

Compassionate Coach and Psychological Quality of Life in Portuguese Athletes: Effect of Mediating Variables

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This study aimed to test a model that hypothesized that the compassionate coach, as perceived by the athletes, has an impact on athlete-related social safeness and psychological health, through shame and self-criticism. The sample comprised 270 Portuguese adult athletes, who practiced different competitive sports. The path analysis results confirmed the adequacy of the proposed model, which explained 45% of the psychological health's variance. Results demonstrated that athletes who perceive their coaches as more compassionate tend to present higher levels of social safeness (feelings of belonging to the team) and of psychological health, through lower levels of shame and self-criticism. These novel findings suggest the importance of the adoption of supportive, warm, safe, and compassionate attitudes from coaches in athletes' mental health. This study also offers important insights by suggesting that feelings of acceptance and connectedness in team relationships may be at the root of athletes' emotional processes and well-being.

Keywords: coach, compassion, self-criticism, shame, social safeness, well-being

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Athletes' mental health has received increased attention in the sports community (Chang et al., 2020; Rice et al., 2016). Similarly, in Portugal, there has been a growing interest regarding the mental health of athletes. A recent study conducted in Portugal identified symptoms related to the mental disorder (such as psychological distress, anxiety, depression, and sleep disturbance) of professional soccer players (Teques, Rosa, & Araújo, 2019). In fact, there is a growing evidence for the prevalence of symptoms related to mental health; however, literature about emotional processes used by the athletes in this context remains scarce.

While participation in sport has many benefits, the very nature of competition can provoke, augment, or expose athletes' psychological issues (e.g., Rice et al., 2016). In fact, athletes are exposed to stressors that often negatively impact the way they think, feel, and behave in athletic, academic, and social domains (Fraser-Thomas & Côté, 2009; Gavrilova, Donohue, & Galante, 2017; Rice et al., 2016). Difficult thoughts, emotions, and experiences, such as feelings of shame, fear of failure, injuries, the pressure to win, and perception of coach-related critical attitudes are common experiences. Nonetheless, when these unwanted experiences become repetitive and intense, they may lead to negative consequences for athletes, such as high levels of anxiety and depression (e.g., Correia & Rosado, 2018; Ford, Ildefonso, Jones, & Arvinen-Barrow, 2017; Li, Moreland, Peek-Asa, & Yang, 2017; Partridge & Elison, 2009). A recent study demonstrated that critical attitudes from the coach were associated with higher levels of anxiety and depression in adult athletes; therefore, attitudes of the coaches can be related with mental health of the athletes (Oliveira, Trindade, Rosado, Cunha, & Ferreira, 2021b).

In fact, coaches represent meaningful figures that play an important role in athletes' development, and can help athletes deal with their challenges and difficulties (Barcza-Renner, Eklund, Morin, & Habeeb, 2016; Becker, 2009; DeFreese & Smith, 2014; Fletcher, Hanton, & Mellalieu, 2006; Isoard-Gauthier, Trouilloud, Gustafsson, & Guillet-Descas, 2016; Menting, Hendry, Schiphof-Godart, Elferink-Gemser, & Hettinga, 2019; Mujika, Halson, Burke, Balague, & Farrow, 2018). Therefore, coaches may potentially have an impact not only on athletes' performance but also on their psychological development (Davis, Appleby, Davis, Wetherell, & Gustafsson, 2018; DeFreese & Smith, 2014; Fletcher et al., 2006; Isoard-Gauthier et al., 2016; Schinke, Stambulova, Si, & Moore, 2017), by being a crucial source of support and by promoting confidence in their athletes, even in difficult times (Lentz, Kerins, & Smith, 2018; Lu et al., 2016; Powers et al., 2020).

There has been growing interest in the study of the benefits of compassionate skills in the sport context (Baltzell, Röthlin, & Kenttä, 2020; Killham, Mosewich, Mack, Gunnell, & Ferguson, 2018; Walton, Baranoff, Gilbert, & Kirby, 2020). Compassion is an intentional sensitivity to suffering, with an intention and a commitment to try to alleviate it (Gilbert et al., 2017). Thus, compassion includes the capacity to be attuned and emotionally moved by one's own suffering or that of others (component of engagement), as well as the ability to act in the sense of giving support (component of action), which might be learned and trained in order to regulate negative affect (Gilbert, 2015; Gilbert et al., 2017). Given that people can both give and receive compassion, this skill presents three flows: directing compassion toward others, receiving compassion from others, and directing compassion towards oneself (self-compassion; Gilbert et al., 2017). In general,

