnie)
		"I don't have a model for being compassionate to myself…it is just an area of deficit in me." (Sue)

Table 3. Continued.

Superordinate themes	Subordinate themes	Indicative quotations
		"I think that socially, women are often conditioned to focus that compassionate energy outward because it's selfish to reflect it inside. And we're not supposed to be selfish." (Shan)
	Intentional	"Asking myself, 'What it is that I really need in the moment?' Asking myself, 'What it is that I'm really feeling in the moment?' Asking myself, 'What it is that I really want in the moment?' Those are actions for me, of compassion." (Colleen)
		"Don't be afraid to give yourself compassion…which is something that I need to work on." (Brittany)
	Meaningful	"[Self-compassion] feels permissive, because I think that many things where women are involved, it's about restricting something, restricting some behavior, or you know, staying within a perceived boundary, either created by society or by parents, or something…I think that we create [boundaries] for ourselves, so I think self-compassion is just like taking down the boundaries." (Gwen)
		"I think learning self-compassion is an absolutely imperative part of a journey." (Bonnie)
		"[Self-compassion] feels like a deep exhale. Shame, I mentioned, constriction. Compassion feels expansive and released. It feels like a sunset. It's that sensation of a beautiful sunset, with the expansive sky behind it." (Katrina)

Table 4. Overview of women's strategies for promoting self-compassion and shame resilience in cardio-based exercise classes—superordinate themes, subordinate themes, and indicative quotations resulting from IPA analysis.

Superordinate themes	Subordinate themes	Indicative quotations
Talk about shame in the classroom.	Acknowledge shame	"How do we balance the line between trying to be sensitive for all body shapes and places and levels of being?…There is a point as an instructor, where you have to acknowledge, 'She came with [shame] to class.' Now, how do I help her?" (Katrina)
		"For a teacher to develop methods to reach [students]. To recognize that shame is present in their classroom…that situation where those feelings are likely." (Shan)
	Open conversations	"To bring the concept of shame and self-compassion to a conscious level in that class…it becomes part of a conscious conversation." (Bonnie)
		"There needs to be more dyadic communication in these types of classes that would allow the teacher to know…what they're doing right to cause that feeling of self-compassion and what they're doing wrong that's maybe making people feel that sense of shame?" (Sarah)
Create the right climate.	Optimal class environment	"To have self-compassion be the focus [um] as opposed to shame…some end of perfection and thinness that doesn't even really exist…which is often what I experienced in yoga classes. I think I'd be so much more [um] willing to go to classes like that and stick with them…" (Colleen)
		"Create an environment of camaraderie." (Sarah)
		"Holistically oriented… Are you caring for just the physical, or are you trying to nurture the spiritual and emotional as well?" (Katrina)
	Preferred facility characteristics	"I think that's the worst thing you can do [dress code in classes]." (Sam)
		"I was at a gym that [um] had purposely covered all the mirrors in the room, and that was the intention…that was really fascinating and a great experience." (Colleen)
		"'Peepholes' into the room. That's gotta stop!" (Shan)
	Supportive social interactions	"I think that makes a huge difference…going to class with somebody, who's a friend, and that kind of, makes it the fun it should be, and I lighten up on myself, because I remember, like, this is something we are doing together..." (Julia)
		"...pairing new students with experienced students to kind of like, you know, if it's kind of like a two-minute exercise or something, like, 'New students meet with old students.'" (Gwen)
		"…that camaraderie piece is important." (Colleen)

