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### **The Emotional Needs of Women in Sports: An Exploration of Self-Efficacy, Self-Compassion, and Self-Conscious Emotions**

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*This study examined the self-efficacy, self-conscious emotions, and self-compassion of women college athletes. While female athletes may benefit greatly from the athletic experience, little research has been done to address their emotional and mental well-being. Self-efficacy and the self-conscious emotions have been shown to be tied to both athletic success and emotional well-being while self-compassion has been identified as an effective tool for enhancing psychological well-being, particularly in athletes (Mosewich, Crocker, Kowalski, & DeLongis, 2013). In order to measure shame, a version of the Test of Self-Conscious Affect (Tangney & Dearing, 2003), was administered to volunteer subjects. Self-efficacy was measured using the Physical Self-Efficacy Scale (McAuley & Gill, 1983; Ryckman, Robbins, Thornton, & Cantrell, 1982) and self-compassion was measured using the Self-Compassion Scale (Neff, 2003b). Results indicate that athletes experience an increased amount of self-conscious emotions and identify less self-efficacy than non-athletes. Practice implications for clinicians, coaches and athletes are explored with a focus on the specific needs of women in sports.*

*Keywords: college athletes, women, self—efficacy*

Over the past century, women have made significant strides in the sporting arena: as athletes, coaches, administrators, and commentators. During the 2014-2015 school year, nearly 44% of the National Collegiate Athletic Association (NCAA, 2015) athletes were women, which included over 242,000 athletes in twenty championship sports. Despite the progress women have made into the sporting arena, the field of athletics continues to be dominated by and centered on males. Female athletes are traditionally underrepresented in media and promotions (Delorme & Pressland, 2016; Sherry, Osborne, & Nicholson, 2016). Leadership and coaching roles are disproportionately populated with men – even in women’s sports (Burton, 2013); and research within athletics continues to be centered on the men’s perspective (Fink, 2007; Sherry, Osborne, & Nicholson, 2016). While it is established in the literature that women face unique pressures and mental health challenges, little research has focused on these specific challenges (Hargreaves, 2002; Mosewich et al. 2013).

The pressures related to athletics can be overwhelming for any athlete and are further compounded by the pressures of social comparison and self-evaluation faced by most young women. Research shows that social comparison (the evaluative comparison of one’s abilities, appearance or behaviors to those around them) is commonly present for women (Martin & Kennedy, 1993). A study by Mosewich, Vangool, Kowalski, & McHugh (2009) found that for athletes, this method of evaluation is so prevalent that it bordered on a “culture of comparison”. Similarly, self-evaluation (the inward assessment of one’s appearance, abilities, or behaviors) is more notably present among women than men, and the athletic culture is noted to intensify this phenomenon. The intensity of social comparison and self-evaluation, coupled with the burden to be successful in athletics, can lead to failure or resignation on the field, in the classroom, and in society for many women athletes (Mosewich, Kowalski, Sabiston, Sedgwick & Tracy, 2011). Overlooking the unique needs of women in this field ultimately may damage the athlete, their athletic performance and the integrity of the sport.

As the women’s experience in athletics differs from the men’s experience, so must the approach in working with these athletes. While there is exhaustive research in the field of enhancing athletic performance, very little of this research addresses the specific emotional needs of the women athletes. Such lack of research and information leads to less effective and supportive coaching, less effective training and interventions, and the oversight of the emotional well-being of women athletes.

## Literature Review

Research indicates that the emotional experience of women differs from men in intensity, expression, regulation, and experience (Brody, Hall, & Stokes, 2016; Else-Quest, Hyde, Goldsmith, Van Hulle, 2006; Hess, Senecal, Kirouac, Herrera, Philippot, & Kleck, 2000, Robinson & Johnson, 1997). While researchers and theorists view the gender-emotional construct as a complex dynamic, it generally agreed upon that emotional needs and well-being vary drastically between genders. As men and women have different life experiences, which shape their emotions, so are their experiences influenced by their emotions (Brody, Hall, & Stokes, 2016; Stewart & McDermott, 2004). It is well documented throughout the literature that women have unique emotional experiences and needs which differ from men, particularly within

the self-conscious emotions. For example, women in general are more prone to experiencing shame and guilt than men. Shame which stems from body image is even more heightened in women and can have formidable consequences such as eating disorders, diagnosed mental health issues, and decreased physical health (Tracy, Robins, & Tangney, 2007).