the different components (engagement and action) and directions of compassion were positively associated with well-being and negatively linked with several psychopathological indicators (Gilbert et al., 2017). Compassionate skills have shown to be protectors against the impact of adverse events and have revealed to represent adaptive strategies to cope with the internal and external difficulty of stressful circumstances (Baltzell et al., 2020; Ferreira, Barreto, & Oliveira, 2021; Mosewich, Sabiston, Kowalski, Gaudreau, & Crocker, 2019). Indeed, compassionate abilities could be principally valuable for athletes struggling with any kind of stressful sport-related challenges (Baltzell et al., 2020). Compassionate abilities allow that challenging and difficult experiences, which are part of the human repertoire, are acknowledged and accepted and also allow the person to take action in order to alleviate their suffering in these difficult moments. These abilities help the athlete accept, tolerate, and alleviate such difficult and distracting thoughts and emotions (Baltzell et al., 2020).

Given the significance of the coach in the life of athletes (Davis et al., 2018; Isoard-Gautheur et al., 2016; Schinke et al., 2017) and the benefits of receiving compassion from others in mental health (e.g., Hermanto et al., 2016), The Compassionate Coach Scale as Perceived by the Athlete (CSS-PA), which allows for the assessment of an athlete's perception of their coach's compassionate qualities, was recently developed. The Compassionate Coach Scale as Perceived by the Athlete could be an important tool to conduct studies in order to evaluate the effect of the compassionate coach on mental health. This new measure comprised two components: coach qualities of engagement with an athlete's distress/suffering; and abilities to take effective actions to prevent and alleviate an athlete's distress/suffering (Oliveira, Rosado, Cunha, & Ferreira, 2021a), presenting a global score that assess an athlete's perception of their coach's compassionate qualities. This recent study seems to suggest that the compassionate coach as perceived by the athlete could play an important component in the development of the athlete's psychological health, since to be a compassionate coach implies having a positive relationship with athletes, creating feelings of support, kindness, and presenting qualities to engage in athletes' suffering and skills to act to alleviate their suffering (Oliveira et al., 2021a). In fact, in this recent study, a positive association between the compassionate coach perceived by the athlete and indicators of mental health, such as social safeness, was found (Oliveira et al., 2021a).

Social safeness is defined as a pleasant and safe affective state related to social context (i.e., feeling cared about, reassured by, and connected to others; Gilbert et al., 2009; Kelly & Dupasquier, 2016). Feeling connected to, cared for, valued, and understood by others, is associated with positive health outcomes in general (e.g., Gilbert et al., 2008) and the same happens in the sport context (e.g., Malinauskas, 2010). In the sport context, athletes who feel valued and understood by others (e.g., elements of the team) performed better (e.g., Freeman, Rees, & Hardy, 2009), and presented higher levels of psychological well-being (Katagami & Tsuchiya, 2016), and lower levels of perceived stress (Malinauskas, 2010).

Also, social safeness has been negatively associated with several psychopathological indicators, such as external shame (e.g., Marta-Simões, Ferreira, & Mendes, 2017) and self-criticism (e.g., Kelly, Zuroff, Leybman, & Gilbert, 2012). Shame is a universal emotion that arises in the social context when individuals

believe that others see or evaluate them as inferior, inadequate, defective, or unattractive (Gilbert, 2000). Therefore, shame can be conceptualized as a functional defensive response to social threats of, or actual experience of rejection, social criticism, devaluation, or ostracism (Cacioppo & Patrick, 2008; Gilbert, 2000). In order to attenuate or diminish these threats, shame motivates a series of defensive behaviors, such as striving or working hard to correct one's behaviors or features and thus to appear desirable and accepted by others (Gilbert & Procter, 2006). Sport is naturally a social activity, indeed when athletes play sport, they do so in the public arena (e.g., Ryall, 2019). Athletes recognize that they are under the gaze or look of others (whether they are spectators, other players, and coaches). Therefore, sport is a context that can elicit feelings of shame in athletes (Partridge & Elison, 2009; Ryall, 2019; Sagar & Stoeber, 2009) and they can also internalize negative judgments and criticism from others, to the extent that they self-devalue (i.e., self-criticism; Gilbert, Clarke, Hempel, Miles, & Irons, 2004).