Table 4. Continued

Superordinate themes	Subordinate themes	Indicative quotations
Establish guidelines for instructors	Positive interaction with students	"I can say a lot of [self-compassion] has to do with the instructor for me, personally…the way the instructor is approaching the group, approaching the class, and the instruction itself." (Shan) "It comes down to communication, and acknowledging, the student acknowledging, or the teacher acknowledging the students…and where they're coming from…" (Sarah) "…giving us that perspective like she cared about all of us equally and there weren't people who were better or more preferred." (Gwen) "The language is so important. The inclusive nature of our verbiage…it's interesting because you need to be inclusive without being condescending." (Katrina)
	Quality instruction	"If [instructors] came over and took the time to maybe correct what I was doing on an individual level, rather than kind of spelling it to the whole class that I'm doing it wrong…" (Sarah) "[The instructor] show's different levels of the dances you can do, and she'll start with the easiest one, and then she'll show you the more difficult ones." (Julia) "Offer modifications compassionately and help people to know that if you don't modify, you're going to hurt yourself. And if you modify, you are going to gain more strength more quickly." (Katrina)
Learn to help yourself.	Self-care	"Maybe the most compassionate thing that you could do is to miss a class and not beat yourself up." (Colleen) "To stop the negative, the negative inner dialogue...reminding myself again and again, 'Of course you don't know how to do it. If you knew how to do it, you wouldn't need the class!'" (Shan) "Not make matters worse for myself…" (Brittany)
	Proactive approach	"Asking for different instruction of saying, 'Oh could you show me again, I don't understand what I'm supposed to be doing.'" (Ren) "To give myself…the check plus for effort…that's all you can do, you know? It's not like I'm trying to be the best in the class. I'm just trying to go out there and have fun." (Gwen) "So if you get in that place [of shame], like, 'Okay this sucks right now. I'm really not feeling this. This is really, really bad. But I know that I can talk to that instructor after class.'" (Shan) "The only thing I could really do is just encourage, encourage, encourage, as much as I possibly can." (Sara)

APPENDICES

Appendix A: Literature Review

Literature Review

Shame is a highly destructive emotional experience that cuts to the very core of the essential self, creating an intense level of suffering, and leaving its victims feeling flawed, bad, inferior, isolated, trapped, rejected, worthless, exposed, and disconnected from others (Brown, 2006, 2012; Gilbert, 2010; Tangney & Dearing, 2002; Tangney, Stuewig, & Mashek, 2007; Van Vliet, 2008). Categorized in the family of "self-conscious emotions," shame is based on self-appraisal and the subsequent reactions to one's personal characteristics and behavior, and can be experienced consciously or beyond one's awareness (Tangney & Tracy, 2012). Recent studies have investigated the link between shame and self-compassion in the physical domain; however, no studies have examined shame, or self-compassion as a form of shame resilience, specifically in relation to women's cardio-based exercise class experiences. In addition, no studies have identified possible strategies for creating a climate in cardio-based exercise classes that emphasizes the shame resistant attribute of self-compassion over shame.

Therefore, the purpose of this literature review was to collect and summarize the most relevant information pertaining to shame and self-compassion. The review begins with a thorough discussion of shame, including operational definitions, theorized attributions of shame, various contexts in which shame has been studied, negative public and mental health outcomes associated with shame, and shame resilience theories. Next, relevant literature is presented that defines the construct of self-compassion, illustrates the benefits and positive outcomes associated with self-compassion, and links shame and self-compassion in the physical domain. Finally, previous literature is reviewed that has identified several characteristics inherent in a structured exercise setting that might result in shame experiences for women who participate in cardio-based exercise classes.

Brené Brown has spent the past decade researching shame among women. In her pioneering work, Brown (2006) has defined shame as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 45). In her 2012 book, *Daring Greatly*, she also described shame as "the fear that something we've done, or failed to do, an ideal that we've not lived up to, or a goal we've not accomplished makes us unworthy of connection" (p. 69). In addition, Tangney (1991) defined shame as "a global, painful, and devastating experience in which the self, not just the behavior, is painfully scrutinized and negatively evaluated" coupled with "…a sense of shrinking or 'being small' and by a sense of worthlessness and powerlessness" (p. 599).

Several theorists have proposed that shame is the result of self-reflection and self-evaluation, which engenders the recognition of one's own perceived negative attributes and behaviors, inadequacies, and failures (Gilbert, 2009; Gilbert & Proctor, 2006; Neff, 2003; Tangney & Dearing, 2002; Tangney & Tracy, 2012). Others have suggested that shame can be attributed to a perceived loss of social attractiveness (Gilbert, 1997; Van Vliet, 2008), moral failure and transgression (Tangney et al., 2007), victimizing peer relationships (Kopala-Sibley, Zuroff, Leybman, & Hope, 2013), unwanted identities (Brown, 2007; Ferguson, Eyre, & Ashbaker, 2000), the fear of disconnection (Brown, 2006, 2007, 2012), parental humiliation and rejection (Steuwig & McCloskey, 2005), response to perceived threat (Lewis, 1987), the fear of failure (McGregor & Elliot, 2005), and conformity to gender socialization and norms (Reilly, Rochlen, & Awad, 2013). For example, Gilbert posits that all humans have an innate need to be seen as attractive to others, and therefore, shame is elicited in response to perceived threats to one's social