Self-conscious emotions are inherently complex emotions, which are often tied to morality (Lewis, 2016; Tangney & Fischer, 1995; Tracy & Robbins, 2004). They play a significant role in motivation the regulation of behavior (Tracy, Robbins, & Tangney, 2007). These cognitive emotions differ from other more primitive emotions in that they require self-awareness and self-reflection (Lewis, 2016; Tangney & Fischer, 1995). The concept of the self-conscious emotions first emerged in Darwin's work in the late 1800's, but was not further explored or addressed until nearly a century later (Darwin, 1965; Lewis, 2003). While some researchers include additional emotions in this category (i.e., shyness, empathy, and hubris), it is generally agreed that the core self-conscious emotions include guilt, shame, pride, and embarrassment (Lewis, Sullivan, Stanger, & Weiss, 1989; Lewis, 2016; Tangney & Dearing, 2003).

Research clearly indicates that these self-conscious emotions, which often motivate adherence to social norms, develop very differently in men and women (Lewis, Sullivan, Stanger, & Weiss, 1989; Tangney & Dearing, 2003). A meta-analysis completed by Else-Quest, Higgins, Allison, & Morton (2012), which examined the gender differences in self-conscious emotions, found that women scored significantly higher than their male counterparts in shame, guilt, and embarrassment. This study also found that the negative experiences of these emotions were increased for women in the domains of athletics and appearance. Additional research indicates that the self-conscious emotions have been closely linked to self-esteem and self-efficacy, and overall well-being (Tracy & Robins, 2004).

Self-efficacy, defined as the belief that one is capable of influencing a situation or accomplishing a task, has been established as one of the fundamental constructs of athletic success (Baldwin, Baldwin, & Ewald, 2006; Bandura, 2006; Feltz, Short, & Sullivan, 2008). Mounting research in the field of social work indicates that the perception of self (a key component in self-efficacy) is influenced by the experiences of self-conscious emotions including shame, guilt, and vulnerability (Brown, 2006; Van Vliet, 2008). As such, the relationship between the self-conscious emotions and self-efficacy among athletes warrants scholarly attention.

Characterized as a universal and intense experience, which damages one's self-esteem and self-concept, shame is a primordial emotion rooted in the belief that one is damaged or flawed. Similarly, guilt is rooted in the belief that one's behavior (or thinking) is equally flawed, bad, or wrong (Brown, 2006; Van Vliet, 2008). The resulting feelings of unworthiness and or rejection resulting from these emotions then become an impediment for success (Tangney & Dearing, 2003). In a study in 2006, Baldwin, Baldwin, and Ewald found that shame and self-efficacy were inversely related, indicating that as the experience of shame decreases, self-efficacy increases. Recent research in the field of social work indicates that the negative effects of shame can be moderated by building resilience to shame. Shame Resilience Theory (SRT) maintains that responding to shame is a transformational process (rather than a simple adaptation) which can be applied to many facets of life (Brown, 2006). Consequently, enhancing an athlete's resilience to shame and guilt would in turn increase their self-efficacy and possibly overall performance.

As many sports are based on the pursuit of perfection, and therefore focus great attention on even minor flaws, women athletes are at an increased risk of the detrimental impact of negative self-conscious emotions including shame and guilt. When conditions are present in which there is a deficit, observers are more apt to make judgments about the person involved which fuels the shame and guilt (Thomson & Jaque, 2013; Tracy, Robins, & Tangney, 2007). For example, when an athlete performs poorly at a competition, such as a runner falling on the hurdles, the athlete is prone to both their own internal judgment and the external blame of the coaches, teammates, and fans. The constant attention to both the internal self (emotional, cognitive) and external self (physical, social), which is often needed for athletic success, sets the athlete up for a myriad of complicated issues. Cognitive and emotional perseveration can result in a distorted perceptions and inability to focus beyond the self. Athletes who perseverate on their physique and performance are at an increased risk for body-dysphoric issues, low self-esteem, depression, and other complex issues (Gill, 2000; Hargreaves, 2002). It is therefore critical that research explores new ways to address and respond to these emotions for women in the sporting industry.

