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Does self-compassion covary with minority stress? Examining group differences at the intersection of marginalized identities

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ABSTRACT

Informed by the minority-stress hypothesis and intersectionality theory, this study examines differences in dispositional self-compassion across diverse youth subject to varying levels of structural and interpersonal discrimination. A secondary analysis of survey data from two suburban high schools in a Midwestern state ($n = 1872$) found significant differences in rates of exposures to stigma processes in accordance to rates of marginalization as estimated by sexual and/or gender status and racial category (minority vs majority), with a large effect. Sexual and/or gender minority students of color (SGmin) reported the highest rates of stigma experiences including exposure to economic hardship, having an incarcerated parent, not trusting the police, assignment of an IEP and exclusionary discipline. However, white SGmin students reported the highest rates of mental health concerns. Sexual gender majority (SGmaj) students of color reported the highest rates of self-compassion while white SGmin students reported the lowest and the negative relation between bullying and self-compassion was stronger for white SGmin students than for SGmin students of color, suggesting that the latter may have developed ways of coping with multiple stigmatized identities that reflect kindness to the self. As scholars seek to understand the role of self-compassion in resilience processes, we suggest emphasizing the strengths of marginalized youth as well as protecting them from the ill effects of bullying.

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Sexual and gender minorities; self-compassion; peer victimization; depression and suicidality

An increasingly robust body of evidence suggests that self-compassion is relevant to adolescent mental health; in particular, self-compassion negatively relates to depression, anxiety and distress in youth (Marsh, Chan, & MacBeth, 2017). While the research has recently moved beyond the realm of cross-sectional self-report data to include more rigorous methodologies, the ability to generalize findings has been hampered by a lack of diverse samples. To date, the vast majority of study participants have been predominantly racial-majority and (presumably) sexual- and/or gender-majority. However, the conceptual and empirical literature on self-compassion suggests it may be a potent coping response for disrupting the

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internalization of stigmatized status and thus may function as a resilience process preventing the emergence of the mental-health inequities that plague stigmatized groups such as racial minorities and sexual- and/or gender-minorities (CDC, 2010; Hatzenbuehler, Phelan, & Link, 2013; Williams & Mohammed, 2009; Vigna, Poehlmann-Tynan, & Koenig, 2017). As such, assessing the potential covariation of self-compassion with marginalized identities is germane to the design and evaluation of self-compassion interventions. Informed by the minority-stress hypothesis and intersectionality theory, this study seeks to examine self-compassion as an adaptive self-regulation strategy in diverse youth. In particular, we examine group differences in self-compassion across subpopulations subject to varying levels of structural and interpersonal discrimination, also known as stigma processes or experiences (Crenshaw, 1991; Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008). We also examine interactions among multiple stigmatized identities on dispositional self-compassion in diverse youth.

Although the majority of sexual and/or gender minority (SGmin) youth do *not* develop mental health concerns (Robinson & Espelage, 2011), a robust health disparity finding is that SGmin youth are at a higher risk for experiencing emotional distress, depression, self-harm, suicidal ideation, and suicide attempts than are their sexual and gender *majority* (SGmaj) peers (Zaza, Kann, & Barrios, 2016). Much of the literature supports the minority stress hypothesis that stigma processes exceed acute experiences of discrimination, and this additional “minority stress” adds to the weight of normative developmental challenges and daily hassles, thus constituting a unique form of adversity. From a resilience science lens, individuals marginalized in the social framework via stigma are additionally vulnerable to following a risk trajectory due to the initial absence or steady erosion of coping resources (Hatzenbuehler et al., 2008; Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Liu & Mustanski, 2012). Indeed, at matched levels of bias-based discrimination, SGmin students were 3.3 times as likely to think about suicide, 3 times as likely to attempt suicide, and 1.4 times as likely to skip school as their demographically-similar SGmaj peers in the same school (Robinson & Espelage, 2012). However, there is within-group variation, and many marginalized youth are resilient. Although much is known about the factors associated with vulnerability to mental health concerns among SGmin youth (e.g., stigma processes), less is known about the factors facilitative of resilience to risk factors (Meyer, 2015; Toomey, McGuire, & Russell, 2012). However, recent evidence suggests that self-compassion may serve as a resilience factor in the presence of stigma processes (Vigna et al., 2017).

Conceptually, Neff’s self-compassion model argues that individuals vary in their dispositional tendency toward being mindful, connected, and kind to oneself when experiencing difficulty (Neff, 2003a). According to this model, to be mindful is to be present with and have awareness of emotional difficulty without over-identifying with it (e.g., an appraisal of “I am feeling bad” vs. “I am bad”). To be connected is to see the emotional difficulty as affirmation of one’s connection to the struggles faced by all of humanity rather than the potentially self-isolating behavior of seeing it as a sign of unique, personal deficiency (e.g., recognizing that “a lot of kids get picked on” vs. believing “there is something uniquely wrong with me”). To be kind to oneself is to comfort rather than judge oneself (e.g., “I can handle this” vs. “I’m stupid for getting upset about this”) (Neff, 2003b). In sum, self-compassion is understood as a self-soothing emotional regulation response that appears to confer resilience to stress by reducing the degree to which the experience of emotional struggle is interpreted as a significant threat to well-being and as an increasingly rigorous body of evidence suggests, is associated with reductions in engagement of physiological stress response.

For example, research has found that individuals high in self-compassion tend to utilize cognitive reappraisals to cope with stressors (Allen & Leary, 2010), experience less anxiety when cataloging a personal weakness during a mock job interview and evince a greater degree of self-acceptance and social integration in light of these weaknesses than do individuals low in self-compassion (Neff, Kirkpatrick, & Rude, 2007). From laboratory-based stress and compassion inductions, there is evidence that priming self-compassion before the experience of a social-evaluative threat reduces rumination, thought suppression and a host of markers suggesting the stressors are biologically interpreted as a threat to the self (Breines et al., 2014); also observable are a more adaptive parasympathetic cardiac response and dampened sympathetic-nervous-system reactivity as compared to controls (Arch et al., 2014; Bluth, Roberson, et al., 2016). Further, in an 8-week mindful-self-compassion intervention with adolescents, within-person improvements in mindfulness and self-compassion were associated with reductions in stress and depressive symptoms and increases in resilience and positive risk-taking (Bluth & Eisenlohr-Moul, 2017).

Self-compassion may be of particular importance during the developmental stage of adolescence, when identity and self-regulation processes begin to coalesce and the questions “Who am I?” and “Where do I belong?” are paramount (Erikson, 1968; Neff & McGehee, 2010). Additionally, a bevy of emerging data suggests that self-compassion buffers the deleterious impact of normative development stressors. Among adolescents aged 11 to 19, high rates of dispositional self-compassion appear to eliminate the negative influence of low self-esteem on mental health (Marshall et al., 2015), although gender and age differences modify its rates and protective effects on other aspects of mental health. For example, the effect of self-compassion on anxiety and depressive symptoms is moderated by age and gender, suggesting that among older adolescents, low to average self-compassion may serve as more of a risk factor for depressive symptomology, and self-compassion has a greater protective effect on anxiety for boys than for girls (Bluth, Campo, Futch, & Gaylord, 2017).