attractiveness, which is based on self-evaluations of social status, social acceptance, and social connection. Brown argues that shame is a universal experience, evoked by unwanted identities that are associated with 12 different categories of shame—appearance and body image, sex, motherhood/fatherhood, family, parenting, money and work, mental and physical health, aging, religion, being stereotyped and labeled, addiction, and surviving trauma. According to Brown, the most powerful messages and stereotypes related to unwanted identities come from one's family of origin (being viewed as shameful, unacceptable, or unworthy), and are continually reinforced by several psychological, social, and cultural components.

For over 60 years, researchers have studied shame in a variety of contexts including socialization (Ausubel, 1955), morality (Tangney, 1991; Tangney & Dearing, 2002, Tangney et al., 2007), attachment (Gilbert, 2010; Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006; Lewis, 1987; Tangney & Dearing, 2002), gender differences (Brown, 2006; Ferguson et al., 2000), appraisal antecedents (Tracy & Robbins, 2006), and psychopathology (Harder, Cutler, & Rockart, 1992; Lewis 1971). Tangney and colleagues argue that shame is one of several moral emotions, and the self-to-self reflection inherent in self-conscious emotions provides immediate feedback (based on social and moral acceptability) in the form of punishment or reinforcement of behavior, and, in effect, functions as an emotional moral barometer regulating social behavior. Ferguson et al. examined the relationship among unwanted identities, anger, and gender differences in shame proneness. Their study revealed that unwanted identity, shame, and anger are significantly connected in both genders. Although women demonstrated more shame proneness than men and reported greater intensities of both shame and guilt, men

demonstrated more anger than women in response to shame, particularly in situations that threatened their male sense of self.

More recently, shame has garnered considerable attention in the physical domain (Conroy, Kaye, & Fifer, 2007; Ellison & Partridge, 2012; Flora, Strachan, Brawley, & Spink, 2012; Massey & Partridge, 2010; Partridge & Ellison, 2009; Sabiston et al., 2010; Sagar & Stoeber, 2009). Specifically, these researchers have examined the potential impact of shame on physical activity, exercise, and sport participation, motivation, and behavior. For example, Sabiston and colleagues surveyed 389 women investigating the association between physical self-conscious emotions—shame, guilt, and pride—and women's motivation to participate in physical activity and exercise. The results of this study demonstrated that body-related shame was significantly correlated with external and introjected regulation, and lower levels of women's physical activity and exercise behavior. Sagar and Stoeber conducted a study with 388 athletes involved in 22 different sports, exploring the relationship between perfectionism, fear of failure, and affective responses to success and failure. In particular, they examined four separate aspects of perfectionism—personal standards, concerns over mistakes, perceived pressure from coaches, and perceived pressure from parents—and five individual fears of failure, including fear of an uncertain future, fear of significant others losing interest, fear of upsetting significant others, fear of devaluation based on one's self-estimate, and fear of experiencing shame and embarrassment. Their research showed that when investigating perfectionism, the coach is a salient source of perceived pressure to be perfect and has a direct influence on how athletes feel after a performance. Furthermore, concerns over mistakes predicted higher levels of all fears, perceived parental pressure predicted higher

fear of having an uncertain future, and perceived coach pressure predicted higher fear of upsetting significant others. Based on these findings, Sagar and Stoeber contend that the fear of experiencing shame and embarrassment is key to understanding the interrelated relationships between perfectionism, fear of failure, and negative affect after failing in competition.