Researchers have found that abating the impact of intense negative emotions can be done through the active practice of self-compassion (Johnson & O'Brien, 2013). Self-compassion involves experiencing a connection to one's own emotions, pain, and fallibility as part of the greater human experience. It is centered on self-directed kindness, increased self-awareness, and avoiding judgment and blame (Neff, 2003b). Researchers have found that individuals who regularly practice self-compassion are better equipped to handle the potentially damaging effects of intense emotional experiences – specifically the self-conscious emotions (Brown, 2006; Neff, 2003a). By reducing judgment, shame, and guilt through the practice of self-compassion, individuals are better equipped to move through a difficult experience more quickly and more effectively.

Self-compassion involves three basic components: offering kindness to oneself (kindness), viewing experiences as part of a greater human connection (common humanity), and developing a balanced awareness and expression of thoughts and emotions (mindfulness). Counter to these components are the experiences of self-judgment and criticism, isolation, and over-identification with painful or difficult emotions (Neff, 2003a). Self-compassion is often viewed as a method to regulate emotions and allows the individual to transform negative emotions or experiences to a clearer or more positive emotive state. By doing so, the individual then is open to an enhanced perception, which leads to a better ability to take effective action in the situation (Isen, 2000; Neff, 2003a). Furthermore, regular practice of self-compassion has been linked to improved mental health and reduction in the experiences of negative self-conscious emotions, particularly shame (Liss & Erchull, 2015; Neff, 2016).

## Methodology

The current study sought to examine the self-conscious emotions, self-efficacy, and self-compassion of women athletes at the collegiate level. Two groups of students were recruited for participation, a sample of NCAA women athletes and a control sample of female undergraduate students. Participants were recruited through emails sent to coaches, athletic directors, and university professors. Students who agreed to participate were given the survey link and completed the survey anonymously. A total of 130 college students responded to the survey. After removing outliers, a total of 117 surveys were used for the final analysis. Participants were

between the ages of 18 and 24 with the average reported age of 20 years. Over fifty percent of the participants identified as white, twenty-eight percent as African-American, and thirteen percent did not report (all other races were less than five percent). The majority of participants identified as non-Hispanic. Demographics of the participants are outlined in Table 1. The Institutional Review Board at Lamar University approved this study (#7341628). (See Table 1 for participant demographics.)

In order to measure shame, the Test of Self-Conscious Affect (Tangney & Dearing, 2003), which focused on day-to-day situations was administered. The Test of Self-Conscious Affect (TOSCA) evaluates the participant's Shame Self-Talk, Guilt Self-Talk, and Blaming Others behaviors based on their responses to the scenarios. The TOSCA asks the participants to consider themselves in a relatively common situation (e.g. "You are driving down the road and hit a small animal.") and then asks them how they identify with each of three responses based on shame, guilt, and blame (Tangney & Dearing, 2003). Over the past several decades, the TOSCA has been a widely used and validated tool for measuring an adult's proneness to shame, guilt, and blame (Strömsten, Henningsson, & Sundbom, 2009; Tangney, Wagner, & Gramzow, 1989; Wojen, Ernst, Patock-Peckham, & Nagoshi, 2003).

Self-efficacy was measured using the Physical Self-Efficacy Scale (PSE) (McAuley & Gill, 1983; Ryckman, Robbins, Thornton, & Cantrell, 1982). This scale was developed based on Bandura's theoretical construct of self-efficacy and focuses on the individual's perception or judgment of themselves as it relates specifically to the dimension of physical ability and competence (Bandura, 1971; Moritz, Feltz, Fahrback, & Mack, 2000). The Physical Self-Efficacy Scale measures perceived physical ability (PPA) and physical self-presentation confidence (PSPC) for both athletes and non-athletes.

Self-compassion was measured using the Self-Compassion Scale (SCS), which explores the polarization of three self-compassion components: 1) self-judgment (SJ) vs. self-kindness (SK), 2) isolation (ISO) vs. common humanity (CH), and 3) over-identification (OVI) vs. mindfulness (MD). These six components make-up the six subscale factors within the SCS, which were used in the evaluation of this study. As research indicates, self-compassion appears to be a central element, which develops from the combination of the subscale components (Neff, 2003a).