Some adolescents are subject to additional stressors that can negatively impact mental health. Included among the nonnormative stressors that have been studied are child maltreatment and traumatic events. While nascent, the data here seem to indicate a protective nature for self-compassion. For example, among adolescents with a history of maltreatment, self-compassion is inversely correlated with maltreatment-related impairment such as psychological distress, substance abuse and serious suicide attempts (Tanaka, Wekerle, Schmuck, Paglia-Boak, & MAP Research Team, 2011). Among adolescents seeking substance-abuse treatment, self-compassion has explained more of the variation in emotion dysregulation than history of childhood maltreatment, current rates of psychological distress and problem-substance use combined (Vettese, Dyer, Li, & Wekerle, 2011). High self-compassion protected Israeli adolescents who experienced acute adversity in the form of a natural disaster against the emergence of post-traumatic stress, depression and suicidality 3, 6, and 9 months after the traumatic event (Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2014).

Self-compassion may be particularly germane in the management of minority-specific stressors, such as stigma messages in peer victimization (e.g., Hatzenbuehler, 2009). *Stigma* refers to the macro and micro processes that relegate individuals with certain attributes deemed undesirable by the dominant social group into a devalued, harassed and under-resourced social position of nonbelonging at the margins of a society (Hatzenbuehler et al., 2013; Major, Mendes, & Dovidio, 2013; Nadal et al., 2011). In contemporary American culture, stigmatized and thus marginalized identities include but are not limited to nonwhite racial

and ethnic minorities and sexual and/or gender minorities (i.e., SGmin). A stigma message is a variety of communication that expresses bias against a culturally devalued attribute or identity. It is used either intentionally (as in the case of explicit bias-based bullying such as calling someone a derogatory name) or unintentionally (as in the case of *some* microaggressions). Managing the weight of these additional minority-specific stressors that can manifest subtle and gross social rejection, discrimination and violence is widely understood to be a fundamental cause of population health inequity; this phenomenon is articulated by the minority-stress hypothesis (Hatzenbuehler et al., 2013; Meyer, 2003).

In short, with its explicit focus on the universality of the human experience and resistance to overidentification with suffering, offering compassion to the self may directly disrupt the internalization of the message inherent in stigma processes, that certain social identities are essentially inferior to and less human than others (Phelan, Link, & Dovidio, 2008).

A recent school-based study offers preliminary evidence that self-compassion may be negatively correlated to stigma messages and ultimately play an important role in mental-health variability across stigmatized and nonstigmatized adolescents (Vigna et al., 2017). Vigna and colleagues found that in addition to its significant negative correlation with adverse childhood experiences, bias-based bullying and general peer victimization, self-compassion accounted for more of the variability in mental-health symptomology in all youth than did adverse childhood experiences, bias-based bullying and general peer victimization combined. Further, the investigation revealed lower rates of self-compassion, on average, among SGmin youth compared to their SGmaj peers, with a medium effect size. While this is encouraging, there is no universal SGmin experience and over five decades of literature in resilience science emphasizes the powerful influence of context-level factors- such as macro- and meso- stigma processes- on the presence or absence of internal resilience processes such as self-compassion (Masten, 2001; Ungar, Ghazinour, & Richter, 2013). As such, models that do not include analysis of the multiple minority stressors affecting the lives of diverse SGmin youth may be overlooking a significant source of variability in the quantity and quality of minority stressors impacting risk trajectories in minority populations. Accounting for this variability holds the possibility to designing more effective and targeted interventions to address different experiences of adversity.

Scholarship on intersectionality cautions against assuming that the same risks and protective processes or trajectories will manifest similarly across identity subgroups. Status in the social hierarchy reflects a confluence of legitimacy, decision-making power and access to resources as dictated by affirmed or ascribed membership in various social categories (e.g., race, gender and sexual orientation) (Moradi et al., 2010). Being marked by multiple identities that are marginalized by stigma processes creates unique individual-level social experiences, due to the confluence of macro and meso stigma processes. These processes include systems (i.e., meso) and policies (i.e., macro) that maintain and perpetuate status hierarchies via exploitation, domination and the enforcement of social norms (Holley, Stromwall, & Bashor, 2012; Phelan et al., 2008; White Hughto, Reisner, & Pachankis, 2015).

Consequent effects include the intergenerational impacts that systems of state-sanctioned segregation, redlining and de facto discrimination have had on maintaining an inequitable distribution of wealth. They also include explicit and implicit institutional policies that disproportionately label stigmatized subgroups as aberrant, criminal or difficult and subsequently target stigmatized populations with disproportionate police contact and

exclusionary discipline processes and track certain groups with individual education plans (Ahram, Fergus, & Noguera, 2011; Skiba et al., 2011; Stewart, Baumer, Brunson, & Simons, 2009). With such forces in mind, we see that a black woman who is a sexual and/or gender minority lives at the intersection of racism, sexism and heterosexism and is thus subject to unique stigma forces that are distinct from what a white woman who is a sexual and/or gender minority may face (Bowleg, 2012; Crenshaw, 1991). For example, while pooled data from the National Youth Risk Behavior Survey ($n = 75,000+$) suggest that while sexual-minority youth are more likely to report suicide ideation than sexual-majority youth, there is significant variation in frequency of peer victimization across race and ethnicity among sexual-minority youth. (Mueller, James, Abrutyn, & Levin, 2015).

However, the data suggest that rather than manifesting as an additive effect, a greater number of marginalized identities does not necessarily equal a greater number of negative outcomes (Bostwick et al., 2014; Kertzner, Meyer, Frost, & Stirratt, 2009). For example, inconsistent variation in mental-health outcomes among sexual-minority youth repeatedly favors youth of color in comparison to white youth, while white female sexual-minority youth often fare the worst (Bostwick et al., 2014; Consolacion, Russell, & Sue, 2004). Many investigators have speculated that the inconsistencies of risk associated with sexual-minority status may reflect an ability of some individuals to adaptively orient to alternate identities or call upon similar, racially specific resilience processes (Bostwick et al., 2014; Poteat, Aragon, Espelage, & Koenig, 2009). Given that variations exist in both risk and resilience factors and mental-health concerns in accordance with racial variability, it is important that researchers seeking to identify malleable resilience factors such as dispositional self-compassion utilize methodology that can account for intersectional experiences of stigma (Bluth, Gaylord et al., 2016).