Self-criticism refers to a type of negative self-judgment where one displays a punitive response in face of one's errors, faults, or attributes that may cause social disapproval or rejection (Gilbert et al., 2004). The function of self-criticism is separated in two components: one is related to improvement, correction, and avoiding making mistakes, while the other, to taking revenge on, harming, or hurting the self for one's failures (Castilho, Pinto-Gouveia, & Duarte, 2017; Gilbert et al., 2004). Therefore, self-criticism may then be understood as a strategy to cope with shortcomings of an inadequate or inferior perceived self (Gilbert et al., 2004). In fact, when athletes are faced with difficulties in the sport context, it is common to use self-scrutiny and self-criticism (Kowalski & Duckham, 2014). This constant and cruel self-to-self harassment is associated to psychopathology (e.g., Gilbert et al., 2008). A recent study conducted by Walton et al. (2020) demonstrated that athletes' self-criticism was the strongest predictor of current psychological distress. Indeed, self-criticism and shame have empirical evidence of being associated with psychopathology and lower levels of well-being (Allan & Gilbert, 1997; Matos, Pinto-Gouveia, Gilbert, Duarte, & Figueiredo, 2015). Taking into account that the coach can play a very important role in challenges faced by the athlete (Mottaghi, Atarodi, & Rohani, 2013), and compassionate abilities can permit the athletes to tolerate and deal adaptively with difficult moments of sport, the Compassionate Coach Scale as Perceived by the Athlete could be a valuable measure to use for studying the effect of that the compassionate abilities of the coach can have on athletes' mental health. Despite several studies that have demonstrated the role of several factors on athlete's mental health and quality of life (QoL), there are no studies about the association between a compassionate coach as perceived by an athlete and their psychological QoL, and on other important variables that act upon this association.

The current study aimed to test an integrative model that explores the association of the compassionate coach as perceived by the athletes on their social safeness and on their psychological QoL, and whether shame and self-criticism significantly act upon these associations. It was hypothesized that the compassionate coach as perceived by the athletes may be associated with higher levels of feelings of acceptance and connectedness in the relationship with their teammates (social safeness) and with higher levels of psychological QoL, through lower levels of feelings of shame and self-criticism.

Methods

Participants

The current study comprised 270 competitive athletes of both genders (150 females and 120 males) who competed in different sports: handball (45.9%), futsal (19.6%), football (16.3%), volleyball (14.4%), basketball (3.3%), and roller hockey (0.4%). The mean age was 22.82 years ($SD = 4.80$), ranging from 18 to 47 years old. Regarding competitive level, 70.7% athletes competed at national level and 29.3% in district level. Athletes presented a mean of 12.0 ($SD = 5.32$) years of sport practice.

Procedure

The present study's procedures respected ethical and deontological requirements inherent to scientific research and the study was approved by the ethical board of the Faculty of Psychology and Education Sciences of the University of Coimbra. This study was advertised on social network sites (Facebook). In this sense, an invitation to participate in this study was electronically sent through popular social networks to potential participants. The online advertisement included an informative text that clarified the aims and procedures of the investigation, the voluntary and confidential character of their participation, and the inclusion criteria of participants' selection. The online advertisement also included an Internet link to the online platform (Google Forms) with the informed consent and protocol. Two hundred and ninety-one individuals accepted to participate, signed the informed consent, and completed self-report measures on the online platform. Considering the aims of the present study, the database was cleaned to exclude: (a) participants who completed the survey but were not athletes and (b) participants younger than 18 years old. This process resulted in a final sample of 270 participants. There were no missing data because the platform only allows the submission of the questionnaires when all questions have been answered.

Measures

Sociodemographic and sports data. Participants reported their age, gender, type of sports they competed, competitive level, and years of practice of sport.

Compassionate Coach Scale as Perceived by the Athletes. CCS-PA is a self-report measure composed of 16 items, designed to measure the athletes' perception of the coach's compassionate qualities (Oliveira et al., 2021a). It comprises two dimensions: eight items assess the athletes' perception of a coach's compassionate engagement (e.g., "I feel that my coach has an accepting non critical or non-judgmental attitude towards my feelings, anxieties and suffering."), and eight items measure the athletes' perception of a coach's compassionate actions (e.g., "I feel that my coach supports me and encourages to act in accordance with what is important and useful for me as an athlete, even if this is very difficult"). This scale also presents a global score to assess athletes' perception of the coach's compassionate qualities. Each item was scored on a 5-point scale ranging from 0 (*never*) to 4 (*always*). CCS-PA has shown good internal consistency in the original version (0.94, 0.97, and 0.97 for athletes' perception of a coach's compassionate

engagement, athletes' perception of a coach's compassionate actions, and global score, respectively). For the purpose of the current study, global score was considered, which presented high internal consistency ($\alpha = .94$).