Empirically, the negative outcomes associated with shame have been well documented. Research has shown that shame is linked to a variety of mental and public health problems, including anger and aggression (Stuewig, Tangney, Heigel, Harty, & McCloskey, 2010; Tangney & Tracy, 2012; Tangney, Wagner, Fletcher, & Gramzow, 1992), maladaptive coping styles (Massey & Partridge, 2010), anxiety and depression (Gilbert, 2000; Gilbert & Proctor, 2006; Gilbert et al., 2006), self-hate (Massey & Partridge, 2010), maladaptive perfectionism (Brown, 2012; Ellison & Partridge, 2012; Tangney, 2002), self-criticism (Gilbert et al., 2006; Markham, Thompson, & Bowling, 2005), suicide (Lester, 1998), addictions (Cook, 1987), domestic violence (Brown, 2004), and eating disorders (Ferreira, Pinto-Gouveia, & Duarte, 2013). Tangney and Tracy, for example, reported a robust link between shame and anger, hostility, and the tendency to blame others. Furthermore, shame-prone individuals are more likely to manage and express their anger in destructive ways—direct physical, verbal and symbolic aggression, indirect aggression, and self-directed aggression.

Currently, there are two shame resilience theories (Brown, 2006; Van Vliet, 2008) and both theories rely on grounded theory methodology (Glaser, 1978, 1992, 1998, 2001; Glaser & Strauss, 1967). Brown's initial study focused exclusively on women's experiences with shame (although she has now expanded her research to include men and

children), while Van Vliet studied shame among both sexes. Van Vliet's theory contends that individuals "bounce back" from shame through a process of rebuilding the self, based on five interrelated subcategories: connecting, refocusing, accepting, understanding, and resisting. In Shame Resilience Theory (SRT), Brown posits that shame is a psycho-social-cultural construct resulting from the socio-cultural expectations of how, what, and who women should be. These expectations are imposed and enforced by various groups and individuals, and constantly reinforced by the media. SRT describes women's shame experiences and identifies specific strategies and processes that create shame resilience. According to Brown (2007), shame resilience exists on a continuum from shame (fear, blame, disconnection) to empathy (compassion, courage, connection), and involves "the ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experience" (p. 31). In SRT, the process of building shame resilience requires four essential elements: (1) recognizing shame and understanding its triggers (2) critical awareness of the socio-cultural influences and expectations that augment shame, (3) reaching out to others, and (4) speaking shame. It is through the attainment and practice of these elements that women are able to overcome the debilitating effects of shame. Brown (2012) contends that self-compassion is a key component to building shame resilience, because "when we're able to be gentle with ourselves in the midst of shame, we're more likely to reach out, connect, and experience empathy" (p. 75).

According to Paul Gilbert, the creator of Compassion Focused Therapy (CFT), self-compassion entails (a) genuine concern for one's well-being, (b) sensitivity and tolerance of one's distress, (c) deep understanding of the roots and causes of one's

distress, (d) becoming nonjudgmental, and (e) developing self-warmth (Gilbert & Proctor, 2006), as well as "…basic kindness, with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it" (Gilbert, 2009, p. xiii). In his book *Compassion Focused Therapy* (2010), Gilbert quoted the Dalai Lama, who defined self-compassion as "a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it" (p. 3). It is Gilbert's contention that self-compassion arises from the evolution of motivational, emotional, and cognitive-behavioral competencies for self-to-self relating. Only when these competencies are utilized can individuals develop self-warmth and genuine concern for their well-being, learn to be sensitive and tolerant of their distress, become non-judgmental, and develop deep understanding of the roots and causes of their suffering (Gilbert & Proctor, 2006).

Kristin Neff, a psychologist from the University of Texas in Austin, defined self-compassion as, "an open-hearted way of relating to negative aspects of oneself and one's experience that enables greater emotional resilience and psychological well-being" (Neff & Lamb, 2009, p. 2), and "…offering nonjudgmental understanding to one's pain, inadequacies, and failures…" (Neff, 2003a, p. 87). Neff posits that self-compassion entails three main components: (a) self-kindness—being kind, understanding, and nonjudgmental toward oneself during times of pain or suffering, rather than being self-critical, (b) common humanity—perceiving one's experiences as being shared by others, as opposed to feeling isolated and separated, and (c) mindfulness—holding painful thoughts and feelings in balanced awareness without over-identifying or exaggerating them (Neff, 2003a). According to Neff, one of the key elements of self-compassion, and what distinguishes it from self-esteem, is that it is not dependent upon success,

achievement, or doing better than anyone else; consequently, it completely eliminates the process of self-evaluation because it is not based on self-evaluations, performance, or comparisons to others (Neff, 2011a).