Current study

The current study examines two research questions. The first research question asks, are there group differences in macro and meso stigma experiences and adaptive self-regulation processes across a diverse sample of youth? Markers of exposure to stigma experiences measured in this study include economic hardship, perceptions of police, exclusionary discipline processes, school belonging, the number of caring adults perceived in one's life, general peer victimization, and bias-based victimization. The adaptive self-regulation process assessed is dispositional self-compassion. In light of extant patterns published in other intersectional investigations demonstrating that white SGmin youth often contend with the highest rates of peer victimization and fare the worst in terms of mental health, we hypothesize that they will hold the lowest levels of dispositional self-compassion in comparison with white SGmaj youth, SGmin youth of color and SGmaj youth of color. However, we hypothesize that SGmin students of color will report the highest rates of exposure to macro and meso stigma aside from peer victimization. Second, we examine the relation between dispositional self-compassion and the aforementioned markers of stigma processes that may communicate nonbelonging to the dominant social group, as they vary among a diverse group of youth. We anticipate that stigma messages (in the form of bias-based bullying) will have a stronger negative relationship with self-compassion among white SGmin students than among SGmin students of color (see Figure 1).

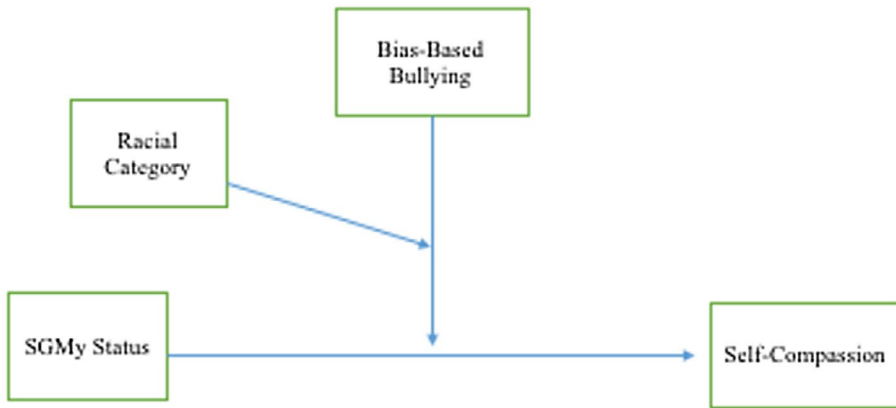


Figure 1. Conceptual model of the conditional effect of SGMy status on self-compassion as moderated by bias-based bullying and racial category (i.e., Moderated moderation of SGMy status on self-compassion).

Method

Participants

This secondary data analysis was conducted on a subsample of data drawn from the 2015 edition of the Dane County Youth Assessment survey (DCYA) (Koenig, Espelage, & Biendseil, 2005). Data for this study were collected at two suburban high schools in a Midwestern state ($n = 1872$). Eighteen percent of students from this data-set qualified for free and reduced lunch. Schools returned surveys for 85–90% of their student population.

Measures

Totalling 128 items, the DCYA surveyed students on their opinions, concerns, attitudes, behaviors, and experiences.

Demographic variables

Self-reports of age, race and ethnicity, biological sex assigned at birth, grade in school, and free or reduced lunch status were elicited to determine demographic characteristics. See Table 1 for final sample characteristics.

Racial category

In order to analyze the intersection of sexual and gender status and racial grouping and calculate a proxy variable for contending with the effects of racism and heterosexism and cissexism,¹ the nine response options for race and ethnicity were collapsed to reflect whether the participant self-identified as white or as a student of color. Seventy percent of the final sample identified as white and thus the remaining 30% were marked as a racial minority, and labeled a student of color (i.e., students of color).

Sexuality and gender status

Sexuality and gender status (SGMy) was determined through answers to questions about (A) sexual behavior (Q1: “What is your biological sex?” and Q2: “Who have you had voluntary

Table 1. Sample demographics.

Variable	<i>n</i>	%	Variable	<i>n</i>	
<i>Age</i>	1817		<i>Race/Ethnicity</i>	1817	
14<	292	16.10	Asian (not Hmong)	42	2.3
15	519	28.60	Black or African Amer., not Hispanic	131	7.2
16	508	28.00	Hispanic or Latino	111	6.1
17	356	19.60	Hmong	50	2.8
18+	141	7.8	Middle Eastern/Arab American	3	.2
Missing	1		Native American	18	1
<i>Grade</i>	1817		White (not Hispanic)	1267	69.7
9th	582	32.10	Multi-racial	167	9.2
10th	530	29.20	Other	28	1.5
11th	413	22.80	<i>BioSex</i>	1817	
12th	284	15.70	Assigned female	926	51.0
Missing	4		Assigned male	891	49
<i>SGMy</i>					
SGmin	396	21.8	SGmin SoC	165	41
SGmaj	1421	78.2	SGmaj SoC	414	28

Notes: SGMy = Sexual and Gender Minority/Majority status. SGmin = Sexual and/or gender minority. SGmaj = Sexual and gender majority; BioSex = Biological sex; SoC = Student of Color.

sexual intercourse or oral sex with?" A2: *Females, Males, or Males and Females*); (B) sexual identity ("Which of the following best describes you?" *Straight/heterosexual, Gay or lesbian, Bisexual, Questioning my sexual orientation, or Other*), (C) transgender identity (Q: "Do you identify yourself as transgender?" A: *Yes/No, or, I don't know what transgender means.*), and (D) gender conformity (Q: "A person's appearance, style, or dress, or the way that person walks or talks, may affect how people describe them. How do you think other people at school would describe you?" A: *(a) very feminine, (b) mostly feminine, (c) somewhat feminine, (d) equally feminine and masculine, (e) somewhat masculine, (f) mostly masculine, or (g) very masculine*). Due to considerable overlap in both the ideological basis of heterosexism and cissexism and in the content of minority stress for both sexual and gender minorities, students were coded as SGmin ($n = 396$) if they indicated either: (1) nonheterosexual sexual behavior, (2) a nonheterosexual sexual identity, (3) a transgender identity, or (4) a gender-nonconforming self-presentation. Everyone else was classified as SGmaj ($n = 1476$).

Selected markers of macro- and meso- level stigma processes

Adverse childhood experiences (ACEs). The following items were collapsed into dichotomous variables and summed to assess cumulative exposure to adverse childhood experiences (Felitti et al., 1998): (1) forced sexual contact, (2) experiencing homelessness, (3) parental incarceration, (4) child abuse that leaves marks or creates injury, (5) a parent getting drunk at least once a week, (6) a parent getting high from marijuana at least once a week, (7) parents physically fighting with each other, (8) a parent with mental-health issues that worry the student. Higher scores indicate greater numbers of ACEs. Totals ranged from 0 to 6 ACEs with an average ACEs score of .45 ($SD = .89$). Additionally, in light of the mass incarceration of individuals of color across the United States (e.g., Pettit & Western, 2004), and in the county in which the survey was conducted (Wisconsin Council on Children & Families, 2013), the dichotomous item on parental incarceration was considered on its own in analyses of group differences. In this sample, 11.4% of students indicated one of their parents has been incarcerated ($n = 192$).

Economic hardship. Economic hardship was assessed through a single item that inquired about food insecurity: “in the past 30 days how often did you skip meals or eat less because of money?” Response options included: *Never, once and more than once* and were collapsed into a dichotomous variable. In this sample, 11.6% of students indicated they had skipped a meal for economic reasons in the past 30 days ($n = 207$).