Social Safeness and Pleasure Scale—Athletes Version. The Social Safeness and Pleasure Scale—Athletes Version (SPSS) measures participants' social safeness (sense of belonging, acceptance, and connectedness in their relationships) (Gilbert et al., 2009; Pinto-Gouveia, Matos, & Dinis, 2008). Regarding this measure, the instructions were adapted to the sport context. That is, instead of asking participants to focus on the social context, they were asked to focus on the sports context to answer each of the items on the scale. Therefore, the initial instructions of the scale were modified to specify that we are interested in finding out how people experience pleasure, positive feelings, and emotions in sport-related situations. Taking into account that regarding this version, only initial instructions have been changed, an adapted SSPS-AV was used to measure participants' social safeness in context of sport—athlete-related social safeness (sense of belonging, acceptance, and connectedness in their teammates' relationships). The original SSPS is a self-report measure composed of 11 items designed to measure social safeness, that is, the extent to which individuals feel a sense of acceptance and connectedness in their relationships (e.g., "I feel accepted by people"). The response options are rated on a 5-point scale (1 [*almost never*] to 5 [*almost all the time*]). SSPS has shown good internal consistency in the original and Portuguese versions ($\alpha = .91$, respectively). In the presented study, SSPS-AV presented high internal consistency ($\alpha = .94$).

Other as Shamer Scale—2. The Other as Shamer Scale—2 (OAS-2) is designed to evaluate levels of general feelings of shame (i.e., emotion that emerges from the experience of being seen by others as flawed, inferior, inadequate, or powerless; Matos et al., 2015). It comprises eight items such as "Other people see me as defective as a person" scored on a 5-point scale from 0 (*never*) to 4 (*almost always*). In the original study, the scale showed high internal consistency ($\alpha = .82$). In the present study, the scale presented high internal consistency ($\alpha = .90$).

Forms of Self-Criticizing & Self-Reassuring Scale. Forms of Self-Criticizing and Self-Reassuring Scale (FSCRS) is a 22-item scale designed to assess participants' critical and self-reassuring responses when confronted with failures or setbacks (Gilbert et al., 2004; Castilho, Pinto-Gouveia, & Duarte, 2015). This scale comprises three subscales which measure: (a) inadequate-self, focused on feelings of inferiority and inadequacy; (b) hated-self, characterized by feelings of disgust and self-punishment; and (c) self-reassurance, to assess the ability to self-reassure. Participants were asked to answer all items following the statement "When things go wrong for me . . ." in a 5-point scale ranging from 0 (*not at all like me*) to 4 (*extremely like me*). All subscales presented good psychometric properties in the original version (Cronbach's alphas ranged between .86 and .90) and Portuguese version (Cronbach's alphas ranged between .86 and .96). For the purpose of this study, only the self-criticism dimension (calculated from the sum of inadequate-self and hated-self subscales) was used, which presented high internal consistency ($\alpha = .92$).

World Health Organization Brief Quality of Life Assessment Scale. This is a short-form scale of perceived QoL, assessed on four broad domains: physical health, psychological health, environmental health, and social relationships. This comprises 26 items rated on a 5-point scale (WHOQOL Group, 1998; Vaz-Serra et al., 2006). This scale presents adequate psychometric properties in its original (with Cronbach's alphas ranging between .66 and .84) and Portuguese validation studies (α s between .67 and .87). For the purpose of this study, psychological health domain was considered, which presented adequate internal consistency ($\alpha = .80$).

Data Analyses

The software IBM SPSS Statistics (version 22.0; IBM Corp., Chicago, IL) was used to conduct descriptive and correlation analyses. The values of Sk and Ku were analyzed to test the normality of the distribution of the study variables (Kline, 2005). Pearson correlation coefficients analyses were performed to examine the associations among athletes' perceptions of coach's compassionate qualities, athlete-related social safeness, external shame, self-criticism, and psychological QoL. These coefficients were interpreted in accordance with guidelines of Cohen, Cohen, West, and Aiken (2003).