Current research has provided a large body of evidence illustrating the potential benefits and positive outcomes associated with self-compassion, including self-improvement motivation (Brienes & Chen, 2012), psychological resilience and well-being (Neff, Rude, & Kirkpatrick, 2007; Neff & McGehee, 2010; Smeets, Neff, Alberts, & Peters, 2014), increased gratitude and forgiveness (Breen, Kashdan, Lenser, & Fincham, 2010), greater motivation to change personal weaknesses (Reyes, 2011), self-care (Breines & Chen, 2013; Terry & Leary, 2011), greater life satisfaction and happiness (Neff & Costigan, 2014; Neff, 2003a), self-acceptance (Schoenefeld & Webb, 2013), and more non-contingent and stable feelings of self-worth over time (Neff & Vonk, 2009). In addition, research has shown a negative association between self-compassion and procrastination (Williams, Stark, & Foster, 2008), body dissatisfaction (Albertson, Neff, & Dill-Shackleford, 2014), depression (Pauley & McPherson, 2010), anxiety (Neff & Germer, 2012), social comparison (Neff, 2011a), public self-consciousness (Neff & Vonk, 2009), negative self-evaluation (Neff & McGehee, 2010), self-rumination (Leary, Tate, Adams, Allen, & Hancock 2007), stress (Hall, Row, Wuensch, & Godley, 2013), and maladaptive perfectionism (Neff, 2003a). In a five-part study, Leary et al. examined the role of self-compassion as a coping strategy when faced with distressing events such as failure, rejection, and embarrassment. The study revealed that self-compassion buffered individuals against these negative life events, played a significant role in moderating negative emotions, and predicted emotional and cognitive reactions to

distressing events. In another study, Neff (2011a) compared self-compassion and self-esteem, and found that self-compassion provided greater emotional resilience and stability than self-esteem, and involved less self-evaluation, ego-defensiveness, and self-enhancement.

Recent attention has been focused on self-compassion in the physical domain (Albertson et al., 2014; Berry, Kowalski, Ferguson, & McHugh, 2010; Ferguson, Kowalski, Mack, & Sabiston, 2014; Hall et al., 2013; Magnus, Kowalski, & McHugh, 2010; Mosewich, Crocker, Kowalski, & DeLongis, 2014; Schoenefeld, & Webb, 2013; Sutherland et al., 2014; Woekel & Ebbeck, 2013). Berry et al. explored self-compassion among five young adult women exercisers and found that self-compassion was related to appreciating one's unique body, taking ownership of one's body, and engaging in less social comparison. In another study, Hall et al. studied the relationship between self-compassion and physical well-being and found that self-kindness versus self-judgment was a key predictor of physical well-being. Based on their findings, they posit that self-compassionate individuals may be more likely to engage in healthy behaviors and respond to their own physical needs. Woekel and Ebbeck qualitatively examined self-compassion among 18 women coping with their body changes postpartum. The women in their study identified body self-compassion as relevant and meaningful to their personal experiences following childbirth. In discussing the role self-compassion played in their lives, these women communicated that they were less judgmental and critical of their bodies, more accepting and kind to themselves, and experienced an increased motivation for self-care. Magnus and colleagues examined the role of self-compassion in women's motivation to exercise. Their results demonstrated that, unlike self-esteem,

self-compassion does not emphasize outward social comparisons of the self to others, and therefore, may act as a potential buffer against negative self-evaluations by providing a healthy view of the self—one in which self-worth is not dependent upon success or performance. Furthermore, this study found that self-compassion was positively related to intrinsic motivation and negatively associated with ego goal orientation, social physique anxiety, and obligatory exercise, providing further evidence that self-compassion is related to well-being in the context of physical activity.