Police as trustworthy. Assessment of police as trustworthy (or not) was inferred from a single item: “I can count on police if I need them.” Response options were in the form of a 4 point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*) and were collapsed into a dichotomous variable to reflect yes or No. In this sample, 16.3% of students indicated they felt they could *not* count on police if they needed them ($n = 278$).

Exclusionary discipline. Students were asked to answer the following item on the frequency they have received an exclusionary discipline practice in the past school year, “During this school year, how many times have you received either an in-school or out-of-school suspension?” Response options ranged from, *0, 1, 2 or 3 or more times* and were collapsed down to reflect the absence or presence of experiencing exclusionary discipline. In this sample 7.5% of students indicated receiving a suspension in the past year ($n = 132$).

School belonging. The four-item Psychological Sense of School Membership scale (Bosworth, Espelage, & Simon, 1999) was used to assess school belonging (e.g., “I feel like I belong at this school”). Responses options ranged from 1 (strongly agree) to 4 (strongly disagree). Responses were reverse scored, summed and averaged so that higher score reflect greater school belonging. Internal reliability in other studies has ranged from $\alpha = .63-.85$ with higher scores found to be associated with lower rates of depression and with lower rates of bias-based bullying victimization (Poteat & Espelage, 2005; Poteat, Mereish, Digiovanni, & Koenig, 2011). In this sample, the scores ranged from 1–4 ($M = 2.99$, $SD = .58$) and the scale displayed internal consistency with $\alpha = .85$.

Number of caring adults. A single item asked students to indicate the number of caring adults available to them (i.e., “Not counting your parents, how many adults can you rely on if you have a problem and need help?”). Response options included: *none, at least one, at least two, at least three, four or more*. Across the full sample the average student indicated the presence of ~4 responsive adults in their lives, not including their parents ($M = 3.8$, $SD = 1.23$).

Bias-based bullying (BB). Three items regarding the frequency of bias-based bullying were averaged. “In the past 12 months have you ever been bullied, threatened or harassed . . .” (a) “By others thinking you’re gay, lesbian or bisexual, or transgender,” (b) “Because of your race or ethnic background,” (c) “Because of how you look?” Response options included 0 (*never*), 1 (*rarely*), 2 (*sometimes*), 3 (*often*), and 4 (*very often*). Higher scores indicated greater frequency of being victimized by bullying laden with stigma messages. In this sample scores ranged from 0–3 ($M = .22$, $SD = .43$). The item regarding harassment based on perceived LGBT identity has been used in other surveys and is associated with lower perceived school safety and higher depression (O’Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004). Internal reliability for the composite in this sample ($\alpha = .64$) was comparable to assessments of reliability reported elsewhere (Robinson & Espelage, 2011; $\alpha = .71$).

General peer victimization

Four items were used from the University of Illinois Victimization Scale (Espelage & Holt, 2001) to assess general peer victimization in the past 30 days: "Other students called me names," "Other students made fun of me," "Other students picked on me," and "I got hit and pushed by other students." Response options include 0 (*never*), 1 (*1 or 2 times*), 2 (*3 or 4 times*), 3 (*5 or 6 times*), and 4 (*7 or more times*). Responses were averaged into an index of general victimization wherein higher scores indicated more self-reported victimization. In this sample, the scores ranged from 0–3 ($M = .30$, $SD = .53$). Internal reliability in this sample was on par with findings from other samples ($\alpha = .87$; Espelage, Aragon, Birkett, & Koenig, 2008; Espelage & Holt, 2001; Poteat et al., 2011).

Self-compassion

Self-compassion was assessed using the empirically validated short form of the self-compassion scale (Raes, Pommier, Neff, & Van Gucht, 2011). Developed and validated in both English and Dutch using multiple samples, the English self-compassion scale- short form total score showed a near-perfect correlation of $r = .98$ with the long self-compassion total score. Correlations between the long- and short-form subscales (on corresponding dimensions) were excellent: $r = .89$ for self-kindness, $r = .90$ for self-judgment, $r = .91$ for common humanity, $r = .93$ for isolation, $r = .89$ for mindfulness, and $r = .89$ for over-identification. However, internal consistencies of the subscales on the short form were relatively low and the authors advise against using the subscales on the self-compassion-short form (Raes et al., 2011).

Composed of 12 items assessing 3 positive and 3 negative aspects of self-compassion, negatively worded items were reverse scored and averaged into one overall measure of self-compassion. Sample items include: "When I'm feeling down I tend to obsess and fixate on everything that's wrong," and "When I'm going through a very hard time, I give myself the caring and tenderness I need." Response options are presented on a Likert scale anchored at (1) *almost never*, and (5) *almost always*. In this sample, the scores ranged from 1–5 with higher scores indicate greater self-compassion. In this study, the short form demonstrated acceptable reliability with an $\alpha = .80$, and the overall sample mean was 3.06 ($SD = .73$).

Depression & suicidality symptoms. A composite score assessing the frequency of depressive and suicidal thoughts and behaviors was created by standardizing and summing the following items. (1) "During the past 12 months, have you thought seriously about killing yourself?" (2) "During the past 12 months, how many times did you do something to hurt yourself on purpose, without wanting to die, such as cutting or burning?" and, (3) "During the past 12 months, did you ever feel so sad or hopeless almost every day for at least two weeks in a row that you stopped doing some usual activities?" Response options were standardized and summed so that higher scores indicate more frequent reports of depression symptomology and suicidal ideology. In this sample, scores ranged from -1.63 to 15.65 with a full sample mean of $-.07$ ($SD = 3.07$). These items are used by the Centers for Disease Control in their national Youth Risk Behavior Surveillance survey and have demonstrated excellent test-retest reliability (Brener et al., 2002). In this study, the internal reliability was acceptable ($\alpha = .78$).

Anxiety symptomology. Students were asked to indicate how often they experienced the following symptoms of emotional dysregulation in the past 30 days: (a) "Felt nervous, anxious

or on edge;" (b) "Not been able to stop or control worrying;" or (c) "Felt problems were piling up so high that you could not handle them." Response options ranged from 0 (not at all), 1 (always), 2 (sometimes), and 3 (often). Responses were averaged with higher scores indicating greater anxiety. The first two items came from the brief and widely used patient-health questionnaire (PHQ-4) (Löwe et al., 2010). Summing all three items for a composite anxiety score has demonstrated acceptable reliability elsewhere (Espelage, Merrin, & Hatchel, 2016) and excellent reliability in this sample ($\alpha = .97$). The overall sample mean was 3.40 ($SD = 2.66$) with a range of 0–9.

Procedure

In January of 2015, students completed an online survey. Data were collected over the course of three days at two Midwestern high schools. Surveys were proctored to entire classroom cohorts by trained personnel on-site in each school's computer lab during the school day. Students who declined to participate went to an alternate, supervised classroom. All students in each location accessed the Web-based survey via the same IP address at computers spaced several feet apart. To minimize threats to confidentiality, a limited number of questions were displayed at a time and at no point was any personally identifying information requested. Students were reminded that participation was voluntary and that they could decline to continue at any point. Each student was provided a directory of resources offering immediate emotional support in the event their participation in the survey was upsetting. The entire procedure lasted approximately 40 min. The UW–Madison Institutional Review Board approved a secondary data analysis, and data were received de-identified.

