

SELF-COMPASSION AND LIFE SATISFACTION IN GAY MEN¹

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Summary.—Studies have shown that gay men are at increased risk for anxiety and depression due to social oppression; research suggests that self-compassion is positively associated with life-satisfaction and emotional resilience. In a sample of 68 gay men (M age = 39.7 yr., SD = 16.3), the influence of self-compassion on satisfaction with life was examined while controlling for age, income, and openness about sexual orientation. Analysis of the data revealed that self-compassion was a significant predictor of satisfaction with life. Implications of this finding were discussed.

It is only recently that “self-compassion” has been the subject of Western psychological research (Neff, 2003). Derived from Buddhist psychology, self-compassion has been conceptualized by Neff (2003, 2009) as containing three core components: (a) being kind and understanding toward oneself in times of pain or failure, (b) perceiving one’s own suffering as part of a larger human experience, and (c) holding painful feelings and thoughts in mindful awareness. According to Neff (2003), Buddhism suggests that a dichotomy between empathy for others and self-compassion sets up a false separation between self and others. She pointed out that the Tibetan word *tsewa*, translated as compassion, does not distinguish between compassion for self and others. Also, in the traditional Buddhist meditation practice of *metta* or loving kindness, wishes of goodwill and compassion are offered to oneself first and then emanated to others (Salzberg, 1997).

Since the mid 2000s, a small but growing number of researchers have studied self-compassion. These researchers have found that self-compassion is correlated with psychological health and well-being (e.g., Neff, Kirkpatrick, & Rude, 2007; Allen, Goldwasser, & Leary, 2012; Wasylikiw, MacKinnon, & MacLellan, 2012). Neff, Hsieh, and DeJittera (2005) and Leary, Tate, Adams, Allen, and Hancock (2007) offered support that self-compassion was positively associated with psychological constructs such as life-satisfaction, happiness, optimism, and emotional resilience. Terry and Leary (2011) pointed out that self-compassion is a good regulatory resource that leads to better self-care. Self-compassion lowers an individual’s defensiveness, and reduces negative emotional states and self-blame. These authors concluded that individuals who practice more self-compassion coped better under stressful life-events.

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Despite advances gained in the gay rights movement in the United States, negative and irrational reactions toward gays and lesbians continue to exist. These prejudices are deleterious to the health and well-being of sexual minorities, which include gay men (Rye & Meaney, 2010). Recent epidemiological studies, e.g., have shown that when compared with heterosexual individuals, gay men are at increased risk of psychological disorders that include anxiety, depression, and externalizing disorders due to the social oppression they face (Feinstein, Goldfried, & Davila, 2012).

LGBT individuals are at increased risk of depression and negative health outcomes (Cochran, Sullivan, & Mays, 2003; Abelson, Lambevski, Crawford, Bartos, & Kippax, 2006; Cochran & Mays, 2009; Feinstein, *et al.*, 2012). Cochran and Mays' (2009) study of 2,272 adult Californians found increased rates of major depression in gay men (22%) compared to heterosexual men (9%). Data for this study was collected from the 2004–2005 California Quality of Life Survey (Cal-QOL), a representative mental health survey of English- and Spanish-speaking adults, ages 18 to 72 years. Cochran, Sullivan, and Mays (2003) analyzed data from the National Survey of Midlife Development that suggested gay and bisexual men were three times more likely to experience depression than heterosexual men. An international study with over 1,300 Australian men (Abelson, *et al.*, 2006) also found higher rates of depression than their heterosexual peers. Moreover, Feinstein, *et al.* (2012) reviewed several studies that have linked minority stress (experiencing and internalizing negative life events and victimization in the social environment) with negative health outcomes in LGBT adults, including depressive symptoms, substance use, and suicidal ideation.

As mentioned, there have been a small but growing number of research studies using various populations that have established that self-compassion provides emotional safety. Individuals with greater self-compassion report higher well-being. The researchers developed this small, exploratory study to begin to investigate if the external validity of these findings also includes the population of gay men. The study specifically examined whether self-compassion was associated with life satisfaction in gay men.

METHOD

Participants

Participants were recruited from four gay and lesbian agencies in a progressive area of Southern California with a large gay and lesbian population. One of the organizations provided support and services for gay men over 50 years of age. Two of the agencies served gay men of all ages. The last organization was a local university gay men's social support group.

One of the researchers attended each agency/organization meeting and was given an opportunity to invite participants to take part in the study. Interested participants were given a consent form and then completed a self-administered questionnaire. Completed questionnaires were returned to the researchers. No self-identifying information was included in the documents.