Moreover, other studies conducted in the physical domain have explored the link between self-compassion and shame (Ferreira et al., 2013; Gilbert & Proctor, 2006; Leary et al., 2007; Longe et al., 2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Reilly, Rochlen, & Awad, 2013; Wasylkiw, MacKinnon, & MacLellan, 2012). In a study conducted by Ferreira, Pinto-Gouveia, and Duarte, self-compassion was negatively associated with external shame; individuals who had a lower ability to be compassionate toward their life experiences and suffering were more likely to view themselves as living negatively in the minds of others. Their findings suggest that self-compassion—how one directs a kind and balanced attitude toward one's own inadequacies and flaws—may be an antidote for the feelings of inferiority brought on by external shame. In 2006, Gilbert and Proctor conducted a study using Compassionate Mind Training (CMT), developed for individuals with high shame and high self-criticism. This study found a significant increase in one's ability to be self-soothing and focus on feelings of warmth and reassurance of the self after the CMT intervention, which resulted in significant reductions in shame as well as depression, anxiety, self-criticism, and feelings of inferiority. In another study exploring the relationship between

self-compassion and shame, Mosewich and colleagues looked at self-compassion as a potential resource among 151 young women athletes. They found that self-compassion was negatively associated with shame proneness, guilt-free shame proneness, fear of failure, and fear of negative evaluation. Furthermore, the results of this study suggested that self-compassion may play an important role in cultivating positive sport experiences for young female athletes. These findings suggest that self-compassion might counter shame and that both constructs warrant further investigation in relation to exercise participation.

Previous literature has identified several characteristics inherent in an exercise class setting that might result in shame, including social comparisons (Lindner, Tantleff-Dunn, & Jentsch, 2012; Markham, Thompson, & Bowling, 2005), negative self-evaluations (Aubrey, 2010; Loland, 2000), mirrored exercise settings (Martin Ginis, Burke, & Gauvin, 2007; Lamarche, Gammage, & Strong, 2009), self-presentational concerns (Greenleaf, McGreer, & Parham, 2006; Leary, 1992), revealing fitness attire (Crawford & Eklund, 1994), appearance-based motivation (Homan & Tylka, 2014; O'Hara, Cox, & Amorose, 2014; Prichard & Tiggemann, 2012; Raedeke, Focht, & Scales, 2007), concerns related to body appearance (Fitzsimmons-Craft et al., 2012; Loya, Cowan, & Walters, 2006), assessment of physical abilities and quality of performance (Leary, 1992), and the influence of instructors in the group aerobics context (Greenleaf, McGreer, & Parham, 2006). Markham and colleagues (2005), for example, studied the effects of social comparison among 146 female undergraduate students and found that engagement in appearance-based comparisons predicted increased vulnerability to body image shame. In another study, Ginis, Burke, and Gauvin (2007)

examined the effects of mirrored exercise environments among female exercisers' feeling states. The results of this study illustrated that women who exercised with other women in a mirrored environment were more self-conscious and engaged in more social comparisons than women who either exercised alone or exercised in a non-mirrored environment. Research has also demonstrated a high prevalence of social comparison and negative self-evaluations among women, specifically in an aerobic exercise class setting (Collins, 2002; Crawford & Eklund, 1994; Frederick & Shaw, 1995; Frederick, Havitz, & Shaw, 1994; Greenleaf et al., 2006; Hannus & Laev, 2011; Maguire & Mansfield, 1998; Pritchard & Tiggemann, 2008). For example, Pritchard and Tiggemann studied different types of exercise and the role of exercise motivation and body image outcomes among 571 female exercise class participants. Their study revealed that cardio-based exercise classes were related to increased self-objectification, lower body-esteem, and greater disturbed eating. They argued that women who participate in more holistic forms of exercise—such as yoga—exercise for health and fitness reasons, and less for appearance-focused reasons, while women who participate in cardiovascular fitness activities—such as aerobic classes—exercise for reasons such as weight control, body tone, and attractiveness.

The above findings suggest that certain elements in an exercise class setting, as well as the type of exercise class, may create shame experiences for women. A clear and comprehensive understanding of the dynamics of the exercise class climate will facilitate a greater understanding of the extent to which the study participants experience shame and self-compassion in cardio-based exercise classes.