Validity check

Data were screened for "mischievous responders" after removing students who failed to indicate biological sex, racial identity and SGMy screener items ($n = 4$) (Robinson-Cimpian, 2014). Students who indicated either an implausible weight (≤ 70 lb. or ≥ 400 lb.) or height (≥ 7 ft. tall) and 2 of the 8 low-frequency response items selected to be theoretically unrelated to variables of interest (i.e., drinking 4 + sodas daily) were identified as mischievous responders and excluded from analyses. Forty-seven students were identified as mischievous responders, for a final analytic sample of $n = 1817$.

Analytic strategy

First, in order to assess the hypothesis that multiply marginalized students may experience increased rates of marginalization, independent *t*-tests and chi-squared tests of group differences on the macro and meso level indicators of stigma were conducted across racial categories in the full sample and across SGMy status. Then, an intersectional identity variable (SGMy X Racial Category) was created to create the four following groups to capture the multifaceted nature of identity: (1) white SGmin, (2) white SGmaj, (3) SGmin students of color, and (4) SGmaj students of color. Pearson chi-squared tests were conducted on categorical variables across the four groups. In addition, a one-way ANOVA was performed examine mean differences across intersectional statuses with Games-Howell *post hoc* tests selected to accommodate violations to homogeneity of variances due to different group sizes. Hedge's

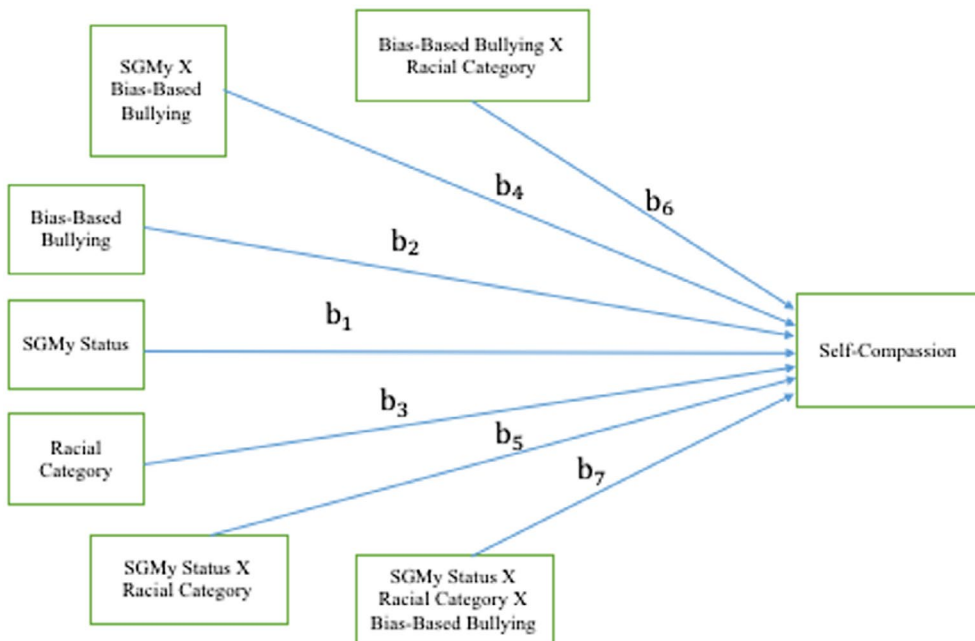


Figure 2. Statistical Model of the conditional effect of SGMy status on self-compassion as moderated by bias-based bullying and racial category.

g effect sizes were calculated for the continuous variables and Cramer's V for the categorical variables. Effects were characterized as small ($r = .10$), moderate ($r = .30$), or large ($r = .50$) using Cohen's benchmarks (Cohen, 1988; Hedges & Okin, 1985).

Second, in order to test the hypothesis that rates of dispositional self-compassion may co-vary with stigma stressors, we ran bivariate, zero-order, 1-tailed Pearson's correlation coefficients between self-compassion and the continuous variables and point-biserial correlations were run between self-compassion and the dichotomous variables. Then, before investigating whether intersections of identity interact to produce significant differences in self-compassion in the presence of BB, we identified potential covariates through zero-order correlations between demographic variables and self-compassion and subsequently controlled for them. Finally, multiple regression analyses (i.e., moderated moderation) of the conditional effect of SGMy status on self-compassion as moderated by racial category and bias-based bullying (BB) were modeled using the PROCESS macro to examine 2-way interactions (among SGMy status and racial category, SGMy status and BB, and racial category and BB) and 3-way interactions (among SGMy status, BB and race) while controlling for age and biological sex (see Figure 2).

The PROCESS macro mean centers the continuous variables used in the construction of interaction terms and generates 10,000 bootstrapped samples to calculate 95% bias-corrected confidence intervals. Because we used dichotomous independent variables, only unstandardized regression weights are reported (Hayes, 2013). Models predicting self-compassion controlled for age, assigned biological sex, and general victimization. All models were estimated using heteroscedastic-consistent standard errors to correct for unequal variation between groups using the PROCESS macro executed in SPSS v. 23 (IBM SPSS, 2016).

Table 2. Results of group differences across sexual and gender status.

	SGMy status										
	SGmin			SGmaj			95% CI	t	df	g	
	M	SD	n	M	SD	n					
ACEs	.70	1.08	363	.39	.83	1427	.19	.43	5.09	474.10	.35
Gen. Peer Vic.	.42	.62	357	.26	.50	1359	.09	.23	4.6	483.08	.30
Bias-Based B.	1.22	1.77	357	.51	1.06	1367	.17	.30	7.09	421.67	.57
Anxiety	4.5	2.87	356	3.12	2.53	1406	1.05	1.71	8.29	504.23	.53
Dep. & Suic.	1.52	4.37	364	-.48	2.48	1415	1.53	2.46	8.37	424.81	.67
School belong.	2.17	.67	360	1.98	.54	1354	.11	.27	4.89	475.41	.39
# Caring adults	3.45	1.37	353	3.90	1.25	1361	-.61	-.30	-5.55	512.36	.35
SCS	2.81	.71	336	3.14	.73	1273	-.41	-.24	-7.41	1607	.46

Notes: Satterthwaite approximation employed to all variables except SCS due to unequal group variances. Gen. = General; Vic. = Victimization; B. = bullying; Dep. & Suic. = depression and suicidality symptoms; Belong. = belonging; SCS = Self-Compassion Score. All group differences significant with $p < .001$.

Results

After calculation of the racial category and sexual and gender status variable and removal of mischievous responders, the final sample was 30% students of color ($n = 550$) and 21% of students were identified as sexual and gender minorities ($n = 396$). Of the SGmin students, 41.1% fell into the student of color category ($n = 165$) and the remaining were white SGmins ($n = 231$). Of the SGmaj ($n = 1468$) students, 72% were white ($n = 1054$), and 28% were students of color ($n = 414$).

Are there group differences in measures of macro and meso stigma processes in accordance with marginalized status?