Measures

The participant survey questionnaire used for this study consisted of two sections. The first section focused on demographics such as age, ethnicity, religious affiliation, relationship status, income, educational attainment, and diagnoses of various illnesses. The second section of the participant survey questionnaire consisted of two scales: The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) and the 12-item Self-Compassion Scale (Raes, Pommier, Neff, & Van Gucht, 2011). Respondents were able to answer questions specifically related to self-compassion and life satisfaction.

Openness.—Three questions related to the respondent's openness about his sexual orientation to family, friends, and colleagues. The questions were phrased as "How open are you about your sexual orientation to your family?" "How open are you about your sexual orientation to your friends?" and "How open are you about your sexual orientation to your colleagues?" Each item was rated on a 4-point scale with anchors 1: Very open, 2: Moderately open, 3: Somewhat open, and 4: Not at all open. The composite score for openness to family, friends, and colleagues was used to determine overall openness about one's sexual orientation. The possible range for the composite score for openness was 3–12, with lower scores indicating being more open.

Satisfaction With Life Scale.—This five-item scale assessing global life satisfaction was developed by Diener, *et al.* (1985). The scale's internal consistency for the current sample was good ($\alpha = .87$). This scale has excellent test-retest reliability ($r = .82$ over 2 mo.). The scale has favorable psychometric properties, including high internal consistency and high temporal reliability. The scale was tested for concurrent validity with two participant samples and scores correlated with nine measures of subjective well-being for both samples. Sample questions from the scale include "In most ways my life is close to my ideal," "So far I have gotten the important things I want in life," and "I am satisfied with my life." Each item was rated on a seven-point Likert-type scale. Higher scores indicate higher satisfaction with life.

Self-compassion.—The 12-item Self-compassion Scale–Short Form was used (Raes, *et al.*, 2011) to measure self-compassion. This measure asks participants to rate their typical reactions to stress and disappointment.

This form of the scale is as effective and efficient as the full scale and used as an economical alternative to the full scale. Each item was rated on a 5-point Likert-type scale with anchors 1: Almost never and 5: Always; the score is the mean item rating. Sample items include, "I try to be kind and patient toward those aspects of my personality I don't like," and "When something painful happens I try to take a balanced view of the situation." This scale has been found to have a very high correlation with the full 26-item Self-Compassion Scale (Neff, 2003, 2005). After recoding, higher scores represented higher self-compassion. For the current sample, Cronbach's $\alpha = .77$.

Procedure

Data were collected in the spring of 2013. Participants were recruited through gay men's organizations and support groups in southern California. The researchers contacted the agencies for permission to attend group meetings to recruit possible participants. One of the researchers met with the group leaders prior to providing information about the study to attendees. Those attendees who indicated that they were interested in participating were given the participant study questionnaire and an informed consent form. The questionnaires were self-administered and completed by participants after the recruiting information was provided. All questionnaires were placed in individual sealed envelopes and returned to the researcher immediately after they were completed. A total of 68 completed surveys were collected.

Bivariate correlation analysis was performed for the following variables: age, income, and openness about one's sexual orientation, self-compassion, and satisfaction with life. Hierarchical regression analysis was performed to examine the influences of self-compassion, age, income, and openness about one's sexual orientation on satisfaction with life. The Statistical Package for the Social Sciences (SPSS) Version 20 was used for the data analysis.

RESULTS

The ages of the participants ranged between 18 and 73 years ($M=39.7$, $SD=16.3$). The majority of participants were Latino (42.6%), followed by European Americans (38.2%), and Asian Pacific Islanders (13.2%). One individual identified as Native American and one as biracial. A third (33.3%) had an annual income of \$20,000 or less, 24.2% more than \$20,000 to \$40,000, 18.2% more than \$40,000 to \$60,000, and 24% \$60,000 and more. A third (33.8%) had completed high school, 30.9% had a college degree, and 35.3% had a graduate degree. Over two-thirds (70.6%) identified themselves as Christians; these were equally divided between Catholics and other Christian groups. A large minority (22.1%) did not indicate any religious preference, and the remainder (7.3%) identified either as agnostic or atheist. Two-thirds of the sample participants were single. The rest were partnered

(26.5%) or did not respond to the question (5.8%). The majority (72.1%) also indicated that they did not suffer from any illness; the remaining 27.9% indicated that they had conditions such as arthritis, diabetes, and depression. The majority of the sample reported that they were open to their family, friends, and colleagues regarding their sexual orientation. Only 17%, 4.4%, and 7.6% indicated that they were not open to their family, friends, and colleagues, respectively. The sample range was 3–12 ($M=5.5$, $SD=2.40$).