Appendix B: Interview Schedule

Interview Schedule

Introduction:

- Welcome and thanks for coming
- Participant reads Informed Consent form
- Assessment of comprehension:
    - So that I am sure that you understand what the study involves, would you please tell me, in your own words, what you think this study is about?
- Participant signs Informed Consent form
- Participant completes General Demographic Questionnaire
- Review purpose of the study and the focus on cardio-based exercise classes
- Review definitions of shame and self-compassion
- Helpful suggestions for the interview process
- Discuss audio taping of interview
- Answer questions
- Selection of pseudonym

Interview Questions:

Exercise History

- Please tell me a little bit about your background and experience with exercise and physical activity?
- How important a role does exercise and physical activity currently play in your life?
- What is the extent of your involvement in cardio-based exercise classes currently and in the past year (including type and number of classes)?
- Why do (did) you participate in cardio-based exercise classes?

Shame

- Please describe in detail times when you felt flawed, inferior, unworthy of connection and belonging, or bad about yourself during cardio-based exercise classes?
- What are the circumstances in which you tend to feel this way about yourself during these exercise classes?
- How common are such experiences for you?
- Is there anything other class participants do during your exercise classes that increase these negative experiences?

- What could your instructor do to minimize these negative experiences in your exercise classes?
- How could your class be structured differently to minimize shame?
- What could you do to minimize or overcome feeling shame in your exercise class?

Self-compassion

- Please describe in detail times during cardio-based exercise classes when you recognized you were suffering (perhaps perceiving you were imperfect or inadequate, or struggling during a difficult time) and demonstrated compassion for yourself by trying to relieve the suffering.
- When do you find it easier or more difficult to be compassionate toward yourself during exercise?
- What could your instructor do to help students feel more compassionate toward themselves during your exercise class?
- How could your exercise class be structured to promote students feeling more compassion toward themselves?
- What could you do to feel more compassionate toward yourself during your exercise class?
- What could you do to help others feel more compassionate toward themselves during exercise class?

Prompts and Probes:

- Can you tell me more about your reaction to this experience?
- Can you describe the circumstances around this situation?
- What behaviors/thoughts/feelings are associated with this experience?
- Can you tell me more about that?
- Is there something you can compare it to?
- Can you summarize what you just said?
- What do you mean by “ ”?

Wrap-Up:

- Is there anything you would like to add? Is there anything you feel we missed?

End of Interview:

- Thank you for helping me. You have provided valuable insight for my study
- Explain the rest of the study (transcribed interview, member checking)
- Answer final questions and hand out gift certificates
- Ask participants not to share details of study or talk about study with anyone
- Ask participants if they would share flyers with interested and eligible individual

Appendix C: Participant Interview Guide

Participant Interview Guide

Welcome and thank you for participating in this study. The purpose of this research study is to examine the experiences of shame and self-compassion among women in a structured cardio-based exercise class setting. Included in this guide you will find the time, date, and location of your scheduled interview, definitions of shame and self-compassion, a basic overview of the interview process, and key questions that will be the focus of your interview. If you have any questions or concerns prior to your scheduled interview, please feel free to contact Kim Rogers at rogerski@onid.orst.edu or (541) 737-1329 or Dr. Vicki Ebbeck at vicki.ebbeck@oregonstate.edu or (541) 737-6800

Interview Date:

Interview Time:

Interview Location:

Interview Process:

Before the interview begins, you will be asked to sign an Informed Consent Form and fill out a General Demographics Questionnaire. To protect your identity, you will be asked to choose a pseudonym (alias or fake name) that will be used throughout the study. During the interview I will be asking a variety of questions in order to understand your experiences with shame and self-compassion. Please take your time in responding, and don't feel rushed. When you are describing a situation, please give as much detail as possible so I can fully understand your experience. If you are having a hard time finding the words to describe a situation, take a moment to think about it. Please remember that there are no right or wrong answers. It is your experiences and thoughts that I am interested in. You are the expert.

The audio taped interview will last approximately 60-90 minutes and participation is entirely voluntary. You may choose not to answer any question(s) or withdraw from the interview at any time without penalty. After the interview is completed, the interview will be transcribed verbatim and interpreted along with other interviews for the key findings. You will then be sent a copy of the findings to read and to make sure the conclusions accurately reflect your experiences. You will be invited to offer any suggestions of changes to the findings you think would more accurately capture what we discussed.

Definitions:

Shame

An intensely painful feeling or experience based on the negative self-evaluation of one's entire self and the perception that oneself is flawed, bad, inferior, worthless, and unworthy of acceptance or belonging.