The group differences among risk behaviors were in the expected directions across SGMy status and across racial categories in the full sample. Independent t -tests comparing differences in variables reflective of macro and meso stigma processes across racial categories in the full sample found moderate to large significant differences in across SGMy status among the continuous variables (see Table 2) and small to moderate differences at the intersection of SGMy and racial category (see Table 3). As expected, the least marginalized group (i.e., White SGmaj youth) overwhelmingly reported the lowest levels of risk factors, followed by SGmaj students of color. The largest effects sizes of group differences were between White SGmaj youth and SGmin students of color on average ACE score (*Hedges g* = .55) and between White SGmin students and SGmaj students of color on depressive and suicidal symptomology (*Hedges g* = .60), favoring SGmaj students of color. Interestingly, SGmaj students of color reported the lowest levels of general victimization while White SGmin students reported the highest rates (*Hedges g* = .48). Finally, the lowest rates of school belonging were reported by White SGmin students and the highest by White SGmaj students (*Hedges g* = .55).

Notably, all of the significant differences in the continuous variables across racial category among SGmin youth favored the students theoretically most marginalized by their social identities (i.e., SGmin students of color), with moderate effect sizes on differences in rates of general peer victimization, anxiety and self-compassion scores. Meanwhile, the results of the Pearson Chi-squared tests revealed that the largest differences existed between the theoretically least and most marginalized identity groups (i.e., White SGmaj students and

Table 3. Results of group differences ANOVA of mean scores by SGM_y × Racial category with effect sizes.

	SGM _{in}										SGM _{maj}									
	SoC					White					SoC					White				
	F	M	SD	n	g	M	SD	n	g	M	SD	n	g	M	SD	n	g			
ACEs	17.95	.78	1.17	143	.65	1.02	220	–	.54	.99	390	.33	.75	.33	1037	.26				
Gen. Peer vic.	13.10	.31	.52	135	.50	.67	222	.31	.24	.45	353	.27	.51	.27	1006	–				
Bias-based B.	36.82	1.13	1.89	136	1.28	1.70	221	–	.76	1.34	355	.42	.93	.42	1012	.32				
Anxiety	30.14	3.96	2.91	138	4.85	2.79	218	.31	3.05	2.61	380	3.15	2.51	3.15	1026	–				
Dep. & Suic.	45.35	1.17	4.00	141	1.74	4.59	223	–	–.31	2.49	383	–.13	3.08	–.13	1255	–				
School belong.	12.95	2.90	.75	133	2.79	.63	221	–	2.97	.56	357	3.04	.53	3.04	997	–				
# Caring adults	18.54	3.45	1.42	132	3.45	1.35	221	–	3.63	1.31	351	3.99	1.21	3.99	1010	.29				
SCS	20.44	2.93	.73	123	2.74	.68	213	.27	3.17	.69	326	3.12	.74	3.12	947	–				

Notes: Effect sizes not calculated for nonsignificant differences. All F-statistics listed were significant with $p < .001$.

Table 4. Results of the Pearson's chi-squared tests of statistical difference in reported risk factors across intersectional identity.

	SGmin				SGmaj				χ^2	df	v
	SoC		White		SoC		White				
	%	n	%	n	%	n	%	n			
Par. Incarcerated	26.4	33	12.8	26	17.6	63	7	70	61.52	3	.19***
Exclusionary disc.	17.5	24	7.6	17	8.9	33	3.9	40	42.36	3	.16***
IEP	19.6	27	10.3	23	11.5	43	3.8	39	59.87	3	.18***
Econ. Hardship	22.7	32	18.6	41	17.5	68	6.4	66	67.67	3	.19***
Police not trust.	34.3	46	21.3	47	23.5	82	10.3	103	76.12	3	.21***

Notes: Par. = Parent; Disc. = discipline; IEP = Individualized Education Plan; Econ. = Economic; trust.=trustworthy.
 *** $p < .001$.

SGmin Students of color), with SGmin students of color reported 3–5xs as much exposure to stigma processes such as parental incarceration, exclusionary discipline, IEPs, economic hardship and a distrust of the police (see Table 4).

Are there differences in self-compassion scores in accordance with marginalized identities?

The results of the one-way ANOVA indicated that White SGmin youth reported significantly lower rates of self-compassion ($M = 2.74$, $SD = .70$) than SGmin students of color ($M = 2.93$, $SD = .71$); $t(334) = -.236$, $p = .02$ with a small to moderate effect size ($g = .27$). Although the pattern for self-compassion scores was similar across racial categories among SGmaj youth, the mean differences were nonsignificant $t(1271) = -1.01$, $p = .312$. However, the differences in self-compassion across SGMy status among students of color were significant and of moderate effect size ($Hedges\ g = .34$), favoring the singularly marginalized group (i.e., SGmaj Soc). Similarly, significant differences in self-compassion among White SGmaj and SGmin students were found favoring SGmaj students with a large effect ($Hedges\ g = .52$) and the largest effect was found in comparisons between SGmaj students of color who had the largest reported self-compassion scores and White SGmin students who reported the lowest dispositional self-compassion scores ($Hedges\ g = .63$). See Figure 3.

Does self-compassion co-vary with macro and meso stigma processes?

Results of the bivariate, zero order Pearson's correlation coefficients and point biserial correlations suggest that as expected, self-compassion does indeed covary with moderate to small effect with school belonging, the number of caring adults and the perception that one can count on police if one needs them. However, in this sample self-compassion did not significantly covary with the use of exclusionary discipline or having an IEP (See Table 5).

Are there differences in the relation between stigma messages and self-compassion between white SGmin youth and SGmin youth of color?

Results of the moderated moderation analysis regarding the conditions of the relation between SGMy status on self-compassion suggest that, with the exception of race, all predictors and covariates showed a significant, simple effect on self-compassion. While the

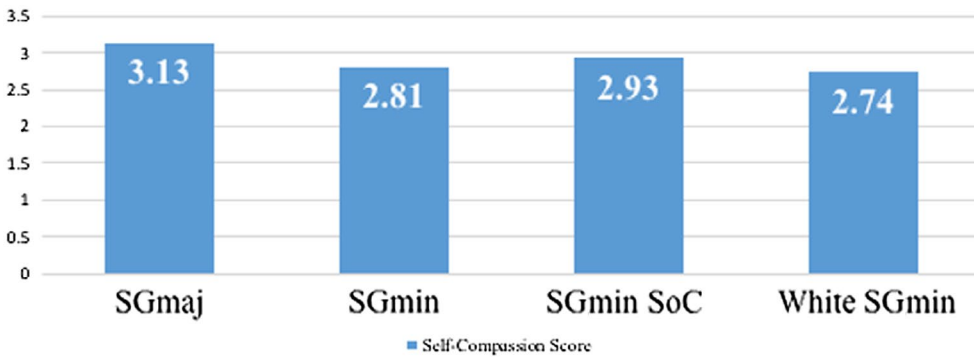


Figure 3. Group differences in mean self-compassion scores.