In addition, with the purpose to explore the effect of compassionate coach as perceived by the athletes (exogenous and independent variable) on psychological QoL (endogenous and dependent variable), through social safeness, external shame, and self-criticism (endogenous and mediator variables), path analyses were conducted to estimate these presumed associations among variables in a proposed theoretical model (Figure 1). A path model estimated using the maximum likelihood estimation method was used to calculate the significance of the regression coefficients and the model fit statistics. Moreover, a set of goodness of fit indices was used to analyzed the plausibility of the model: chi-square (χ^2), that when nonsignificant indicates a very good model fit; the normed chi-square (CMIN/df), that indicates an acceptable fit when <5 ; comparative-fit index and Tucker-Lewis index, with values above .95 indicating a very good adequacy of the

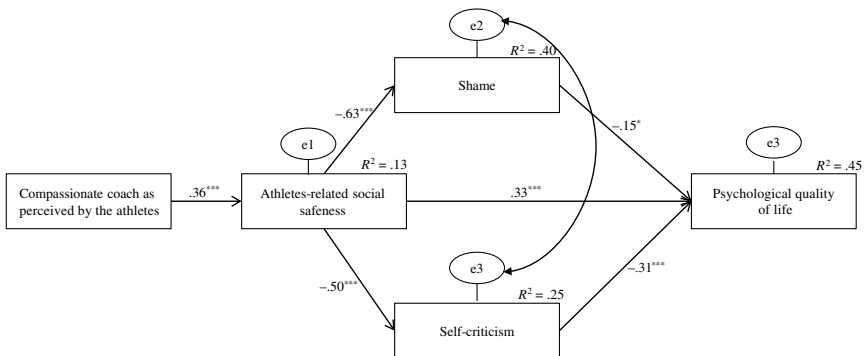


Figure 1 — Final path model. $*p < .05$. $***p < .001$.

model; and the root mean square error of approximation which indicates an adequate fit when values $<.08$ (Kline, 2005). Moreover, mediation effects were analyzed using the Bootstrap resampling method with 5,000 bootstrap samples and 95% bias-corrected confidence interval (CI). Each effect was considered statistically significant ($p < .05$) if the interval between lower and upper bound CI does not comprise zero (Kline, 2005).

Results

Preliminary Data Analyses

The values of Sk and Ku were analyzed to test the normality of the distribution of the study variables (Kline, 2005). The Sk values ranged from -1.01 to 1.13 (in SSPS—AV and in FSCRS, respectively), while Ku presented values ranged from -0.13 to 1.45 (in the CCS-PA and in SSPS-AV, respectively). Also, multivariate outliers were not detected. Therefore, results revealed no severe violation of normal distributions ($|Sk| < 3$ and $|Kul| < 8-10$; Kline, 2005) and the absence of multivariate outliers.

Descriptive and Correlations Analyses

The descriptive and correlations between the study variables are reported in Table 1.

Results from correlation analyses demonstrated that compassionate coach as perceived by the athlete revealed positive associations with athletes-related social safeness and with psychological QoL (with moderate and weak magnitudes, respectively), and weak and negatively correlations with shame and self-criticism. Also, athletes-related social safeness showed strong and negative associations with shame and self-criticism, and positive and strong correlation with psychological QoL. A positive and strong correlation was found between shame and self-criticism, and both were strong and negatively associated with psychological QoL.

Table 1 Means, SDs, and Intercorrelation Scores on Self-Report Measures ($N = 270$)

	<i>M</i>	<i>SD</i>	1	2	3	4
1. Compassionate coach as perceived by the athlete	42.06	13.61	—	—	—	—
2. Athletes-related social safeness	45.95	7.71	.36**	—	—	—
3. Shame	5.33	5.01	-.25**	-.63**	—	—
4. Self-criticism	8.12	5.40	-.23**	-.50**	.50**	—
5. Psychological quality of life	75.59	13.60	.19*	.59**	-.52**	-.56**

Note. Compassionate coach as perceived by the athlete represents the Compassionate Coach Scale as Perceived by the athlete; athletes-related social safeness represents the Social Safeness and Pleasure Scale; shame represents The Others as Shame Scale; self-criticism represents the dimension of self-criticism of Forms of Self-Criticizing & Self-Reassuring Scale; psychological quality of life represents the psychological dimension of WHOQOL-Bref. WHOQOL-Bref = World Health Organization Brief Quality of Life Assessment Scale.

* $p < .010$. ** $p < .001$.

Path Analyses

Path analyses were performed to explore the effect of the compassionate coach as perceived by the athletes (CCS-PA) on athletes-related social safeness (SSPS-AV) and on athletes' psychological QoL, through shame (OAS-2) and self-criticism (FSCRS_Criticism).