Each of these three instruments were compiled and converted to one online instrument for simplified distribution to participants. The final instrument consisted of 59 scale questions and six demographic items. The initial analysis looked at the comparison of the athletes to the non-athletes on each of these scales. Further analysis explored the differences between athletes involved in independent sports (a sport which requires independent performance which combines to team performance) and team sports (a sport in which athletes must work collaborative for team success. Independent sports in this analysis included tennis, gymnastics, track & field, and golf. Team sports included softball, volleyball, lacrosse, soccer, and basketball. A list of all sports, including a differentiation of team vs. independent sports is available in Table 2.

## Results

Independent t-tests were used to first evaluate the differences between the non-athletes and the athletes for each of the measurements. The test was significant for Guilt Talk on the TOSCA scale,  $t(109) = .264$ ,  $p = .027$ , indicating that the athletes utilize more guilt talk than non-athletes in this sample. Both the Perceived Physical Ability and the Physical Self-

Presentation Confidence scales on the PSE yielded significant results, PPA  $t(110) = -2.868, p = .041$ , PSPC  $t(108) = -.671, p = .044$ . These results indicated that the athletes scored lower than their non-athlete counterparts on physical self-efficacy. On the SCS, significant results were evident on the Self-Judgment scale,  $t(117) = -5.154, p = .002$ , the Isolation scale,  $t(117) = -4.085, p = .013$ , and the Over-identified Items,  $t(117) = -4.691, p = .028$ . Each of these subscales in the SCS are at the same ends of the self-compassion measurement dichotomy, and on each of these the athletes scores significantly lower than their non-athlete counterparts. This indicates that the athletes engage in less self-judgment, less isolation, and less over-identification with thoughts and emotions. All other measures did not produce significant results as summarized in the Sample Descriptives using t-test for Athletes and Non-athletes in Table 3. After evaluating the athletes and non-athletes, independent t-tests were used to evaluate the differences between athletes who identified as independent sports (IS) and athletes who identified as team sports (TS). In this analysis, significant results were yielded only on the SCS and on the same three subscales as the earlier analysis. The Self-Judgment scale showed significant results,  $t(63) = 6.004, p = .000$ , as did Isolation,  $t(63) = 4.801, p = .000$ , and Over-Identification,  $t(63) = 4.978, p = .000$ . In all three of these areas, the athletes in independent sports scored significantly higher in these areas than the athletes in team sports. All other measures did not produce significant results as summarized in the Sample Descriptives using t-test for Independent and Team Sports in Table 4.

## Discussion

The finding of this study suggest that women athletes experience increased amounts of guilt emotions than non-athletes, indicating that there is a heightened experience of at least one of the self-conscious emotions. No significant difference was noted regarding the self-conscious emotions of athletes in independent sports vs. team sports. Such a finding suggests that women athletes (of any sport) in this study may be at a greater risk for the negative impact of these emotions. As these emotions are related to poorer overall mental health and well-being (Tangney & Dearing, 2003; Tracy & Robins, 2004), it is important that coaches, administrators, and directors attend to the unique emotional needs of women athletes. It is noted, however, that the relatively small sample size and unequal comparison groups (athlete vs. non-athlete) may have impacted these results.

In the area of self-efficacy, athletes scored significantly lower on both sections of the perceived self-efficacy than the non-athlete group indicating that the athletes have a lower perceived physical ability and a lower physical self-presentation confidence. These results are important in understanding the perspective and emotional state of the typical athlete. In general, athletes are intensely focused on their performance, which often leads to a focus on physical appearance based on social comparison and evaluation (Mosewich et al., 2011). Pressure from coaches, judges, officials, and administrators likely complicates and intensifies this pressure. Physical appearance, in most sports, is a centralized theme and often a pre-determined component of athletic success (De Bruin, Oudejans, & Woertman, 2011; Krane, 2001). Athletes who are seen as heavier or bulkier are regularly perceived as less agile, slower, and unfit; while women athletes who are petite or less visibly muscular may be perceived as weak or incompetent (Krane, 2001; Pritchard & Wilson, 2005; Sherry, Osborne, & Nicholson, 2016; Smolak, Murnen, & Ruble, 2000). The results from this study suggest that the women athletes may have lower physical confidence. An expanded study based upon this research is recommended to examine if

an increased risk of mental health issues including body-dysphoric issues, lower self-esteem, and lower self-confidence is present in a broader sample. Addressing these mental health issues specifically with women athletes appears to be critical to their overall mental health and success both on and off the field.