Table 5. Correlation matrix of self-compassion with macro and meso stigma variables.

	1	2	3	4	5	6	7	8
1. Self-compassion	–	.38***	.26***	-.03	.18***	.02	-.11***	-.09***
2. School belonging		–	-.34***	.11***	-.34***	-.03	.12***	.13***
3. Caring adults			–	-.08***	.26***	-.05*	-.12***	-.14***
4. Exclus. Disc.				–	-.14***	.12***	.09***	.10***
5. Police trustworthy					–	-.06**	-.20***	.17***
6. IEP						–	.07**	.13***
7. Incarcerated parent							–	.21***
8. Econ. Hardship								–

Notes: Mischievous responders have been filtered out before analysis were run. Exclus. Disc. = Exclusionary Discipline. IEP = Individualized Education Plan. Econ = economic.

* $p < .05$; ** $p < .01$; *** $p < .001$.

interaction of SGMy X race was not near significance ($B = .12, p = .264, CI: -.09, .33$), the interaction term for SGMy status and BB was a trend ($B = .63, p = .046, CI: .01, 1.24$), as was the interaction for BB X race ($B = .53, p = .096, CI: -.09, 1.15$), while the three-way interaction term was significant ($B = -1.35, p = .033, CI: -2.59, -.11$), with confidence intervals below zero. However, the proportion of the variance in self-compassion uniquely attributable to the moderation of SGMy status by race and BB was negligible $R^2 = .002, F(1, 1569) = 4.58, p = .03$. Analysis of the 3-way interaction suggest that the SGMy X BB interaction effect on self-compassion is statistically different from zero for white students [$t(1574) = 3.22, p < .001, BC CI: .51, 2.09$], but not for students of color [$t(1574) = -.09, p = .923, BC CI: -.99, .90$] (See Table 6).

Further, spotlight analyses probing the interaction using a regression-centering method for the continuous moderator (BB) at each level of the dichotomous moderator (race) suggest the effect of SGMy status on self-compassion is statistically different from zero at all levels of BB for both racial categories, except when the student is white and reporting + 1SD above the BB mean. Further, the effects shown in Table 2 suggest that BB has a stronger negative relation to self-compassion for white students than it does for students of color (Figure 4). Although overall self-compassion scores for all students of color decrease as rates of BB increase, the gap in self-compassion scores between SGmin and SGmaj students of color remains stable.

Table 6. Conditional effect of SGMy status on self-compassion at low, average and above average rates of bias-based bullying across racial grouping.

Race	BB	Effect	se	t	p	LLCI	ULCI
-.50	.00	-.32	.07	-4.89	.000	-.45	-.19
-.50	.07	-.23	.06	-4.17	.000	-.34	-.12
-.50	.18	-.07	.07	-1.05	.296	-.20	.06
.50	.00	-.19	.09	-2.14	.033	-.35	-.02
.50	.07	-.18	.07	-2.46	.014	-.33	-.04
.50	.18	-.18	.08	-2.10	.036	-.34	-.01

Notes: Race is coded as follows: White = -.5, SoC = .5, SGMy = Sexuality and Gender Status. BB = bias-based bullying.

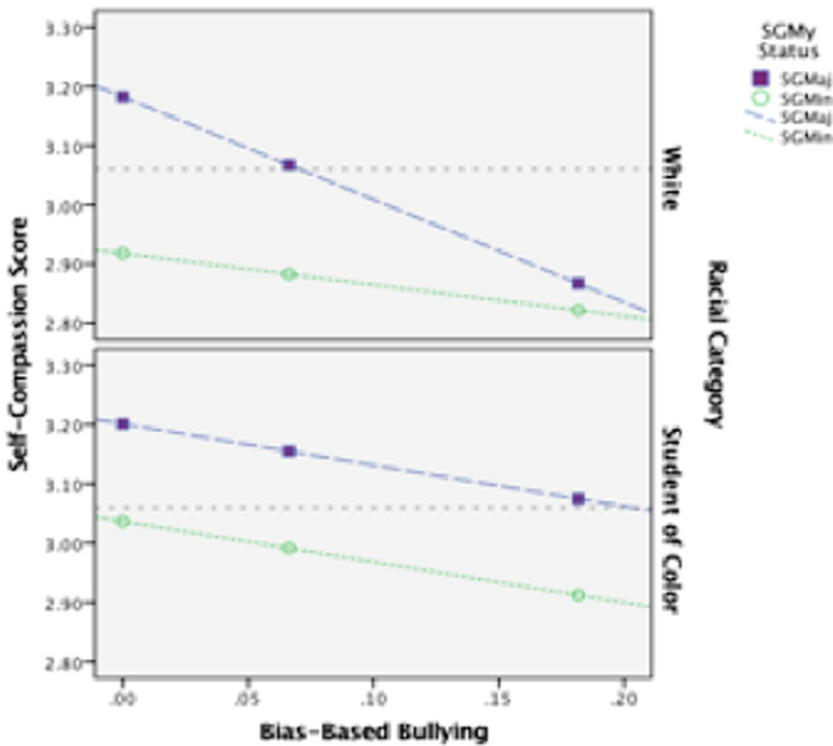


Figure 4. Graph of the interaction of racial category by SGMy status on self-compassion scores at different rates of bias-based bullying. Reference line set to sample mean.

Discussion

Informed by the minority-stress hypothesis and intersectionality theory, this study examined self-compassion as an adaptive self-regulation strategy in sexual and/or gender minority youth and students of color. In particular, we examined group differences in self-compassion across subpopulations subject to varying levels of structural and interpersonal discrimination as well as interactions among multiple stigmatized identities on dispositional self-compassion in diverse youth. Our findings indicated that intersections among marginalized identities in high school youth appear to come with both challenges and strengths. On the challenge side, SGmin students of color reported the highest rates of exposure to our indicators of

macro and meso stigma processes including exposure to economic hardship, having an incarcerated parent, not trusting the police, the assignment of an IEP and receiving exclusionary discipline. On the strengths side, despite the high rate of stigma experiences reported by SGmin students of color they nevertheless reported lower rates of anxiety symptomology than their white SGmin counterparts and did not significantly differ in terms of depressive and suicidal symptomology. Interestingly, while White SGmin youth reported the most anxiety symptomology, SGmaj students of color reported the least.

This investigation also assessed dispositional self-compassion as an adaptive self-regulation strategy to cope with stigma experiences in diverse high school youth. We found that, while self-compassion significantly covaried with markers of stigma processes on average, SGmin youth reported less dispositional self-compassion than SGmaj youth, although there were individual differences at the intersection of marginalized identities, consistent with our theoretical models. In this sample, SGmin students of color reported greater levels of self-compassion than white SGmin students, and, further, the relationship between stigma messages and self-compassion was weaker for SGmin students of color than for White SGmin students. These findings are in alignment with extant research that suggests sexual minority youth of color may call upon or have at their disposal different resilience processes or coping strategies associated with their racially stigmatized identities for addressing stigma associated with their SGmin status. For example, the results of one population-based survey found that being female *and* identifying as Hispanic seemed to lessen the impact of bullying on suicide attempts among sexual minority youth, although both Hispanic youth and female youth had higher odds of attempting suicide (LeVasseur, Kelvin, & Grosskopf, 2013).