First, the path model was tested through a saturated model (i.e., zero degrees of freedom), comprising 20 parameters. Results indicated that three paths were not significant: the direct effect of the compassionate coach as perceived by the athlete on shame ($b_{CCS-PA} = -0.01$; $SE_b = 0.02$; $Z = -0.53$; $p = .596$); the direct effect of the compassionate coach as perceived by the athlete on self-criticism ($b_{CCS-PA} = -0.02$; $SE_b = 0.02$; $Z = -0.09$; $p = .354$); and the direct effect of the compassionate coach as perceived by the athlete on psychological QoL ($b_{CCS-PA} = -0.05$; $SE_b = 0.05$; $Z = -0.97$; $p = .333$). These paths were progressively eliminated and the model was readjusted.

Results demonstrated that the compassionate coach as perceived by the athlete had a significant direct effect of 0.36 on athletes-related social safeness ($b_{CCS-PA} = 0.20$; $SE_b = 0.032$; $Z = 6.24$; $p < .001$). In turn, athletes-related social safeness had a direct effect of -0.63 on shame ($b_{SSPS-AV} = -0.41$; $SE_b = 0.03$; $Z = -13.34$; $p < .001$), of -0.50 on self-criticism ($b_{SSPS-AV} = -0.35$; $SE_b = 0.04$; $Z = -9.52$; $p < .001$), and of 0.33 on psychological QoL ($b_{SSPS-AV} = 0.59$; $SE_b = 0.11$; $Z = 5.45$; $p < .001$). Results also showed that shame had a direct effect of -0.15 on psychological QoL ($b_{OAS-2} = -0.41$; $SE_b = 0.17$; $Z = -2.47$; $p = .014$) and self-criticism had a direct effect of -0.31 on psychological QoL ($b_{FSCRS_self-criticism} = -0.79$; $SE_b = 0.14$; $Z = -5.77$; $p < .001$).

The analyses of indirect effects showed that the compassionate coach as perceived by the athlete presented indirect effects through athletes-related social safeness on shame, self-criticism, and psychological QoL of -0.22 (95% CI $[-0.31, -0.14]$), of -0.18 (95% CI $[-0.26, -0.11]$), and of 0.21 (95% CI $[0.13, 0.29]$), respectively. Results also demonstrated that athletes-related social safeness presented an indirect effect of 0.25 on QoL through shame and self-criticism (95% CI $[0.17, 0.34]$).

The final model presented three degrees of freedom and an excellent fit to the empirical data, as indicated by the analysis of well-known and recommended goodness-of-fit indices, $\chi^2(3) = 2.07$, $p = .558$, $CMIN/df = .691$; Tucker-Lewis index = 1.00; comparative-fit index = 1.00; root mean square error of approximation = .000; $p = .771$; 95% CI $[\ .00, .09]$ (Kline, 2005).

Overall, this model, in which all path coefficients were statistically significant ($p < .05$), explained 45% of the variance of psychological QoL. Moreover, the model accounted for 13%, 40%, and 25% of athletes-related social safeness, shame, and self-criticism's variances, respectively.

Discussion

The coach is a fundamental figure in the life of an athlete that influences not only their sport performance, but also their physical and psychological development (Sagar & Stoeber, 2009; Siekanska, Blecharz, & Wojtowicz, 2013). Recent studies have suggested that compassionate support from others has a great impact on resilience to distress and on a range of health indices (e.g., Ferreira et al., 2021;

Gilbert et al., 2017; Hermanto et al., 2016). Furthermore, literature suggests that it is important to consider the impact of people, such as coaches, who are crucial to athletes' psychological processes, performance, and well-being in the context of sport (Breines & Chen, 2012; Killham et al., 2018). In this sense, it is important to explore the effect of the compassionate coach as perceived by athletes and how this perception affects their feelings of acceptance and connectedness in the relationship with their teammates and their psychological health.

Correlational results demonstrated that the compassionate coach as perceived by the athlete was positively associated with athletes' feelings of belonging and connecting to the team (athlete-related social safeness) and with psychological QoL, and negatively linked with shame and self-criticism. These results are in accordance with previous studies in other contexts. In fact, feelings of affiliation (compassion and social safeness) have been positively associated with indicators of well-being (e.g., Gilbert et al., 2008; Zessin, Dickhäuser, & Garbade, 2015) and negatively linked with psychopathological indicators (e.g., Kelly & Dupasquier, 2016; Gilbert & Procter, 2006). Also, previous studies have suggested that shame and self-criticism can have a significant impact on well-being (Kelly et al., 2012). Therefore, this study corroborated previous research, as well as adding new data to clinical sport psychology literature, demonstrating the same type of associations in the context of sport. In this sense, the present study highlighted the importance of considering the role of feelings of affiliation (social safeness and compassion) and maladaptive processes (self-criticism and shame) in explaining of athletes' mental health.