The women athletes in this study scored lower in all of the opposing or negative components of self-compassion: self-judgment, isolation, and over-identification, indicating that they report engaging less in these negative emotions. While they did not score significantly higher in the positive self-compassion skills, it is clear that they avoid the harsh criticism and isolating behaviors, which are identified as conflicting with self-compassion (Mosewich et al., 2011). Likely, the experience of athletic participation, and the embedded education within this participation, has offered these athletes opportunities to develop the ability to recognize and avoid engaging in harmful behaviors such as excessive isolation, self-judgment, and over-identification.

The only significant results when evaluating independent sports to team-oriented sports in this study were again the negative components of self-compassion. The results indicate that women athletes in independent sports are more likely to engage in the self-judgment, isolation, and over-identification than the athletes in team sports. Based on the nature of independent sports where individual performance is independently measured for team success, athletes in these sports likely engage in increased self-evaluation and self-criticism as a method for performance evaluation. Furthermore, athletes in independent sports, which are scored by an evaluator (such as gymnastics or ice-skating), may be at an even greater risk of engaging in harsher self-criticism as their performance is based on judgment.

The sampling of this study presents some significant limitations for generalizability. The sample was limited to voluntary participants who at times chose not to complete the demographic information. As such, the investigator was not able to match the athlete group to the non-athlete group according to age, ethnicity, and classification. It was also noted that the independent sport respondents were fewer than the team sport respondents. Sampling was based on convenience and did not represent a random sample of the college population. Information about the training phase of the athletes was not gathered which may have had an influence on the responses gathered. For example, an athlete may respond differently in the active competitive season than in the post-season. The randomization between groups was not controlled and the study lacked the true randomization that an experimental design would have produced. Furthermore, respondents were all from Texas schools which further limits generalizability to the global population of women athletes.

Defining exactly what mediates improved emotional and mental wellness for women athletes is clearly a complicated mixture of multiple factors. A complex combination of environmental factors, personal factors, human capital (ability, training, etc.), and the nature of the specific sport likely all contribute to the overall well-being of the athlete. It is important that coaches, administrators and governing bodies better understand these mediating forces to better support and assist the women athletes throughout their careers. While this study does not seek to identify which of these factors mitigates mental health issues in women athletes, it does shed some light on the interplay of self-efficacy, self-conscious emotions, and self-compassion.

Follow-up studies should focus on the relationships between self-efficacy and self-conscious emotions with women athletes. Qualitative interviews could yield more detailed information in the area of self-conscious emotions and the interplay with self-efficacy. Specific identification of this relationship could lead to more powerful and sustaining interventions.

Future research should also look at specific tools for enhancing self-compassion among women athletes and the effectiveness of employing such tools.

The results of this study suggest that further research needs to be conducted to explore the emotional needs of women athletes. Expanding this research to include a broader sample could more thoroughly explore the variables, which contribute, to improved emotional and mental wellness for these athletes. In this study, women athletes report experiencing some of the negative effects of the self-conscious emotions as well as less self-efficacy than their non-athlete counterparts which begins to shed light on issues related to emotional wellness. Offering effective interventions designed specifically for women athletes including counseling, education, and self-compassion training may help mitigate the pressures associated with athletic performance. These findings support engaging social workers and other mental health professionals when working with women athletes who may be at-risk. Social workers in particular are uniquely qualified to address the emotional and psychological well-being within the context of the sporting environment, with particular focus on the interaction of the person and environment. Furthermore, social workers are skilled in case management, which accesses and mobilizes the available resources while also examining and monitoring the specific needs of each athlete.