Specifically, these findings suggest that the self-compassion scale may be tapping into culturally-specific ways of coping with stigma that reflect kindness to the self and a connection to common humanity. While the roots of dispositional self-compassion remain speculative, theoretically, the tendency to respond to the self with warmth and kindness while suffering is thought to reflect, in part, the internalization of supportive parenting practices that instill a sense self-worth in relation to the social world (Neff & McGehee, 2010). As the main body of resilience research suggests- and emerging extant research on resilience to stigma among SGmin individuals supports- family support and acceptance is a key resource for adaptively managing significant adversity (Masten, 2001; Mustanski, Newcomb, & Garofalo, 2011; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

It may be that families of color prepare their children to manage the stigma processes associated with racism by affirming their worth as separate from the messages they receive and, further, prepare them to appraise the difficulty they face as part of a collective struggle and thus a facet of common humanity. This precise shift in appraisal from interpreting one's experiences as a mark of aberrance to affirmation of collective struggle in dominance-based social hierarchies has been identified as the turning point from nonadaptive to adaptive functioning despite adversity among SGmin youth (Wexler, DiFluvio, & Burke, 2009). And, analyses of survey data collected from African American adolescents found that while 75% reported experiencing frequent daily hassles in the form of microaggressions because of their racial identity, the belief that other groups hold negative attitudes about African Americans buffered the impact of microaggressions on depressive symptomology, specifically. The authors speculate that this belief asserts a sense of collective struggle -or common humanity- within African American communities that prevents the uniform internalization of these messages of inferiority (Sellers, Copeland-Linder, Martin, & Lewis, 2006). Future

research on SGmin youth of color should incorporate such perspectives and attempt to document them, so that interventions can be modeled on such adaptive developmental and contextual processes.

Although scholars have suggested that variability in emotion regulation plays a significant role in predicting the emergence of mental health outcomes (Hatzenbuehler et al., 2008), such variability also highlights the importance of identifying individual differences in adaptive self-regulation strategies in marginalized youth. Additional contextual factors also appear to exert influence, especially related to socially marginalized and stigmatized identities. In one test of this idea, Hatzenbuehler's (2009) model linking sexual minority stigma-related stressors and mental health outcomes was recently tested with an online sample of 265 sexual minority individuals (Liao, Kashubeck-West, Weng, & Deitz, 2015). Consistent with the hypothesized mediator model, perceived discrimination was associated with expectations of rejection, which related to less self-compassion, resulting in more psychological distress (Liao et al., 2015). However, such a linear model does not suggest how marginalized individuals combat expectations of rejection associated with stigma experiences through increased self-compassion.

Moreover, at this time, little can be inferred about the practical or clinical relevance of the increments of variability in self-compassion. Future research is needed to assess how changes in one standard deviation in self-compassion score translates into measurable variability in mental well-being and, subsequently, what dosage of intervention is needed to produce significant enough improvements in self-compassion that will be reflected in observable improvements in quality of life. Ultimately, future research is needed to investigate this speculation regarding the significance of self-compassion to resilience.

Although this intra-individual self-regulation process shows increasing promise as a potential intervention point for protecting stigmatized youth, it is imperative that scholars and practitioners work to reduce the existence and impact of structural sources of stigma in our society *while* conducting research investigating individual-level factors associated with resilience to stigma among SGmin youth (Cook, Purdie-Vaughns, Meyer, & Busch, 2014). To date, the majority of quantitative work has focused on illuminating the patterns associated with the production of disparities. By conducting a strengths-based and nuanced analysis of SGmin youth that incorporates an investigation of factors theoretically associated with resilience and uses population-based samples, this scholarship can contribute significantly to several fields of research.

Limitations

Although this investigation sought to pursue an intersectional methodology, due to the sample size, a true intersectional investigation was not possible. Therefore, one significant weakness of this study was its inability to assess group differences at the true heart of intersectionality and thus some significant differences were likely missed. For example, other investigations have found that significant differences exist across groups when looking at the intersection of gender identity (e.g., male, female, cisgender, transgender, agender, non-binary or otherwise), specific sexual identity (e.g., LGB or otherwise) degree of gender conformity (i.e., gender conforming, gender nonconforming or androgynous) and racial or ethnic identity. Notably, emerging findings suggest that transgender and gender nonconforming youth experience greater rates of harassment (O'Shaughnessy et al., 2004; Reisner, Greytak,

Parsons, & Ybarra, 2015; Reisner, Vettes, et al., 2015), and even greater mental health disparities than do cisgender SGmin youth. A recent retrospective cohort study of electronic health record data from 180 transgender patients aged 12–29 years who were seen in a Boston-based community health center between 2002 and 2011 and matched on gender identity, age, visit date, and race/ethnicity to cisgender controls found disturbing disparities. Compared with cisgender controls, the transgender patients had 2–3 times the risk in depression, anxiety disorders, suicidal ideation, suicide attempts, self-harm without lethal intent, and both inpatient and outpatient mental health treatment. No significant differences were found between transmasculine and transfeminine identified patients (Reisner, Vettes et al., 2015). Data on sexual orientation were not collected, however, so it is unknown if cisgender sexual *minority* individuals differed from transgender (nonheterosexual or heterosexual) patients as significantly as did cisgender sexual *majority* patients. Moreover, while the justification for stigmatized racial groups may grow from the same ideology of white supremacy, just as there is no singular SGmin experience, so, too, is there no singular nonwhite cultural experience. Future research should seek to identify and elevate the culturally-specific lineages of resilience that have been cultivated in stigmatized subpopulations, as well.

Another significant limitation of this study was use of nonvalidated, cross-sectional, self-report measures. Although the scales used demonstrated acceptable reliability in this study, future work would benefit from the use of independently validated measures and the inclusion of alternate data sources and collecting data over time to test the hypothesis that self-compassion is the source of reduced negative outcomes and not the other way around. Additionally, reliance upon the short form the self-compassion scale—the only fully validated measure in this investigation—limited our ability to test *post hoc* hypothesis that the common humanity component of self-compassion may be of particular relevance to disrupting the internalization of stigma messages.

Conclusion

Although there is a burgeoning and robust literature focusing on understanding and fostering self-compassion in youth and adults, theoretical models and interventions have not yet incorporated the strengths of SGmin students of color into research and practice. As we seek to understand the role of self-compassion in resilience processes for marginalized youth, we would like to explore *how* students of color develop use of coping strategies and resilience processes to protect them from anxiety seen in other marginalized youth. In addition, examination of how multiply marginalized youth protect their dispositional tendency to respond to the self with compassion and connection in times of hardship may inform future interventions with vulnerable youth.

Note

1. Cissexism refers to the belief that identifying with the gender assigned at birth is more “normal” or legitimate compared to identifying otherwise (i.e., as transgender, agender or nonbinary).

Disclosure statement

No potential conflict of interest was reported by the authors.

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