These relationships were further examined in the path analysis that hypothesized that compassionate coach as perceived by the athletes would have an impact on athlete-related social safeness and psychological health, through lower levels of shame and self-criticism. The proposed theoretical model explained 45% of the variance of athletes' psychological QoL. This model seems to suggest that athletes who perceive their coaches as more compassionate tend to present higher levels of feelings of belonging and connecting to the team and higher levels of psychological QoL, through lower levels of feelings of shame and self-criticism. These results seem to constitute a contribution to explain athletes' mental health, since athletes' mental health has received special attention in literature (e.g., Chang et al., 2020). Specifically, the role of compassion on athlete's mental health is less explored in the sport context. Previous studies in general contexts have demonstrated that individuals who perceive their meaningful figures as secure, warm and kind, tend to perceive others as sources of soothing, security, support are more likely to engage in support seeking when distressed (i.e., social safeness; Gilbert et al., 2008; Gilbert et al., 2009). However, this association (compassion from others and social safeness) remain less studied in the sport context and the present study fills this gap in the clinical sport literature. Literature in the sports context has explored compassion for the self, and has shown that self-compassion is very important to cope with adversity in sport (Ingstrup, Mosewich, & Holt, 2017; Killham et al., 2018; Mosewich et al., 2019). Indeed, athletes with negative events and experiences of adversity, such as injuries, getting benched, negative interactions with teammates, balancing commitments, losing a game (e.g., Galli & Vealey, 2008), and compassionate competencies may contribute to dealing with these negative experiences. However, it is important to highlight that compassion has three

directions: compassion for the self, compassion for others, and compassion from others. This study explored the role of the perception of compassion from others in the mental health of athletes, specifically our data explored the effect of receiving compassion from the coach as perceived by the athlete on feelings of affiliation regarding teammates (athlete-related social safeness), on emotional processes (shame and self-criticism), and well-being. This study seems to be innovative in this area since it evaluates the important contribution of compassionate qualities from the coach (compassion from others) as perceived by the athletes on their mental health. Although the results of this study demonstrated that compassionate qualities from the coach does not have a direct effect on shame, self-criticism, and well-being, they seem to suggest that compassionate qualities from the coach has a direct impact on feelings of connection and acceptance with the teammates (social safeness) and, through social safeness, has indirect effects on lower levels of shame, self-criticism, and higher levels of well-being. This means that athletes who perceive the coach as more compassionate tend to have lower levels of shame and self-criticism and higher levels of well-being, through a better relationship with teammates.

In this sense, the current data seems to suggest that it is crucial that coaches have a positive relationship with athletes, creating feelings of support, kindness, presenting qualities to engage with suffering, and skills which act in alleviating suffering. In fact, these feelings of affiliation promoted by the coach can have a positive effect not only on the team (promoting athlete-related social safeness, that is, feelings of belonging and connecting on the team) but also on the athlete's mental health, by decreasing their levels of shame and self-criticism (maladaptive emotional regulation processes) and increasing the level of their well-being.

The current study has some limitations that need to be acknowledged. The cross-sectional nature of this study does not allow the inference of causality. Longitudinal studies should be performed in future research to confirm the directionality of the associations found in the cross-sectional studies (Maxwell, Cole, & Mitchell, 2011). However, it is important to highlight that the tested cross-sectional associations and model were hypothesized according to empirically supported theoretical frameworks and were tested using robust statistical methods. It is necessary to develop experimental and longitudinal studies to better clarify and/or corroborate the causal associations between the compassionate coach as perceived by the athletes, athletes-related social safeness, and psychological QoL, and how shame and self-criticism may mediate these associations. Also, the external validity of the data is limited as analyses were performed on a Portuguese adult sample of athletes. For example, compassion refers to an intrinsic quality in all human beings, determined in part by individual traits and moderated by different conscious and unconscious factors, and cultural social backgrounds (Lown, 2015). In fact, compassion is cultural and contextually sensitive; therefore, future studies should be conducted within different cultures. However, in previous studies conducted in different cultures and countries (United Kingdom, United States, and Portugal), receiving compassion from others has been positively associated with indicators of mental health and negatively linked with psychopathological indicators (e.g., Ferreira et al., 2021; Gilbert et al., 2017). The Compassionate Coach Scale as Perceived by the Athlete is a new measure that measures compassion from the coach as perceived by the athlete, and there are few studies exploring the role of this variable on mental health. Therefore, future studies are needed to evaluate if these findings are