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Table 1

*Participant Demographics*

Demographic	Overall N (%)	Athlete N (%)	Non-Athlete N (%)	Independent Sport N (%)	Team Sport N (%)
Totals	119	65	54	23	42
<b>Age</b>					
18	23 (19)	10 (15)	13 (24)	4 (17)	6 (14)
19	21 (18)	19 (29)	2 (4)	8 (35)	11 (26)
20	19 (16)	15 (23)	4 (7)	2 (9)	13 (31)
21	24 (20)	14 (22)	10 (19)	3 (13)	11 (26)
22	12 (10)	5 (8)	7 (13)	5 (22)	0
23	4 (3)	2 (3)	2 (4)	1 (4)	1 (2)
24	4 (3)	0	4 (7)	0	0
Not Reported	12 (10)	0	12 (22)	0	0
<b>Ethnicity</b>					
Hispanic	12 (10)	56 (86)	38 (70)	20 (87)	36 (86)
Non-Hispanic	94 (79)	8 (12)	4 (7)	3 (13)	5 (12)
Not Reported	13 (11)	1 (2)	12 (22)	0	1 (2)
<b>Race</b>					
White	63 (53)	53 (82)	10 (19)	21 (91)	32 (76)
African-American	33 (28)	6 (9)	27 (50)	0	6 (14)
Asian	5 (4)	3 (5)	2 (4)	0	3 (7)
Native Hawaiian	3 (3)	2 (3)	1 (2)	2 (9)	0
American Indian	0 (0)	0	0	0	0
Not Reported	15 (13)	1 (2)	14 (26)	0	1 (2)
<b>Classification</b>					
Freshman	34 (29)	19 (29)	15 (28)	6 (26)	13 (31)
Sophomore	14 (12)	14 (22)	3 (6)	5 (22)	9 (21)
Junior	31 (26)	20 (31)	11 (20)	4 (17)	16 (38)
Senior	22 (18)	9 (14)	13 (24)	5 (22)	4 (10)
Not Reported	18 (15)	3 (5)	12 (22)	3 (13)	0

Table 2

*List of Sports*

		Frequency	Valid Percent	Cumulative Percent
Independent Sports (IS)	Tennis	3	4.6	4.6
	Gymnastics	11	16.9	21.5
	Track & Field	5	7.7	29.2
	Golf	4	6.2	35.4
	IS Subtotal	23		
Team Sports (TS)	Softball	7	10.8	46.2
	Volleyball	7	10.8	57.0
	Lacrosse	6	9.2	66.2
	Soccer	12	18.5	84.6
	Basketball	10	15.4	100.0
	TS Subtotal	42		
	Total	65		

Table 3

*Sample Descriptives using t-test for Equality of Means: Athletes and Non-athletes*

	Athletes		Non-athletes		<i>t</i> -test
	M	SD	M	SD	
TOSCA Shame Talk	34.97	7.62	32.28	8.64	.466
TOSCA Guilt Talk	45.84	4.76	45.56	6.35	.027*
TOSCA Blame	23.52	5.93	22.83	7.76	.213
PSE – Perceive Physical Ability	26.77	7.01	31.15	9.15	.041*
PSE – Physical Self-Presentation	39.48	7.69	40.58	9.48	.044*
Confidence					
SCS – Self-Kindness	2.89	.696	3.19	.881	.205
SCS – Self-Judgment	3.06	1.45	4.56	1.71	.002*
SCS – Common Humanity	3.17	.919	3.45	.882	.893
SCS – Isolation	3.30	1.50	4.52	1.74	.013*
SCS – Mindfulness	3.17	.725	3.58	.713	.708
SCS – Over-Identification	3.26	1.48	4.61	1.66	.028*

\*  $p < .05$

Note: M=mean      SD = Standard Deviation

Table 4

*Sample Descriptives using t-test for Equality of Means: Independent and Team Sports*

	Independent		Team		t-test
	M	SD	M	SD	
TOSCA Shame Talk	34.36	7.75	35.30	7.63	.768
TOSCA Guilt Talk	47.52	4.47	44.88	4.70	.976
TOSCA Blame	23.23	5.71	23.69	6.13	.914
PSE – Perceive Physical Ability	26.61	7.70	26.86	6.70	.676
PSE – Physical Self-Presentation	37.83	6.34	40.38	8.27	.402
Confidence					
SCS – Self-Kindness	2.82	.569	2.91	.733	.443
SCS – Self-Judgment	4.23	1.77	2.42	.635	.000*
SCS – Common Humanity	3.29	.789	3.14	.960	.580
SCS – Isolation	4.35	1.70	2.73	1.02	.000*
SCS – Mindfulness	3.29	.664	3.14	.745	.399
SCS – Over-Identification	4.32	1.74	2.68	.919	.000*

\*  $p < .05$ 

Note: M=mean SD = Standard Deviation