For the Satisfaction with Life Scale, the possible score range was 5–35. The sample range was between 9 and 35 ($M=23.75$, $SD=6.81$). With regards to the Self-compassion Scale, the possible range was 12–60. The sample range was between 28 and 57 ($M=40.34$, $SD=7.42$).

Bivariate correlation was performed using Pearson's product-moment correlation coefficient on the following variables: age, income, openness, self-compassion, and satisfaction with life (Table 1). Age was correlated with income, openness was correlated with self-compassion, income was correlated with self-compassion, and self-compassion was correlated with satisfaction with life.

TABLE 1
BIVARIATE CORRELATIONS OF AGE, INCOME, OPENNESS,
SELF-COMPASSION, AND SATISFACTION WITH LIFE

Variable	2	3	4	5
1. Age	.59†	.05	.19	-.03
2. Income		.05	.31*	.18
3. Openness			-.35†	-.08
4. Self-compassion				.41†
5. Satisfaction with life				

* $p < .05$. † $p < .01$.

Regression Predicting Life Satisfaction

A hierarchical regression analysis was performed to examine the predictors of satisfaction with life. The predictors in Step 1 were age, income, and openness. In Step 2, the predictors were age, income, openness, and self-compassion (Table 2). Step 1 regression revealed that only 4.5% of the variance in satisfaction with life was explained by age, income, and openness; none of the predictors were significant. In Step 2, in addition to age, income, and openness, self-compassion was added as a predictor; 13% of the variance in life satisfaction was explained by self-compassion.

DISCUSSION

The findings of this study supported the notion that self-compassion does have a positive affect on gay men; in particular, having more self-

TABLE 2
HIERARCHICAL REGRESSION ANALYSIS OF SATISFACTION WITH LIFE AS
DEPENDENT VARIABLE

Step/Predictor	Step 1			Step 2		
	B	SE	β	B	SE	β
Age	-0.06	0.06	-0.16	-0.05	0.06	-0.13
Income	1.02	0.64	0.26	0.41	0.68	0.10
Openness	-0.17	0.33	-0.07	0.26	0.35	0.10
Self-compassion				0.36†	0.13	0.42†
R ²	.05			.18		
Adj. R ²				.13		
df	3, 62			4, 55		
F	0.93			2.71*		

* $p < .05$. † $p < .01$.

compassion is a predictor of greater satisfaction with life. This finding mirrors previous research findings done with other populations and using various measures of psychological health (e.g., Neff, *et al.*, 2007; Allen, *et al.*, 2012; Wasylikiw, *et al.*, 2012). Since gay men, in particular, have been found to be at increased risk of anxiety and depression due to internalizing social oppression (Rye & Meaney, 2010; Feinstein, *et al.*, 2012), finding ways to increase self-compassion could be helpful as a positive coping strategy.

While this study has limitations (non-probability sampling, small sample size, cross-sectional design, and the inclusion of individuals who utilize support and social groups who live in a large metropolitan area only), its results are nevertheless noteworthy. As mindfulness and self-compassion are notions derived from Buddhist psychology, self-compassion offers valuable insights regarding better adjustment, psychological health, and well-being (Terry & Leary, 2011). Focusing on self-compassion is of particular importance to gay men living in the United States who continue to live in a society that is imbued by homonegativity and homophobia. Accordingly, gay men are more vulnerable toward harsh self-criticism, self-denigration, and self-judging behavior. Even gay men who have acknowledged and come to terms with their sexual orientation may continue to harbor internalized societal prejudices (Feinstein, *et al.*, 2012). Increasingly, self-compassion is being seen as a source of empowerment that positively affects one's mental state. This study provides the preliminary evidence illustrating that self-compassion is relevant to gay men. Indeed self-compassion has been shown to enhance the mental state of gay men's satisfaction with life in this study.

Limitations and Future Research

Limitations of this study include the relatively small sample size from a very progressive area in southern California, cross-sectional design, and non-probability sampling. This study also included participants who actively utilize support and social groups for gay men. The predictor of the variable of openness has not been tested for validity and reliability. This small study highlights the need for more research to examine how self-compassion may influence other dimensions of adjustment and healthy mental states of gay men and other sexual minorities. By conscious nurturing of self-compassion in themselves, these populations may be able to better withhold and prevent internalizing the prejudices and discrimination of wider society, thus preserving their well-being.