replicable in other samples (e.g., adolescents), other contexts (e.g., different countries and cultures), and in higher samples in order to be able to carry out a full structural equation modeling. Finally, since the main aim of the current study was to specifically address the effect of the compassionate coach as perceived by athletes on athletes-related social safeness and on their psychological QoL, the parsimonious model examined in the current study is incomplete. The role of other potentially-relevant emotional processes (e.g., acceptance, self-compassion, attention to the present-moment) and other important outcomes (e.g., perception of performance) should be explored.

The present study can be a potential contribution to alert coaches about the impact of their attitudes and behaviors on their athletes. Research in this field may have a positive impact on the promotion of positive and compassionate attitudes of the coach in face of an athlete's difficulties.

Clinical Implications

This study showed that coaches' compassionate qualities seem to be important for the mental health of athletes, specifically in the development of athletes' emotional processes. In fact, coaches who are more sensitive to athletes' suffering, making concrete actions to alleviate their frustration such as in situations of injuries, situations in which the athlete feels fear of failure or not being summoned to play can have a positive effect not only on the team but also on the athlete's mental health, by decreasing maladaptive emotional regulation processes and increasing the level of their well-being. Therefore, these novel findings suggest the importance of the adoption of supportive, warm, safeness, and compassionate qualities by coaches, which are fundamental abilities for the new generation of coaches. This study provided a distinctive utility to researchers and practitioners (e.g., clinical sport psychologists, sports coaches) since the assessment of compassionate qualities from the coaches in the coach-athlete relationship seems to be important. In this sense, it is possible to help identify features of the coaches that could be changed. Taking into account that everyone can learn to deepen compassionate qualities, it is possible that coaches remain alert to the impact of their attitudes and behaviors, and that they learn to be engaging towards athletes' suffering, taking concrete actions to alleviate this suffering. In this sense, this study seems to suggest the pertinence of developing interventions directed toward coaches based on the promotion of compassionate skills in Portugal. In fact, in Portugal, when sport psychology initially emerged in the 1980s, interventions were only provided to the most competitive athletes like those preparing for the Olympics. This psychological monitoring of athletes was offered by private consultancy regime or in federations. However, currently, there is a trend of increasing the work of professionals in the field (psychologists), both due to the greater awareness of sports agents, as well as the growing offer of specialists in sports psychology. In several modalities, there is already a number with some significance of psychologists working within clubs or federations (Araújo & Serpa, 2004). In this sense, this work may be an asset for literature and for the practice in clinical sport psychology.

This study offers important insights by suggesting that feelings of acceptance and connectedness in team relationships may be at the root of athletes' mental

health indicating that shame and self-criticism play an important role in mental health. In fact, athletes' mental health has received attention in Portugal (e.g., Teques et al., 2019), and this study could be an important contribution to help identify mechanisms that are at the root of mental health issues. Indeed, this study offers important insights about the mental health of the athletes and seems to suggest the pertinence of developing interventions directed toward athletes based on the promotion of affiliative skills and of adaptive processes to deal with shame and self-criticism (such as self-compassion).

Conclusions

The mental health of athletes has received increased attention in the sports community (Chang et al., 2020; Rice et al., 2016). This study offers important findings by presenting a comprehensive model that explores the impact of compassionate qualities from the coach on athletes' feelings of belonging to the team, and on their psychological health. Therefore, this study highlighted the relevance of being alert to three different components that can have an important role on athletes' mental health: coach attitudes and behaviors; how the athletes feel in their team; and emotional processes (shame and self-criticism). Specifically, coaches who present compassionate qualities seem to contribute to higher levels of athletes' feelings of acceptance and belonging to the team. In turn, these feelings of affiliation seem to promote lower levels of maladaptive processes and higher levels of well-being.

Acknowledgments

Funding research by the author Sara Oliveira is supported by a PhD grant (SFRH/BD/143410/2019) sponsored by the Portuguese Foundation for Science and Technology, the Human Capital Operational Programme, and the European Union. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. This study was approved by the ethical board of the Faculty of Psychology and Education Sciences of the University of Coimbra. Informed consent was obtained from all individual participants included in the study. The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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