Differences between shame, guilt, humiliation, and embarrassment

Shame: "I am bad and I deserve to feel this way."

Guilt: "I did something bad."

Humiliation: "I feel disgraced and degraded, but I don't deserve this and I don't deserve to feel this way."

Embarrassment: "I feel silly right now, but it's not the end of the world. I know I'm not the first or the only person to have done this. Eventually, I'll probably find this pretty funny."

Self-Compassion

A kind, understanding, and non-judgmental sensitivity and response to one's perceived inadequacies, failures, mistakes, flaws, and imperfections, coupled with the commitment and action required to relieve or remove this suffering.

Interview Questions:

- Please tell me a little bit about your background and experience with exercise and physical activity?
- How important a role does exercise and physical activity currently play in your life?
- What is the extent of your involvement in cardio-based exercise classes currently and in the past year (including type and number of classes)?
- Why do (did) you participate in cardio-based exercise classes?
- Please describe in detail times when you felt flawed, inferior, unworthy of connection and belonging, or bad about yourself during cardio-based exercise classes?
- What are the circumstances in which you tend to feel this way about yourself during these exercise classes?
- How common are such experiences for you?
- Is there anything other class participants do during your exercise classes that increase these negative experiences?
- What could your instructor do to minimize these negative experiences in your exercise classes?
- How could your class be structured differently to minimize shame?
- What could you do to minimize or overcome feeling shame in your exercise class?
- Please describe in detail times during cardio-based exercise classes when you recognized you were suffering (perhaps perceiving you were imperfect or inadequate, or struggling during a difficult time) and demonstrated compassion for yourself by trying to relieve the suffering.
- When do you find it easier or more difficult to be compassionate toward yourself during exercise?
- What could your instructor do to help students feel more compassionate toward themselves during your exercise class?
- How could your exercise class be structured to promote students feeling more

compassion toward themselves?

- What could you do to feel more compassionate toward yourself during your exercise class?

- What could you do to help others feel more compassionate toward themselves during exercise class?

Appendix D: General Demographics Questionnaire

General Demographics Questionnaire

1. **What is your current age in years?** _____

2. **What is your ethnicity?**

   ☐ White
   ☐ White, Non-Hispanic
   ☐ Asian/Pacific Islander
   ☐ African American
   ☐ Hispanic
   ☐ Native American
   ☐ Other — *please specify* _____

3. **What is your total household income in U.S. dollars?**

   ☐ Less than $19,999
   ☐ $20,000-$39,000
   ☐ $40,000-$59,000
   ☐ $60,000-$79,000
   ☐ $80,000-$100,000
   ☐ More than $100,000

4. **What is the highest level of education you have completed?**

   ☐ Less than high school
   ☐ High school or GED
   ☐ Some college
   ☐ 2-year college degree (Associates)
   ☐ 4-year college degree (BA, BS)
   ☐ Graduate degree
   ☐ Professional degree (MD, JD)

5. **What is your current employment status?**

   ☐ Full-time
   ☐ Part-time
   ☐ Unemployed
   ☐ Not Applicable

6. **Do you consider yourself to be?**

   ☐ Heterosexual or straight
   ☐ Gay or Lesbian
   ☐ Bisexual
   ☐ Asexual
   ☐ Other — *please specify* _____

Exercise is a category of physical activity that involves planned, structured, purposeful, and repetitive movement intended to improve or maintain physical fitness. Exercise includes activities such as running, biking, attending a fitness class, working out at the gym, lifting weights, dancing, swimming laps, jumping rope, etc.

7. How often do you currently engage in exercise?

- ☐ I do not engage in exercise regularly and have no intention of starting in the next six months.
- ☐ I do not engage in exercise regularly but intend to do so in the next six months.
- ☐ I exercise some but not regularly.
- ☐ I have exercised regularly for less than six months.
- ☐ I have exercised regularly for more than six months.

8. In a typical week, how many days do you currently engage in exercise?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

9. How many minutes per day do you typically exercise?

_____ Minutes

10. In a typical week, what percentage of your time would you say you exercise in each of the following levels of intensity?

_____ % Mild (e.g. easy walking)

_____ % Moderate (e.g., biking)

_____ % Vigorous (e.g., running)