There is promising research that self-compassion is a useful construct for individuals to overcome anxiety and depression (Neff, *et al.*, 2007; Galante, Galante, Bekkers, & Gallacher, 2014). For example, therapeutic modalities such as Kindness Based Meditation [KBM] (of which self-compassion is a major component) have been shown to be moderately effective in decreasing self-reported depression. Galante, *et al.*'s (2014) meta-analysis (22 studies, 1,747 participants) for the outcome depression revealed that intervention participants were significantly less depressed than their peers in the control group (Hedges's $g = -0.61$, 95% confidence interval = $-1.08, -0.14$). These studies also employed diverse measurement modalities and did not specifically rely on the use of self-report scales. Neff, *et al.* (2007) found that the practice of self-compassion was linked to improved psychological functioning: self-compassion helped protect against self-evaluative anxiety and increases in self-compassion were associated with decreases in other areas of mental health such as depression.

Practitioners (social workers, psychologists, support group facilitators, etc.) working with this population can benefit from understanding how to help clients develop practices to build self-compassion. In addition, this growing awareness about self-compassion calls for greater clinical and educational endeavors to promote its qualities. Future research could include qualitative studies to explore more in-depth about the construct of self-compassion and how it is related to life satisfaction among gay men.

REFERENCES

- ABELSON, J., LAMBEVSKI, S., CRAWFORD, J., BARTOS, M., & KIPPAX, S. (2006) Factors associated with 'feeling suicidal': the role of sexual identity. *Journal of Homosexuality*, 51(1), 59-80.
- ALLEN, A. B., GOLDWASSER, E. R., & LEARY, M. R. (2012) Self-compassion and well-being among older adults. *Self and Identity*, 11, 428-453.
- COCHRAN, S. D., & MAYS, V. M. (2009) Burden of psychiatric morbidity among lesbian, gay, and bisexual individuals in the California Quality of Life Survey. *Journal of Abnormal Psychology*, 118, 647-658.

- COCHRAN, S. D., SULLIVAN, J., & MAYS, V. M. (2003) Prevalence of mental disorders, psychological distress, and mental services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71*, 53-61.
- DIENER, E., EMMONS, R. A., LARSEN, R. J., & GRIFFIN, S. (1985) The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*, 71-75.
- FEINSTEIN, B. A., GOLDFRIED, M. R., & DAVILA, J. (2012) The relationship between experiences of discrimination and mental health among lesbians and gay men: an examination of internalized homonegativity and rejection sensitivity as potential mechanisms. *Journal of Consulting and Clinical Psychology, 80*, 917-927.
- GALANTE, J., GALANTE, I., BEKKERS, M-J., & GALLACHER, J. (2014) Effect of kindness-based meditation on health and well-being: a systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology, 82*(6), 1101-1114. DOI: 10.1037/a0037249
- LEARY, M. R., TATE, E. B., ADAMS, C. E., ALLEN, A. B., & HANCOCK, J. (2007) Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*, 887-904.
- NEFF, K. D. (2003) The development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250.
- NEFF, K. D. (2009) Self-compassion. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of individual differences in social behavior*. New York: Guilford Press. Pp. 561-573.
- NEFF, K. D., HSIEH, Y., & DEJITTERA, K. (2005) Self-compassion, achievement goals, and coping with academic failure. *Self and Identity, 4*, 263-287.
- NEFF, K. D., KIRKPATRICK, K., & RUDE, S. S. (2007) Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality, 41*, 139-154.
- RAES, F., POMMIER, E., NEFF, K. D., & VAN GUCHT, D. (2011) Construction and factorial validation of a short form of the Self-compassion Scale. *Clinical Psychology & Psychotherapy, 18*, 250-255.
- RYE, B. J., & MEANEY, G. J. (2010) Measuring homonegativity: a psychometric analysis. *Canadian Journal of Behavioral Science, 3*, 158-167.
- SALZBERG, S. (1997) *Loving-kindness: the revolutionary art of happiness*. Boston, MA: Shambala.
- TERRY, M. L., & LEARY, M. R. (2011) Self-compassion, self-regulation, and health. *Self and Identity, 10*, 352-362.
- WASYLKIW, L., MACKINNON, A. L., & MACLELLAN, A. M. (2012) Exploring the link between self-compassion and body image in university women. *Body Image, 9*, 236-245.

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